

SPECIAL NEEDS CHECKLIST

Family Name: _____

	Would Consider	Would Not Consider	Might Consider	Comments
Academic Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adjustment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention Deficit-Hyperactivity Disorder (ADHD).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conduct Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cross-Dressing Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cruel to Animals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enuresis (lack of urinary control).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Encopresis (lack of bowel control).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibitionism.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fear of Animals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gang Affiliation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypochondria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kleptomania.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Low IQ (55 or lower).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Masturbates Inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Retardation (IQ=56-70) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obsessive Compulsive Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oppositional Defiant Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phobias.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Impairments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Post-traumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pyromania (compulsion to set things on fire).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Run Away.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sexual Perpetrator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech Disorders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suicidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco/Nicotine Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Verbal Aggression.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voyeurism (pornography).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____