WACB – P

(Weekly Assessment of Child Behavior – P)

Admin Use Only: Check if administered by therapist ☐   Session # _____

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:

a) Please circle the number that shows **how often** your child behaves that way.

b) Circle either "yes" **or** "no" to show whether you'd like to see that behavior change.

For example: If your child rarely cried at bedtime (once or twice) last week, you might choose 2 and circle "NO."

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

STEP 1:									
In the past week….	**Not at all**		**Sort of**			**Very**		**Does this need to change?**	
How stressful was it to parent this child?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									

STEP 2:									
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
Indicate Response Here									
2. Behave well at meal times?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
3. Obey, or act compliant?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
4. Act calm, or gentle?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
5. Tell you when upset and can calm down on own?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
6. Play nicely with toys and carefully with others' things?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
7. Keep hands to self and play nicely with others?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
8. Wait turn to talk?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
9. Concentrate or easily sit still and focus?	1	2	3	4	5	6	7	YES	NO
Indicate Response Here									
	Total Score (items 1 through 9 ONLY)					**/63**		**/9** (1 per YES)	

Forte, L., Boys, D., & Timmer, S. (2012) *The use of brief child behavior assessments for weekly check-ins in PCIT: WACB-N and WACB-P.*
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