**School Medical Autism Review Team (SMART) Tool**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_/\_\_/\_\_\_\_

Today’s Date:\_\_/\_\_/\_\_\_\_

Name of person filling out form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Social Communication and Interaction | True | False |
| Impairments in the use of eye contact during social interactions. Example: *Child* *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: *Child doesn’t frown, pout, look surprised.* |  |  |
| Lack or reduced use of gestures to communicate. Example: *Child doesn’t wave bye, nod yes or no, blow a kiss.* |  |  |
| Impairments in back and forth conversation. Example: *Child 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 othersExample: *Child doesn’t respond to his or her name or acknowledge others.* |  |  |
| Lack of, or reduced interest in peers. |  |  |
| Lack of, reduced, or impaired initiations of interaction with others |  |  |
| Reduced preference for some peers over others/impaired friendships |  |  |
| Delays in, or lack of, varied, age appropriate play with peers |  |  |

|  |  |  |
| --- | --- | --- |
| Restrictive, Repetitive Patterns of Behavior, Interest and Activities | True | False |
| Has unusual speech characteristics (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 ( must say things, or have others say things in a particular way) |  |  |
| Has specific interests that are unusual in intensity (hobby of unusual intensity) |  |  |
| Engages in a limited range of activities  |  |  |
| Shows hyper reactivity to sensory input |  |  |
| Shows hypo reactivity to sensory input |  |  |
| Shows unusual sensory interest and preferences |  |  |

|  |  |  |
| --- | --- | --- |
| Disruptive Behavior | True | False |
| Engages in aggressive and/or destructive behaviors toward self, others or objects (self-injury, elopement, property destruction) |  |  |

**Please leave comments on the backside of this page. Make copies if needed**