

# 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 select the number that shows **how often** your child behaves that way.
- b) Select 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 select "2" and "NO."

<i>How often does your child...</i>	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>	<i>Need to Change?</i>					
1. Cry at bedtime?	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> YES	<input checked="" type="radio"/> NO

How often does your child...	Never	1	2	3	4	5	6	7	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

<b>Total Score</b> (items 1 through 9 ONLY)	<b>/63</b>	<b>/9</b> (1 per YES)
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