Child’s Name: DOB: Today’s Date:

Name of person filling out form: Role:

Location: Relationship to child:

|  |  |  |
| --- | --- | --- |
| Social Communication & Interaction | True | False |
| Impairments in the use of eye contact during social interactions. *Example: Looks to the side or at your mouth rather than your eyes when speaking to you.*  |[ ] [ ]
| Deficits in the use of facial expressions to communicate *Example: Doesn’t frown, pout, look surprised* |[ ] [ ]
| Lack or reduced use of gestures to communicate *Example: Doesn’t wave bye bye, nod yes or no, blows a kiss* |[ ] [ ]
| Impairments in back and forth conversation (appropriate to language level) *Example: Won’t add something new or ask a question in response to a comment made to them.*  |[ ] [ ]
| Lack of, reduced, or impaired responses to social initiations of others*Example: Doesn’t respond to his/her name or acknowledge others* |[ ] [ ]
| Lack of, or reduced interest in, peers (appropriate to developmental level) |[ ] [ ]
| Lack of, reduced, or impaired initiations of interactions with others |[ ] [ ]
| Reduced preference for some peers over others/impaired friendships  |[ ] [ ]
| Delays in, or lack of, varied, age-appropriate play with peers |[ ] [ ]

|  |  |  |
| --- | --- | --- |
| Restricted, repetitive patterns of behavior, interests & activities | True | False |
| Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume) |[ ] [ ]
| Has repetitive body mannerisms  |[ ] [ ]
| Reacts negatively to changes in schedule/insists on sameness |[ ] [ ]
| Has behavioral rituals  |[ ] [ ]
| Has verbal rituals (e.g., must say things, or have others say things, in a particular way) |[ ] [ ]
| Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)  |[ ] [ ]
| Engages in a limited range of activities/Has a limited behavioral repertoire |[ ] [ ]
| Shows hyper-reactivity to sensory input |[ ] [ ]
| Shows hypo-reactivity to sensory input |[ ] [ ]
| Shows unusual sensory interests and preferences |[ ] [ ]

|  |  |  |
| --- | --- | --- |
| Disruptive behavior | True | False |
| Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction) |[ ] [ ]

**Please leave comments on the backside of this page.**

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