

PPCC Child Checklist Childs name _____ Date _____

Please indicate if these words describe your child. Leave blank those that do not apply. If you have other concerns please feel free to let us know on back of page

Happy Mood	Threats to hurt self	Disoriented
Depressed mood	Threatens to hurt others	Argumentative
Irritability	Hurts animals	Checks out frequently
Sadness	Assaultive behaviors	Disorganized thoughts
Lack of interest in activities	Destroys property	Cannot tell right from wrong
Hopelessness	Lies or steals	History of neglect
Anxious mood	Tells stories	History of physical abuse
Worries a lot	Fire starter/plays with fire	History of psychological abuse
Change in appetite	Defies authority	Conflict with family membe
Changes in sleep patterns	Difficulty with listening to adult directives	Toileting problems
Agitation	Difficulty with making and/or keeping friends	Odd thoughts or behaviors
Disruptive behaviors	Recent move/change in household	Does not understand cause and effect
Upsetting memories	Divorced or separated family	Poor self esteem
Bad dreams or nightmares	Witnessed domestic violence	Disordered thought processes
Avoids situations, places, people or circumstances	Household member/child Problems with drug/alcohol	Intrusive thoughts
Hypervigilance	Household member/Child involved with the law	Changes in behaviors
Numbing	Sexual abuse victim	Sudden changes in moods
Startles easily	Sexualized behaviors	Suicidal Ideations
Tantrums or angry outburst	Allegations of sexual assaultive behavior	Homicidal ideations
Clingy	Use of weapons	Problems with housing or finances
Extremely shy	Out of control behaviors	Chronic stress
Overly friendly toward strangers	Chronic illness or disease	Traumatic event or stressor
Poor physical boundaries	Early intervention (OT/PT/Speech/Develop)	Poor Insight
Intentionally hurts others	Death or loss of significant person	Poor Judgment
Accident Prone	Seizures	Lacks empathy
Risky behaviors	Poor nutrition	