

TEEN BEHAVIOR CHECKLIST: TEEN'S NAME: _____

MONTH/YEAR: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Arguing/Complaining																															
Depressed																															
Disciplinary Action from School																															
Dishonest																															
Inapprop. Sexual Acts																															
Overeating																															
Physical Aggression																															
Property Destruction																															
Self Abuse																															
Skiping Meals																															
Stealing																															
Swearing																															
Unaccountable																															
Alcohol Use																															
Drug Use																															
Tobacco																															
Therapy																															
Family Visit																															
Phone contact/Family																															
Home Visit /Staff																															
Psychiatric Appt.																															
Youth Ill																															
Respite																															
Appropriate Self-Care																															
Comm. Service Hours																															
Did Own Laundry																															
Prepared Meals																															
Worked on PALS Ass.																															
Worked for Employer																															
Studied																															
Cleaned Living Space																															

Height: _____ Weight: _____

Physical: _____ Dental: _____ Eye: _____
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