

≡ FAST TRACK PROJECT ≡

SIB NAME _____									
SIB FIRST NAME									
(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)
(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)
(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)
(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)
(E)	(E)	(E)	(E)	(E)	(E)	(E)	(E)	(E)	(E)
(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)
(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)
(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)
(I)	(I)	(I)	(I)	(I)	(I)	(I)	(I)	(I)	(I)
(J)	(J)	(J)	(J)	(J)	(J)	(J)	(J)	(J)	(J)
(K)	(K)	(K)	(K)	(K)	(K)	(K)	(K)	(K)	(K)
(L)	(L)	(L)	(L)	(L)	(L)	(L)	(L)	(L)	(L)
(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)
(N)	(N)	(N)	(N)	(N)	(N)	(N)	(N)	(N)	(N)
(O)	(O)	(O)	(O)	(O)	(O)	(O)	(O)	(O)	(O)
(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)
(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)	(Q)
(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)
(T)	(T)	(T)	(T)	(T)	(T)	(T)	(T)	(T)	(T)
(U)	(U)	(U)	(U)	(U)	(U)	(U)	(U)	(U)	(U)
(V)	(V)	(V)	(V)	(V)	(V)	(V)	(V)	(V)	(V)
(W)	(W)	(W)	(W)	(W)	(W)	(W)	(W)	(W)	(W)
(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)
(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)	(Z)

SIB SEX M F	SIB BIRTHDATE			SIB GRADE K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
	MO.	DAY	YR.	
	Jan. <input type="radio"/>			
	Feb. <input type="radio"/>			
	Mar. <input type="radio"/>	0 0 0 0		
	Apr. <input type="radio"/>	1 1 1 1		
	May <input type="radio"/>	2 2 2 2		
	Jun. <input type="radio"/>	3 3 3 3		
	Jul. <input type="radio"/>	4 4 4 4		
	Aug. <input type="radio"/>	5 5 5 5		
	Sep. <input type="radio"/>	6 6 6 6		
	Oct. <input type="radio"/>	7 7 7 7		
	Nov. <input type="radio"/>	8 8 8 8		
Dec. <input type="radio"/>	9 9 9 9			

SITE	
0	NC
1	TN
2	WA
3	PA

SIB SCHOOL	SIB YR HOME
0 0 0	0 0
1 1 1	1 1
2 2 2	2 2
3 3 3	3 3
4 4 4	4 4
5 5 5	5 5
6 6 6	6 6
7 7 7	7 7
8 8 8	8 8
9 9 9	9 9

MARKING INSTRUCTIONS

USE NO. 2 PENCIL ONLY

- Use a No. 2 PENCIL only
- Erase cleanly any marks you wish to change
- Do not use ink or ballpoint pen
- Do not make any stray marks on this form

Correct Mark

Incorrect Marks

TC NAME: _____					
COHRT					
	1				
	2				
	3				
TCSEX					
	M				
	F				
TCSEX					
TCSEX					
TCSEX					

BEHAVIOR SCREEN FOR SIBLINGS

Note to Interviewer - Criteria for Completing Sib Screen:

- Screen should be completed for next youngest sibling.
- Sibling must have been under the care of the primary caregiver for two years.
- Sibling must have completed kindergarten.

How often in the last 6 months would you say s/he...

	Often				
	Sometimes				
	Almost Never				
	Never				

1. Argues	1	2	3	4
2. Disobedient	1	2	3	4
3. Easily upset, annoyed, irritated	1	2	3	4
4. Starts fights with other children	1	2	3	4
5. Stubborn	1	2	3	4
6. Sets fires	1	2	3	4
7. Breaks rules	1	2	3	4
8. Teases other children	1	2	3	4
9. Whines and nags	1	2	3	4
10. Swears	1	2	3	4
11. Demands too much attention	1	2	3	4
12. Threatens or bullies other children	1	2	3	4

How often in the last 6 months would you say s/he...

	Often				
	Sometimes				
	Almost Never				
	Never				

13. Sneaky	1	2	3	4
14. Cruel to animals	1	2	3	4
15. Yells at others	1	2	3	4
16. Physically harms other children	1	2	3	4
17. Talks back, sasses	1	2	3	4
18. Breaks things on purpose	1	2	3	4
19. Aggressive to adults	1	2	3	4
20. Lies	1	2	3	4
21. Takes things that belong to others	1	2	3	4
22. Defiant towards adults	1	2	3	4
23. Blames others for misbehavior	1	2	3	4
24. Temper tantrums	1	2	3	4