Select Measure:
CBCL

Report of Achenbach: Child Behavior Checklist

Washington County School District

Clear

Name: _____ _____
Date Of Birth: _____
Age: __ - __
Parent or Guardian: _____
Address: _____
Respondent: _____

School: _____
Date: _____
Grade: _____
Evaluator:

Sign Name After Printing

_____
School Psychologist

Problem Behavior Scales:	Mean:	StDev:	T Score:	Diff S:
Emotionally Reactive	54.0	5.7		0.0
Anxious/Depressed	54.2	5.7		0.0
Somatic Complaints	54.0	5.8		0.0
Withdrawn	54.1	5.8		0.0
Sleep Problems	54.2	5.7		0.0
Attention Problems	54.1	5.6		0.0
Aggressive Problems	54.2	6.0		0.0
DSM Oriented Scales:	**Mean:**	**StDev:**	**T Score:**	**Diff S:**
Affective Problems	54.4	5.7		0.0
Anxiety Problems	54.2	5.9		0.0
Pervasive Developmental Problems	54.1	5.7		0.0
Attention Deficit/Hyperactivity Problems	54.3	5.6		0.0
Oppositional Defiant Problems	54.2	5.8		0.0
Global Groupings:	**Mean:**	**StDev:**	**T Score:**	**Diff S:**
Internalizing	50.0	9.9		0.0
Externalizing	50.0	9.9		0.0
Total Problems	***50.1***	***9.9***		***0.0***

Summary