Significant Behavior Checklist

Client: _____**Month/Year:** _____

Instructions: This Form is to be used when a child shows behaviors that are disruptive to the household or community setting. If a third part intervention is needed, such as police or ambulance, NBFS staff should be notified and the Critical Incident Form should be completed.

Behavior:

Verbal aggression/excessive arguing	_____	AWOL	_____
Cheating on schoolwork	_____	Possession of weapon	_____
Destruction of property	_____	Suicidal behaviors	_____
Detention	_____	Homicidal behaviors	_____
Disruptive in school	_____	Self-mutilation	_____
Physical aggression/fighting	_____	Excessive tantrums	_____
Excessive noncompliance	_____	Encopresis (soiling)	_____
Lying	_____	Enuresis (bedwetting past typical age)	_____
Manipulating authority	_____	Criminal activity	_____
Sexually acting out	_____	Truancy	_____
Smoking	_____	Stealing	_____
Suspension	_____	Substance use (specify): _____	

Other (specify): _____

Describe in detail:

_____
_____
_____
_____
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_____
_____
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_____
_____
_____

What interventions did you use?

Verbal Warning	_____	Assignment of activities	_____
Time out	_____	Planned ignoring	_____
Restriction of privileges	_____	Assignment of chores	_____

Other (specify): _____

Outcome of intervention:

_____

Signatures:

Foster parent: _____ Date: _____

Foster parent: _____ Date: _____

Foster Care Consultant: _____ Date: _____