

Instructions for Completing the Pediatric Symptom Checklist

Thank you for completing this form in preparation of the intake appointment. It is important that **one caregiver complete this form and without help from another caregiver or the child.**

1. Please fill out the top section of the form.
2. Fill this form out from **your** point of view. Focus only on the child that you listed at the top of the form and rate that child's behaviors you see **now or within the past several months.**
3. Mark how often each statement describes your child. Mark only one response per item. The responses are:

N	=	Never
S	=	Sometimes
O	=	Often

4. Answer **ALL** items on the form, even if some do not seem to apply (disregard "To Score:" section; for office use only).
5. Bring the completed form with you to the intake appointment scheduled for

For questions, please contact the
CTS Program Coordinator at (405) 271-5700, ext. 45152.

Thank you!