



**PRTF Application Addendum: Children with Problematic Sexual Behaviors**

**Check any of the sexual behaviors listed below that the child displays:**

<input type="checkbox"/>	Public or excessive masturbation	<input type="checkbox"/>	Sex and/or sexual acts with other children
<input type="checkbox"/>	Fondling of other children	<input type="checkbox"/>	Fondling of adults
<input type="checkbox"/>	Poor boundaries	<input type="checkbox"/>	“Accidental” touching of others
<input type="checkbox"/>	Exposing body or private parts	<input type="checkbox"/>	Sexual threats
<input type="checkbox"/>	Interest in pornography	<input type="checkbox"/>	Sexual contact with animals
<input type="checkbox"/>	Forced or inappropriate kissing	<input type="checkbox"/>	“Peeping”/Voyeurism
<input type="checkbox"/>	Rubbing private parts against others and/or furniture	<input type="checkbox"/>	Attempting to initiate sex and/or sexual acts with adults
<input type="checkbox"/>	Sexually explicit comments, conversation, or gestures	<input type="checkbox"/>	Simulating intercourse—with other children, with dolls, etc.
<input type="checkbox"/>	Other:		

**When sexual behavior first began or was first noticed:**

<b>Date of most recent sexual behavior:</b>
<b>Frequency of sexual behavior(s):</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>Child’s own history of abuse/neglect: please indicate the perpetrator (s):</b>
Physical abuse:
Sexual abuse:
Mental/Emotional abuse:
Neglect:
Exposure to domestic violence:
Exposure to pornography or adult sexual behavior in home:

**\*\*For anything reported on this worksheet, please attach any supporting documentation (reports, evaluations, etc.).**