

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

Please fill out the whole form by circling one number per sentence. For each sentence:

- a) Please circle the number that shows **how often** your child behaved that way in the last week.
- b) Circle either "yes" or "no" to show whether you need that behavior to change.

For example: If your child mostly behaved well at bedtime (most days) last week, you might choose 6 and circle "NO."

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

How often does your child...	Never	Sometimes					Always	Does this need to change?	
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		

