



# CHILD BEHAVIORAL / HEALTH CHALLENGES

State Form 53199 (R / 1-11)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** The licensing worker may use this tool to assist in discussions with the applicant(s). The applicant(s) should indicate his/her/their level of acceptance of the following behavioral and health challenges. This information can be used to help select a child most suited to the family. There are no right or wrong answers. Please check all boxes that apply.

**NOTE:** The following behaviors and challenges are not necessarily typical of older children. However, your expectations and attitudes are a large factor in how you would address these situations. Your level of acceptance is a major factor in the success or failure of a placement.

Name of applicant(s)	Date (month, day, year)
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	Acceptable	Have Questions About
Behavioral	<input type="checkbox"/>	<input type="checkbox"/>
Abuses self	<input type="checkbox"/>	<input type="checkbox"/>
Aggression (fighting, kicking, biting)	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
Destructive	<input type="checkbox"/>	<input type="checkbox"/>
Disrespectful of teachers	<input type="checkbox"/>	<input type="checkbox"/>
Does not play with other children	<input type="checkbox"/>	<input type="checkbox"/>
Engages in cross-dressing	<input type="checkbox"/>	<input type="checkbox"/>
Masturbates	<input type="checkbox"/>	<input type="checkbox"/>
Has been exposed to excessive violence	<input type="checkbox"/>	<input type="checkbox"/>
Has explosive outbursts	<input type="checkbox"/>	<input type="checkbox"/>
Has had early sexual experimentation (fondling / touching) with opposite sex	<input type="checkbox"/>	<input type="checkbox"/>
Has had early sexual experimentation (fondling / touching) with same sex	<input type="checkbox"/>	<input type="checkbox"/>
Has sexual involvement with opposite sex	<input type="checkbox"/>	<input type="checkbox"/>
Has sexual involvement with same sex	<input type="checkbox"/>	<input type="checkbox"/>
Has poor personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Hoards food	<input type="checkbox"/>	<input type="checkbox"/>
Lies	<input type="checkbox"/>	<input type="checkbox"/>
Manipulating (intentionally lies for personal gain)	<input type="checkbox"/>	<input type="checkbox"/>
Pants soiling	<input type="checkbox"/>	<input type="checkbox"/>
Plays with matches	<input type="checkbox"/>	<input type="checkbox"/>
Seductive (toward adults or parents)	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
Smokes cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Smokes marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Steals	<input type="checkbox"/>	<input type="checkbox"/>
Stool smearing	<input type="checkbox"/>	<input type="checkbox"/>
Use of profane language	<input type="checkbox"/>	<input type="checkbox"/>
Victim of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed Psychological Impairment (e.g. impulse control disorder, mood disorder (depressive, bi-polar, dysthymic, cyclothymic), oppositional defiant disorder)	<input type="checkbox"/>	<input type="checkbox"/>
Educational Challenges (e.g. special education)	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Facial Deformity	<input type="checkbox"/>	<input type="checkbox"/>
Hearing and Speech Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Physical Limitation	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Vision Impairments	<input type="checkbox"/>	<input type="checkbox"/>