

Child's Name:	DOB: / /
Completed By & Contact Info:	Date:
Relationship to Child:	

*\*Please check all items that apply and add any helpful descriptions of behaviors as needed.*

Communication	True	False	Unsure
<b>Delay in, or total lack of, the development of spoken language</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delay in speaking first words <input type="checkbox"/> Delay in combining words <input type="checkbox"/> Delay in current language ability (quantity or quality)			
<b>Difficulty holding conversation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does not make small talk (just to be friendly) <input type="checkbox"/> Rarely/never initiates conversation <input type="checkbox"/> Difficulty sustaining conversation <input type="checkbox"/> Difficulty discussing topics chosen by another person <input type="checkbox"/> Says inappropriate things <input type="checkbox"/> Doesn't understand sarcasm/humor			
<b>Unusual or repetitive language</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Repeats what others say often (e.g., movies, people, etc.) <input type="checkbox"/> Uses incorrect pronouns (e.g., she instead of I) <input type="checkbox"/> Speaks in an overly formal way <input type="checkbox"/> Unusual volume, rate, or pitch			
<b>Play that is not developmentally appropriate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doesn't imitate (e.g., vacuuming, phone, etc.) <input type="checkbox"/> No/limited pretend play (e.g., doll, action figure, etc.) <input type="checkbox"/> No imaginary play (e.g., pretending an object is another object)			
Restricted, Repetitive, Stereotyped Behaviors/Movements	True	False	Unsure
<b>Interests that are narrow in focus, intense, or unusual</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nonfunctional play with toys (e.g., lining up toys) <input type="checkbox"/> Repeatedly watching individual scenes in movies <input type="checkbox"/> So focused on one thing to the exclusion of others			
<b>Unreasonable insistence on sameness/routine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rituals/routines that need to be done in a particular way/order <input type="checkbox"/> Difficulty with minor change in routine <input type="checkbox"/> Upset if objects are rearranged <input type="checkbox"/> Difficulty with transitions			
<b>Repetitive motor movements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand flapping or wringing <input type="checkbox"/> Toe walking <input type="checkbox"/> Head banging			
<b>Preoccupation with parts of objects</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Playing with parts of toys (e.g., doors, wheels, strings)			

Social Skills	True	False	Unsure
Lack of social or emotional reciprocity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doesn't respond to his/her name <input type="checkbox"/> Doesn't enjoy/see out social game (e.g., peek-a-boo) <input type="checkbox"/> Limited empathy towards others' feelings			
Difficulty using nonverbal behaviors to regulate social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inconsistent eye contact (unusual quality or coordination) <input type="checkbox"/> Doesn't nod for yes or shake head for no <input type="checkbox"/> Doesn't direct facial expressions towards others <input type="checkbox"/> Doesn't read others' facial expressions (e.g., feelings) <input type="checkbox"/> Doesn't go to others to be comforted when hurt <input type="checkbox"/> Doesn't recognize personal space			
Little sharing of pleasure, achievements, or interests with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doesn't point to indicate wants (e.g., bottle, toys, etc.) <input type="checkbox"/> Doesn't point to indicate interests (e.g., plane, dog, etc.) <input type="checkbox"/> Doesn't share things with others <input type="checkbox"/> Isn't interested in praise or compliments			
Failure to develop age-appropriate peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Limited/unusual response to peer initiation <input type="checkbox"/> Limited/unusual initiation of interactions with peers <input type="checkbox"/> Prefers to be alone <input type="checkbox"/> Gets along only with much older/younger children			

Associated Concerns	True	False	Unsure
Unusual sensory interests or responses to sensory input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Strong sensory preferences (e.g., food textures) <input type="checkbox"/> Sensory seeking behavior (e.g., excessive smelling or touching) <input type="checkbox"/> Sensory interests rather than toys/games direct activities <input type="checkbox"/> Indifference to pain, heat, or cold <input type="checkbox"/> Sensitivity to light or sounds <input type="checkbox"/> Irritated by clothing or tactile input			
Delayed motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delayed gross motor (e.g., odd gait, poor balance, late to crawl/walk, etc.) <input type="checkbox"/> Delayed fine motor (e.g., handwriting, buttoning clothes, etc.)			

**Please use the space below or write on back if there are any additional comments.**  
**Thank you for completing this form! Please return to parent/guardian within 3 days.**