

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 SI 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		
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		
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 (items 1 through 9 ONLY)	/63	/9 (1 per YES)
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