



Teenager Dynamic®

Teenage Behavior Screening

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Name of the student.....
Assessment Date:.....Date of Birth..... Grade

School.....
Parent's Name.....
Address.....
Tel. No.(Mobile).....
E-Mail ID:

Overall Performance in school: Average Marks in Percentage:

Present:..... Grade 5..... Grade 1

Any change of school? Please give details:

.....
.....

School Reports / Teacher's comments:.....

Remarks on:

Motivation level:

Restlessness:

Concentration:

Study habits:

Attitude toward parents:

Attitude toward teachers:

Family Environment:

For each of the following items please, answer: V, S or N.

(V)Very often;(S) Sometimes (N) Almost Never

Unable to concentrate.....

Afraid or shy to talk to guests / friends.....

Restless/ Unable to sit still.....

Careless/ disorganized.....

Disturbs class.....

Tells lies.....

Answers back.....

Bites finger nails.....
 Insists on too much perfection in certain things.....
 Too fussy about cleanliness.....
 Worries too much.....
 Steals money, things.....
 Aggressive and cruel to other children / siblings.....
 Laughs when other children are hurt or are in pain.....
 Is defiant with parents / non-compliant/ non-cooperative/ aggressive.....
 Has walked out of home in anger
 Remain socially withdrawn/ lonely.....
 Keeps postponing study/ tasks.....
 Stays up till late in the night for doing things of his/her
 interest.....
 Waking up in the morning is difficult
 Overeats or eats too little (specify).....
 Neglects studies / lacks interest altogether.....
 Forgetful, keeps misplacing, losing things.....
 Stubborn/ too demanding.....
 Addicted to TV/ internet/ smart phone
 Neglects personal hygiene / has to be forced to take a shower
 Easily distracted in class or during personal study.....
 Disorganized/ cannot keep his /her things in place.....
 Postpones tasks / study till the last minute and rushes to finish
 them.....
 Impulsive / does things without thinking through.....
 Has been warned of dismissal or actual suspension / dismissal from
 school.....
 Hurts himself/ herself.....
 Talks of suicide / attempted suicide
 Talks of harming others.....
 Gang activities / misadventures.....

REMARKS/ EXPLANATIONS.

After marking the answers, please scan the answer sheet and e-mail to:
kaliaden@gmail.com Please attach your online payment receipt.