

Appendix C

BIT Behavioral Checklist

NAME: _____

DATE: _____

Please check anything which *might* apply, and put *two* checks against anything which is especially important.

- Accident prone
- Allergies (feel tired or hyper-active after eating)
- Clumsy
- Constipated
- Daydreams excessively
- Difficulty budgeting time
- Difficulty concentrating
- Difficulty focusing eyes
- Difficulty following directions
- Difficulty giving directions
- Difficulty telling time
- Dizziness/vertigo/balance problems
- Eye strain/rubs eyes a lot
- Fear of speaking in front of a group
- Has trouble remembering directions
- Has trouble remembering months of the year
- Has trouble remembering names
- Has trouble remembering right/left
- Has trouble remembering times table
- Has trouble differentiating colours
- Headaches
- Impatient/restless
- Impulsive
- Inappropriate drowsiness
- Lacks confidence
- Leave projects incomplete
- Letter/number reversal
- Lies
- Mood swings
- Over or under active
- Poor eye hand co-ordination
- Poor handwriting
- Poor organisational skills
- Poor reading comprehension
- Poor reading skills
- Poor balance
- Poor spelling
- Poor at sports or rhythmic activities
- Rests head on arm while working
- Short attention span
- Slow in completing work
- Stops in the middle of a game
- Test or performance anxiety
- Timid/shy
- Mathematics
- Phobias/fears (explain)
- _____
- _____
- Speech difficulties (explain)
- _____
- TMJ/Orthodontics
- _____
- Other: (explain)
- _____
- _____
- _____