

CHILD OUTCOMES

NAME: _____ DATE: _____ CLIENT #: _____

DOB: _____ AGE: _____ SEX: MALE / FEMALECOMPLETED BY: PARENT (Guardian) / CLIENT

INSTRUCTIONS: Read each item and circle the number that best describes the last 30 days for you or your child.	Not at all	Rarely	Sometimes	Often	Most of the Time	All of the time
1. Doing things parents or teachers ask	0	1	2	3	4	5
2. Attending school or classes	0	1	2	3	4	5
3. Getting along with others	0	1	2	3	4	5
4. Feeling worthwhile or useful	0	1	2	3	4	5
5. Feeling calm or peaceful	0	1	2	3	4	5
6. Getting along with family	0	1	2	3	4	5
7. Developing relationships with peers	0	1	2	3	4	5
8. Controlling emotions and staying out of trouble	0	1	2	3	4	5
9. Completing household chores	0	1	2	3	4	5
10. Concentrating, paying attention and completing tasks	0	1	2	3	4	5

Total: _____