

WACB – P

(Weekly Assessment of Child Behavior – P)

Your Name _____ Relationship to Child _____ Today's Date ___/___/___

Child's Name _____ Child's Gender _____ Child's Age _____

Directions

This form lists 9 sentences that describe children's behavior. For each sentence:

- Please circle the number that shows **how often** your child behaves that way.
- Circle either "yes" or "no" to show whether you'd like to see that behavior change.

Example

If your child always *behaves nicely at the grocery store*, you would circle 7 for Always:

How often does your child...
 1. Behave at the grocery store? Never Sometimes Always Change?
 1 2 3 4 5 6 7 YES NO

Please fill out the whole form by circling one number per sentence. If you want to change your answer, please **do not erase**. Instead, cross out your first answer and circle the correct number. For example:

How often does your child...
 1. Behave at the grocery store? Never Sometimes Always Change?
 1 2 3 ~~4~~ 5 6 7 YES NO

How often does your child...	Never	Sometimes					Always	Do you want this to change?	
	1	2	3	4	5	6	7	YES	NO
1. Do things right away when asked?	1	2	3	4	5	6	7	YES	NO
2. Behave well at meal times?	1	2	3	4	5	6	7	YES	NO
3. Obey, or act compliant?	1	2	3	4	5	6	7	YES	NO
4. Act calm, or gentle?	1	2	3	4	5	6	7	YES	NO
5. Tell you when upset and can calm down on own?	1	2	3	4	5	6	7	YES	NO
6. Play nicely with toys and carefully with others' things?	1	2	3	4	5	6	7	YES	NO
7. Keep hands to self and play nicely with others?	1	2	3	4	5	6	7	YES	NO
8. Wait turn to talk?	1	2	3	4	5	6	7	YES	NO
9. Concentrate or easily sit still and focus?	1	2	3	4	5	6	7	YES	NO

Total Score **/63**

