

Dawn Stremel, MA, LMFT
Licensed Marriage and Family Therapist
611 Columbia St. NW Suite 2A
Olympia, WA 98501 360-705-1492
www.dawnstremel.com

CHILD/YOUTH MOOD & BEHAVIOR RATING SCALE

Youth' Name: _____ **Age:** _____ **Date of Birth:** _____ **Today's Date:** _____

Name & Relationship of Individual Completing Form: _____

1. BEHAVIOR Please circle appropriate response(s)

| | | | | |
|---|-------|--------------|-------|-------|
| Argues over trivial issues | Never | Occasionally | Often | Daily |
| Uses sarcasm | Never | Occasionally | Often | Daily |
| Whines/complains | Never | Occasionally | Often | Daily |
| Answers back to adults | Never | Occasionally | Often | Daily |
| Difficulty following rules at home | Never | Occasionally | Often | Daily |
| Difficulty following rules at school | Never | Occasionally | Often | Daily |
| Difficulty with age-appropriate self-control | Never | Occasionally | Often | Daily |
| Difficulty with age-appropriate decision making | Never | Occasionally | Often | Daily |
| Aggressive towards others | Never | Occasionally | Often | Daily |
| Teases other children | Never | Occasionally | Often | Daily |
| Physical fights/altercations | Never | Occasionally | Often | Daily |
| Property destruction/theft | Never | Occasionally | Often | Daily |
| Difficulty accepting responsibility for actions | Never | Occasionally | Often | Daily |
| Blames others | Never | Occasionally | Often | Daily |
| Intimidates/threatens others | Never | Occasionally | Often | Daily |
| Impulsive/takes unnecessary risks | Never | Occasionally | Often | Daily |
| Violent | Never | Occasionally | Often | Daily |
| Poor Sport | Never | Occasionally | Often | Daily |
| Problems completing chores | Never | Occasionally | Often | Daily |

Additional Comments:

2. MOOD Please circle appropriate response(s)

| | | | | |
|--------------------------------|-------|--------------|-------|-------|
| Anxious/worrisome | Never | Occasionally | Often | Daily |
| Avoidant/limits social contact | Never | Occasionally | Often | Daily |
| Depressed/sad/tearful | Never | Occasionally | Often | Daily |
| Angry | Never | Occasionally | Often | |
| Daily | | | | |
| Changeable mood | Never | Occasionally | Often | Daily |
| Suicidal ideation | Never | Occasionally | Often | Daily |

Additional comments:

3. RELATIONSHIPS Please circle appropriate response(s)

| | | | |
|--------------------------------------|-------------|---------------|----------------|
| Ability to make and keep friends | No concerns | Some concerns | Major Concerns |
| Ability to socialize appropriately | No concerns | Some concerns | Major Concerns |
| Relationships with peers | No concerns | Some concerns | Major Concerns |
| Relationships with authority figures | No concerns | Some concerns | Major Concerns |
| Relationships with siblings | No concerns | Some concerns | Major Concerns |
| Relationships with parents | No concerns | Some concerns | Major Concerns |
| Social skills/manners | No concerns | Some concerns | Major Concerns |
| Ability to resolve conflict | No concerns | Some concerns | Major Concerns |
| Family conflict | No concerns | Some concerns | Major Concerns |
| Communication skills | No concerns | Some concerns | Major Concerns |

Additional comments:

4. HEALTH AND HYGIENE Please circle appropriate response(s)

| | | | |
|---|-------------|---------------|----------------|
| Eats regular meals/feeds self | No concerns | Some concerns | Major Concerns |
| Maintains regular activity level/exercise | No concerns | Some concerns | Major Concerns |
| Maintains healthy weight | No concerns | Some concerns | Major Concerns |
| Follows regular sleep routine | No concerns | Some concerns | Major Concerns |
| Compliance with prescribed medical care | No concerns | Some concerns | Major Concerns |
| Regular bathing/hygiene habits | No concerns | Some concerns | Major Concerns |
| Illegal substance use | No concerns | Some concerns | Major Concerns |

Additional comments:

5. ACADEMIC CONCERNS

Please circle appropriate response(s)

| | | | |
|---|-------------|---------------|----------------|
| Attendance | No concerns | Some concerns | Major Concerns |
| Academic performance | No concerns | Some concerns | Major Concerns |
| Completes work on time (and turns in completed work!) | No concerns | Some concerns | Major Concerns |
| Appropriate socialization/works well With others | No concerns | Some concerns | Major Concerns |
| Classroom disruptions | No concerns | Some concerns | Major Concerns |
| Quality of schoolwork (sloppy, incomplete, minimal effort, etc.) | No concerns | Some concerns | Major Concerns |
| Attitude towards learning | No concerns | Some concerns | Major Concerns |
| Attitude towards teachers/staff | No concerns | Some concerns | Major Concerns |

| | | |
|---|-----|----|
| Has Individualized Educational Plan (IEP) | Yes | No |
| Has Individualized Behavior Plan or Contract | Yes | No |
| Receives support services/tutoring | Yes | No |
| Receives Gifted/Enriched Learning Services | Yes | No |
| Receives Special Education Services | Yes | No |
| Engages in Extra Curricular Activities/Sports/Clubs | Yes | No |
| Learning Disability Identified | Yes | No |
| Developmental Delays? | Yes | No |
| Vision/Hearing/Sensory problems | Yes | No |

Additional Comments: