

**YOUTH BEHAVIOR CHECKLIST:** YOUTH'S NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Argumentative																															
Bedwetting/Enuresis																															
Depressed																															
Disciplinary Action from School																															
Dishonest																															
Poor Hygiene																															
Inapprop. Sexual Acts																															
Irritable																															
Overeating																															
Physical Aggression																															
Problems at Bedtime																															
Property Destruction																															
Self Abuse																															
Skipping Meals																															
Stealing																															
Swearing																															
Tantrums																															
Verbal Aggression																															
Therapy																															
Family Visit																															
Phone contact/Family																															
Home Visit/Staff																															
Psychiatric Appt.																															
Respite																															
Studied																															
Cleaned Living Space																															
Showered																															
Brushed Hair/Teeth																															
Chores w/o Complaint																															

Foster Parent: \_\_\_\_\_

Physical: _____	Height: _____
Dental: _____	Weight: _____
Eye: _____	