



# Autism Tool

Need one from  
 -parent/guardian  
 -teacher/paraeducator  
 -Occupational/speech Therapist

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's date: \_\_\_\_\_

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

Location: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

<b>Social Communication &amp; Interaction over last 3 months</b>	True	False
Would rather be alone than with others	<input type="checkbox"/>	<input type="checkbox"/>
Is not aware of what others are thinking or feeling	<input type="checkbox"/>	<input type="checkbox"/>
Takes things too literally and doesn't get the real meaning of a conversation	<input type="checkbox"/>	<input type="checkbox"/>
Is awkward in turn-taking interactions with peers (for example, doesn't seem to understand the give and take of conversation)	<input type="checkbox"/>	<input type="checkbox"/>
Is unable to understand the meaning of other people's tone of voice and facial expressions	<input type="checkbox"/>	<input type="checkbox"/>
Avoids eye contact or has unusual eye contact	<input type="checkbox"/>	<input type="checkbox"/>
Does not play appropriately with others his or her age	<input type="checkbox"/>	<input type="checkbox"/>
Avoids starting social interactions with peers or adults	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty relating to peers	<input type="checkbox"/>	<input type="checkbox"/>
Has overly serious facial expressions	<input type="checkbox"/>	<input type="checkbox"/>

<b>Restricted, repetitive patterns of behavior, interests &amp; activities over last 3 months</b>	True	False
Has more difficulty than other children with changes in his or her routine	<input type="checkbox"/>	<input type="checkbox"/>
Thinks or talks about the same thing over and over	<input type="checkbox"/>	<input type="checkbox"/>
Has an unusually narrow range of interests	<input type="checkbox"/>	<input type="checkbox"/>
Seems overly sensitive to sounds, textures, or smells	<input type="checkbox"/>	<input type="checkbox"/>
Has repetitive, odd behaviors such as hand flapping or rocking	<input type="checkbox"/>	<input type="checkbox"/>
Talks to people with an unusual tone of voice (for example, talks like a robot or like he or she is giving a lecture)	<input type="checkbox"/>	<input type="checkbox"/>

<b>Disruptive behavior over last 3 months</b>	True	False
Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction)	<input type="checkbox"/>	<input type="checkbox"/>

Please leave comments on the back side of this page. Make copies if needed.