CALM WATERS Center for Children and Families

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# Calm Waters Behavioral Evaluation

(Please complete one evaluation 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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United Way of Central Oklahoma

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