

San Juan County Autism Observation Checklist

Child's Name _____ DOB _____

Completed by _____ Date _____

Relationship to child: Parent/ Caregiver Child Care Provider Medical Provider OT PT SLP
 Teacher School Psychologist Other _____

Please check all items [front & back of pages] that you have observed with child & you may add comments according to your observation of child

Communication

<i>Delay in, or total lack of, the development of spoken language</i>	Comments
<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)	
<i>Difficulty holding conversation</i>	Comments
<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	
<i>Unusual or repetitive language</i>	Comments
<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	
<i>Play that is not developmentally appropriate</i>	Comments
<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, etc.)	

Restricted, Repetitive, Stereotyped Behaviors/Movements

<i>Interests that are narrow in focus, intense, or unusual</i>	Comments
<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	
<i>Unreasonable insistence on sameness/routines</i>	Comments
<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"/> <input type="checkbox"/> Difficulty with transitions	
<i>Repetitive motor mannerisms</i>	Comments
<input type="checkbox"/> Hand flapping or wringing <input type="checkbox"/> Toe walking <input type="checkbox"/> Head banging	
<i>Preoccupation with parts of objects</i>	Comments
<input type="checkbox"/> Playing with parts of toys (e.g., doors, wheels, strings)	

Social Skills

Lack of social or emotional reciprocity

Comments

- Doesn't respond to his/her name
- Doesn't enjoy/seek out social games (e.g., peek-a-boo)
- Limited empathy towards others' feelings

Difficulty using nonverbal behaviors to regulate social interaction

Comments

- Inconsistent eye contact (unusual quality or coordination)
- Doesn't nod for yes or shake head for no
- Doesn't direct facial expressions towards others
- Doesn't read others' facial expressions (e.g., feelings)
- Doesn't go to others to be comforted when hurt
- Doesn't recognize personal space

Little sharing of pleasure, achievements, or interests with others

Comments

- Doesn't point to indicate wants (e.g., bottle, toys, etc.)
- Doesn't point to indicate interests (e.g., plane, dog, etc.)
- Doesn't share things with others
- Isn't interested in praise or compliments

Failure to develop age-appropriate peer relationships

Comments

- Limited/unusual response to peer initiation
- Limited/unusual initiation of interactions with peers
- Prefers to be alone
- Gets along only with much older/younger children

Associated Concerns

Unusual sensory interests

Comments

- Strong sensory preferences (e.g., food textures)
- Sensory seeking behavior (e.g., excessive smelling or touching)
- Sensory interests rather than toys/games direct activities

Unusual responses to sensory input

Comments

- Indifference to pain, heat, or cold
- Sensitivity to lights or sounds
- Irritated by clothing or tactile input

Delayed motor skills

Comments

- Delayed gross motor (e.g., odd gait, poor balance, etc.)
- Delayed fine motor (e.g., handwriting, buttoning clothes, etc.)

Other Comments