

WACB – P

(Weekly Assessment of Child Behavior – P)

Admin Use Only:	Check if administered by therapist <input type="checkbox"/>	Session # _____
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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

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)	

