

DECA CLINICAL

Child's Name _____ Gender _____

Site/Program _____ Classroom _____

Person Completing this Form _____ Relationship to Child _____

During the past 4 weeks, how often did the child...

	Never	Rarely	Occasionally	Frequently	Very Frequently
1 show little or no emotion?	<input type="checkbox"/>				
2 do things for himself/herself?	<input type="checkbox"/>				
3 withdraw from or avoid children/adults?	<input type="checkbox"/>				
4 choose to do a task that was challenging for her/him?	<input type="checkbox"/>				
5 fail to show joy or gladness at a happy occasion?	<input type="checkbox"/>				
6 participate actively in make-believe play with others (dress-up, etc)?	<input type="checkbox"/>				
7 have temper tantrums?	<input type="checkbox"/>				
8 act overwhelmed or cry when asked to do simple things?	<input type="checkbox"/>				
9 get easily frustrated?	<input type="checkbox"/>				
10 keep trying when unsuccessful (act persistent)?	<input type="checkbox"/>				
11 become upset or emotional if she/he did not get what she/he wanted?	<input type="checkbox"/>				
12 wander around aimlessly?	<input type="checkbox"/>				
13 have no reaction to children/adults?	<input type="checkbox"/>				
14 refuse to speak?	<input type="checkbox"/>				
15 sulk or pout?	<input type="checkbox"/>				
16 try different ways to solve a problem?	<input type="checkbox"/>				
17 try or ask to try new things or activities?	<input type="checkbox"/>				
18 resist or refuse to participate in group or home activities?	<input type="checkbox"/>				
19 start or organize play with other children?	<input type="checkbox"/>				
20 get overly upset if he/she made a mistake?	<input type="checkbox"/>				
21 focus his/her attention or concentrate on a task or activity?	<input type="checkbox"/>				
22 become upset or cry easily?	<input type="checkbox"/>				
23 say positive things about the future (act optimistic)?	<input type="checkbox"/>				
24 have a blank facial expression?	<input type="checkbox"/>				
25 ask other children to play with him/her?	<input type="checkbox"/>				
26 show decreased interest in or enjoyment of play or activities?	<input type="checkbox"/>				
27 make decisions for himself/herself?	<input type="checkbox"/>				
28 overreact to changes in the environment or his/her routine?	<input type="checkbox"/>				
29 set or threaten to set a fire?	<input type="checkbox"/>				
30 say negative or critical things about herself/himself?	<input type="checkbox"/>				
31 threaten or attempt to hurt herself/himself?	<input type="checkbox"/>				
32 hurt or abuse animals?	<input type="checkbox"/>				

During the past 4 weeks, how often did the child...

	Never	Rarely	Occasionally	Frequently	Very Frequently
33 act in a way that made adults smile or show interest in her/him?	<input type="checkbox"/>				
34 grab things from other children?	<input type="checkbox"/>				
35 have difficulty following a routine?	<input type="checkbox"/>				
36 have difficulty sitting quietly (for example, when listening to a story)?	<input type="checkbox"/>				
37 tease or bully others?	<input type="checkbox"/>				
38 listen to or respect others?	<input type="checkbox"/>				
39 control her/his anger?	<input type="checkbox"/>				
40 squirm or fidget?	<input type="checkbox"/>				
41 respond positively to adult comforting when upset?	<input type="checkbox"/>				
42 show affection for familiar adults?	<input type="checkbox"/>				
43 handle frustration well?	<input type="checkbox"/>				
44 destroy or damage property?	<input type="checkbox"/>				
45 act happy or excited when parent/guardian returned?	<input type="checkbox"/>				
46 blame others for her/his actions?	<input type="checkbox"/>				
47 show patience?	<input type="checkbox"/>				
48 have a short attention span (difficulty concentrating)?	<input type="checkbox"/>				
49 ask adults to play with or read to him/her?	<input type="checkbox"/>				
50 fight with other children?	<input type="checkbox"/>				
51 share with other children?	<input type="checkbox"/>				
52 trust familiar adults and believe what they say?	<input type="checkbox"/>				
53 accept another choice when her/his first choice was unavailable?	<input type="checkbox"/>				
54 seek help from children/adults when necessary?	<input type="checkbox"/>				
55 hurt (hit, bite, kick), push, or physically threaten children/adults?	<input type="checkbox"/>				
56 cooperate with others?	<input type="checkbox"/>				
57 calm herself/himself down when upset?	<input type="checkbox"/>				
58 have difficulty following directions?	<input type="checkbox"/>				
59 fail to show sorrow or regret for wrong things she/he had done?	<input type="checkbox"/>				
60 get easily distracted?	<input type="checkbox"/>				
61 show an interest in what children/adults are doing?	<input type="checkbox"/>				
62 need constant reminders to do things?	<input type="checkbox"/>				