Brief Assessment Checklist for Children (ages 4 to 11)

Child’s name ...........................................................  Boy / Girl
Child’s age ..............................
Your relationship to this child .......................................................... (e.g. mother, father, aunt, foster mother, grandfather)

Here are some statements that describe children’s behavior and feelings.
For each statement, please circle the number that best describes your child in the last 4 to 6 months.

→ circle 0 if the statement is not true for your child in the last 4 to 6 months.
→ circle 1 if the statement is partly true for your child in the last 4 to 6 months.
→ circle 2 if the statement is mostly true for your child in the last 4 to 6 months.

1. 0 1 2 Can’t concentrate, short attention span
2. 0 1 2 Craves affection
3. 0 1 2 Eats too much
4. 0 1 2 Fears you will reject her/him
5. 0 1 2 Hides feelings
6. 0 1 2 Is convinced that friends will reject her/him
7. 0 1 2 Lacks guilt or empathy
8. 0 1 2 Prefers to be with adults, rather than children
9. 0 1 2 Relates to strangers ‘as if they were family’
10. 0 1 2 Seems insecure
11. 0 1 2 Startles easily (‘jumpy’)
12. 0 1 2 Suspicious
13. 0 1 2 Too dramatic (false emotions)
14. 0 1 2 Too friendly with strangers
15. 0 1 2 Too jealous
16. 0 1 2 Treats you as though you were the child and she/he was the parent
17. 0 1 2 Uncaring (shows little concern for others)

For each of the following statements:

→ circle 0 if the behavior did not occur in the last 4 to 6 months.
→ circle 1 if the behavior occurred once in the last 4 to 6 months.
→ circle 2 if the behavior occurred more than once in the last 4 to 6 months.

18. 0 1 2 Distressed or troubled by traumatic memories
19. 0 1 2 Does not show pain if physically hurt
20. 0 1 2 Sexual behavior not appropriate for her/his age

Office use

ID:  Date:  Score:

U.S. English version  www.childpsych.org.uk

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