

Psychological Assessment Form for Child Behavior

Instructions: Please complete all sections as accurately as possible.

1. Child Information

Child's Name:

Date of Birth:

Gender:

Select

Current Grade:

2. Reason for Assessment

Describe presenting concerns or referral reasons

3. Behavioral Observations

Behavior	Never	Rarely	Sometimes	Often	Always
Follows instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacts positively with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays emotional outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Emotional Functioning

Describe signs of anxiety, mood, or other emotional concerns

5. Developmental History

Briefly describe early development, milestones, concerns

6. Summary and Recommendations

Summarize findings and suggest next steps or interventions

Assessor Name:

Date: