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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:

Thank You!