CALM WATERS Center for Children and Families

4334 Northwest Expressway Ste. 101 | Oklahoma City OK | 73116 | 405.841.4800 | www.calmwaters.org

Calm Waters Behavioral Evaluation
(Please fill out one for each child)

Child's Name:_____ Age:_____

Please rate on a scale of 1 to 5 any behaviors your child has exhibited lately.

1= Never **2= Rarely** **3= Sometimes** **4= Frequently** **5= All of the time**

Before Group	After Group		**Before Group**	After Group	
_____	_____	Bedwetting	_____	_____	Fighting/arguing with family/ friends
_____	_____	Tantrums	_____	_____	Appetite disturbance
_____	_____	Harm to self/ others	_____	_____	Destructive behavior
_____	_____	Discussed suicide	_____	_____	Difficulty with schoolwork/ grades
_____	_____	Sleep disturbance	_____	_____	Isolating self at home/school
_____	_____	Lack of self-care	_____	_____	Run away from home
_____	_____	Change in friends	_____	_____	Clinging to parent/ guardian
_____	_____	Discipline problems	_____	_____	Fear of people/ groups
_____	_____	Nightmares	_____	_____	Other

Please explain:

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