

18. Behavioural Evaluation Sheet

If present now: ✓. If especially evident: ✓✓. After, indicate: same, better, excellent.

		Now	After
1.	Accident prone		
2.	Allergies		
3.	Bites nails		
4.	Clumsy		
5.	Conservative		
6.	Constipated		
7.	Day dreams		
8.	Defiant/ hard to discipline		
9.	Difficulty budgeting time		
10.	Difficulty concentrating		
11.	Difficulty following directions		
12.	Difficulty giving directions		
13.	Difficulty making decisions		
14.	Difficulty telling time		
15.	Disturbing to others		
16.	Does not handle stress		
17.	Excitable		
18.	Fights		
19.	Has nightmares		
20.	Headaches		
21.	Immature for age		
22.	Impatient		

		Now	After
23.	Impulsive		
24.	Lacks confidence		
25.	Leaves projects incomplete		
26.	Letter or number reversals		
27.	Lies		
28.	Moody		
29.	Over-active		
30.	Poor eye/hand co-ordination		
31.	Poor hand writing		
32.	Poor reading comprehension		
33.	Reckless		
34.	Restless/fidgety		
35.	Rests head on arm when writing		
36.	Rubs eyes a lot		
37.	Sensitive		
38.	Slow in completing work		
39.	Stops in middle of game		
40.	Talks too much		
41.	Teaser		
42.	Unpopular		
43.	Unpredictable		
44.	Wets bed		

Client Self Answer: yes / no

1. Do you sometimes confuse left & right?
2. Do you sometimes say the opposite of what you mean?
3. Are you clumsy, bumping into things, spilling things?
4. Do you feel awkward when you walk, run or dance?
5. Do you have difficulty expressing yourself verbally or in writing?
6. Are your children hyperactive or have short attention span?
7. Do your children have behavioural problems?
8. Do you read "saw" as "was", or similar?

9. Do you read one word at a time, unable to flow?
10. Do you lose your place, skip words, or add words when reading?
11. Do you have messy handwriting?
12. Do you get stressed at reading and writing?
13. Does reading make you sleepy?
14. Do you get headaches from speaking or studying?
15. Do you have problems spelling correctly?