



Behavior Checklist for Mental Health Needs Module 2

This form is designed to be completed by caregivers and used to identify observed behaviors that may be indicative of a mental illness. The information collected may assist evaluation personnel in assessing for dual diagnosis.

Directions: Read the following statements and check the corresponding box based on your observations across the past two weeks.

Caregiver's Name: _____ **Teacher / Parent** **Date:** _____

Student's Name: _____ **M / F / Other** **Age:** _____

During the past two weeks, the student's....	N/A	Increased	Decreased	Notes (New observation, frequency, significant changes)
physical aggression to others				
self-injurious behavior/self-harm				
verbal aggression				
irritability				
disruptive behavior				
withdrawal/isolation behavior				
overall activity level				
interest in leisure activities				
appetite				
fatigue				
perseveration (repetitive speech)				
worry, nervousness				
compulsive behavior				
task performance				
school performance				
chore completion				
adaptive behavior				
social skills				
dependency on others				



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