

WACB – N

(Weekly Assessment of Child Behavior – N)

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 never *cries at the grocery store*, you would circle 1 for Never:

How often does your child...
 1. Cry at the grocery store? Never 1 2 3 Sometimes 4 5 6 Always 7 Change? 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. Cry at the grocery store? Never 1 2 3 ~~4~~ Sometimes 5 6 Always 7 Change? 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. Dawdle and linger?	1	2	3	4	5	6	7	YES	NO
2. Have trouble behaving at meal times?	1	2	3	4	5	6	7	YES	NO
3. Disobey or act defiant?	1	2	3	4	5	6	7	YES	NO
4. Act angry, or aggressive?	1	2	3	4	5	6	7	YES	NO
5. Scream and yell when upset and is hard to calm?	1	2	3	4	5	6	7	YES	NO
6. Destroy or act careless with others' things?	1	2	3	4	5	6	7	YES	NO
7. Provoke others or pick fights?	1	2	3	4	5	6	7	YES	NO
8. Interrupt or seek attention?	1	2	3	4	5	6	7	YES	NO
9. Have trouble paying attention or is overactive?	1	2	3	4	5	6	7	YES	NO

Total Score	/63
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