

Adoption & Attachment Therapy Partners, LLC

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Helping adoptive parents forge strong connections among all family members via adoption-attachment-trauma informed therapies.

Attachment Symptoms for Children Under 5

CHILD'S NAME: _____

DATE OF BIRTH: _____

SYMPTOMS	NONE	MODERATE	SEVERE
1. Cries; miserable all the time, chronically fussy.	_____	_____	_____
2. Resists comforting and nurturance.	_____	_____	_____
3. Resists or dislikes being held.	_____	_____	_____
4. Poor eye contact or avoids eye contact.	_____	_____	_____
5. Flat, lifeless affect (too quiet).	_____	_____	_____
6. Likes playpen or crib more than being held.	_____	_____	_____
7. Rarely cries (overly good baby).	_____	_____	_____
8. Angry or rageful when cries.	_____	_____	_____
9. Exceedingly demanding.	_____	_____	_____
10. Looks sad or empty-eyed.	_____	_____	_____
11. Delayed milestones (creeping, crawling, etc.)	_____	_____	_____
12. Stiffens or becomes rigid when held.	_____	_____	_____
13. Likes to be in control.	_____	_____	_____
14. Does not hold on when held (no reciprocal holding).	_____	_____	_____
15. When held chest to chest, faces away.	_____	_____	_____
16. Does not like head touched or (combed, washed).	_____	_____	_____
17. Generally unresponsive to parent.	_____	_____	_____
18. Cries or rages when held beyond his wishes.	_____	_____	_____
19. Overly independent play or makes no demands.	_____	_____	_____
20. Reaches for others to hold him rather than parent.	_____	_____	_____
21. Little or reduced verbal responsiveness.	_____	_____	_____
22. Does not return smiles	_____	_____	_____
23. Shows very little imitative behavior.	_____	_____	_____
24. Prefers Dad to Mom.	_____	_____	_____
25. Gets in and out of parents lap frequently.	_____	_____	_____
26. Physically restless when sleeping.	_____	_____	_____

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- 27. Does not react to pain (high pain tolerance). _____
- 28. Overly affectionate to strangers. _____
- 29. Feeding problems. _____
- 30. Speech development delayed. _____

Completed by: _____

Relationship to child: _____

Address: _____

Phone (Day): _____

Phone (Evening): _____

Cell Phone: _____

Email: _____

Date completed: _____

Note: This checklist is a screening device, and is only one component of a professional diagnostic assessment. It should not be used as a stand-alone measurement.

This list was adapted from Walter Buening, Ph.D.; "Toddler adoption: The Weaver's Craft" by Mary Hopkins-Best; and "What You Should Know Before You Adopt a Child" by Institute for Attachment and Child Development. It is utilized by Adoption and Attachment Therapy Partners, LLC as part of the pre-service application process.