Case Worksheet for Learners

Case Goal

Early identification of autism spectrum disorder (ASD) and referral for subsequent specialized developmental services greatly improves long-term outcomes for children with ASD. The American Academy of Pediatrics (AAP) recommends ongoing developmental surveillance at every visit, developmental screenings at 9, 18, and 24 or 30 months, and autism-specific screening at 18 and 24 months.

Key Learning Points of This Case

1. Perform ASD-specific screening as recommended by the AAP.
   a. Review the AAP guidelines on screening for ASD. ____________________________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________
   b. Discuss the importance of screening for ASD as part of developmental surveillance. ______________
      ______________________________________________________________________________________
      ______________________________________________________________________________________
   c. Choose an appropriate screening tool. _____________________________________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________
   d. Administer and score a screening tool correctly ______________________________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________

2. Develop an appropriate management plan based on results of screening for ASD.
   a. Interpret screening results correctly. _____________________________________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________
   b. Explain the results of screening to parents. _________________________________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________
   c. Formulate an appropriate plan of care based on screening results. _____________________________
      ______________________________________________________________________________________
      ______________________________________________________________________________________

Post Learning Exercise

1. Ask the caregivers of children at the 18-, 24-, and 30-month visits to complete the M-CHAT (the M-CHAT is available at https://www.firstsigns.org/screening/tools/rec.htm).
2. Practice explaining the process of screening to families and describe the limitations of screening tools.
3. Score the M-CHAT screening tools completed by caregivers.
4. Discuss the results with families of your patients.
5. Discuss with your preceptor where you would refer a child with a positive screen in your area (for example: audiology, Early Intervention, a developmental pediatrician).
6. Perform the M-CHAT follow up interview with a family.
Case Study Part I

It's a busy morning in the NICU, and you, a second-year pediatric resident, think longingly of the lunch you won't be able to have as you quickly sign out your patients. You hurry over to your community clinic, arriving a few minutes late. Your first patient for the afternoon is a baby you have been following since birth. You first met the family in the newborn nursery and have enjoyed seeing little Matthew learn to roll over, sit, cruise, and walk.

Matthew is now 18 months old and is coming in for a routine health care maintenance visit. As you enter the room, you smile at Matthew and ask his mother and father how he's doing. “Great,” they reply. “He loves to explore our apartment and laughs like crazy when we play peek-a-boo. We have started taking him to the park, and he enjoys playing with blocks.” You do a physical exam on Matthew and note that he has said very few words during the assessment. His eye contact is variable. When you ask about his language, Matthew’s parents indicate that, although they have noticed he’s not saying as many words as they would have anticipated at his age, they attribute this to his being raised in a bilingual household. They indicate he only has a couple of words. You spend a few more moments engaging Matthew in play before going back to the conference room to present to the attending.

Although Matthew is a quiet and sweet boy, you remain concerned about his language and variable eye contact. Given his age, Matthew should have an ASD-specific screening as well as a general developmental screening as part of his 18-month checkup. After discussing Matthew’s case with your preceptor, you go back to the family. You discuss the importance of screening with Matthew’s parents. You explain to Matthew’s parents that screeners are not used to diagnose, but can provide important information regarding milestones that Matthew should be reaching. You give Matthew’s parents the screening tool to complete.

Your next patient is Claudia, a 2-year-old girl who has just moved to the area from another state. This is Claudia’s first visit to the clinic. As you introduce yourself to Claudia, you notice that she stares at the door. You complete a physical exam and look over Claudia’s immunization record. You ask Claudia’s dad about preschool, and he replies that since Claudia does not speak yet, the family decided not to place her in preschool. You attempt to engage Claudia with toys, but Claudia appears more interested in the buttons on her sweater. You go back to your preceptor and describe Claudia’s concerning behavior and lack of words. You and your preceptor agree that these may be signs of ASD. After explaining the routine of screening for ASD at the 18-month and 2-year-old visits, you give the screening tool to Claudia’s dad for completion.

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Case Study Part II

Matthew’s parents complete the questionnaire and give it back to the nurse. The nurse scores the M-CHAT and determines that he has three failed items. You discuss Matthew with your preceptor, and together you decide to refer to an audiologist and call Matthew’s parents for a follow-up interview.

Claudia’s dad is unsure of the answers to several questions as mom typically cares for Claudia during the day. He asks to speak with you. Upon scoring the M-CHAT, you note that Claudia failed at least four critical items on the screening tool, as well as at least six other items. You explain to Claudia’s dad that some of his responses about Claudia’s behavior raised concerns about Claudia’s development.

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Case Study Part III - Epilogue

Matthew’s parents return the next week for a follow-up appointment to discuss the results of the screening tool, and you conduct the follow-up interview. On the follow-up interview, Matthew passes all the items. You discuss Matthew’s development with his parents and ask them if they have any concerns. They state that they do not at this time. You provide ideas for engaging Matthew in creative play, as well as facilitating speech and language development, and you make another health care-maintenance appointment for Matthew during which you will continue to follow his development progress. Per the AAP recommendations, Matthew should have another ASD-specific screen at 24 months or earlier if the parents or physician have concerns.

Claudia and her parents also return the next week so you can obtain further history and complete the M-CHAT follow-up interview with her mom and dad. You were concerned by Claudia’s results on the M-CHAT screener, and you would like to use the follow-up interview to identify the areas of greatest need and where to focus your energies. Claudia’s parents’ responses note continued concerns regarding Claudia’s communication and social skills. For instance, Claudia takes interest in children, but typically does not respond to the presence of others. She does not engage in pretend play and does not play properly with toys, preferring to bang them on the floor. Although she uses her finger to point, she cries and whines when she wants something and does not use gestures or pointing in order to work to gain attention from others. Claudia also does not imitate others. She occasionally responds to her name, but does not respond when she is focused on a preferred activity. She also has been noted to stare at nothing and wander. Given the presence of continued concerns, you speak in depth with Claudia’s parents regarding the possible diagnosis of autism spectrum disorder based on the screening measures. Of note, although some of Claudia’s initially reported behaviors of concern are resolved on the M-CHAT follow-up interview, and Claudia’s dad is unsure of some of Claudia’s behaviors, there remain enough concerning behaviors to warrant referral for further evaluation. You address the need for a formal evaluation to clearly delineate Claudia’s symptoms. Claudia’s parents are in agreement with the concerns, but also wonder how these results are accurate based on such a short time for observation. You refer Claudia for a hearing evaluation and an assessment by an early intervention specialist. You also refer her for a complete evaluation by a developmental specialist.

You schedule a follow-up visit with Claudia and her parents in two months to continue to follow her progress and to ensure that assessments and services are underway.

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Handout I: AAP Screening Guidelines

Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)

1a: Pediatric Patient at Preventive Care Visit

1b: Extra Visit for Autism-Related Concern, ASD Risk Factor, or Other Developmental/Behavioral Concern

2: Perform Surveillance
   Score 1 for Each Risk Factor:
   - Sibling with ASD
   - Parental Concern
   - Other Caregiver Concern
   - Pediatrician Concern

3: What is the Score?
   Score = 0
   Score = 1
   Score = 2+

3a: Is the Patient at Least 18-Months Old?
   Yes
   No

5a: Evaluate Social-Communication Skills
5b: Administer ASD-Specific Screening Tool
5c: Administer ASD-Specific Screening Tool

6a: Are the Results Positive or Concerning?
   Yes
   No

7a: 1. Provide Parental Education
     2. Schedule Extra Visit Within 1 Month
     3. Re-enter Algorithm at 1b

7b: 1. Schedule Next Preventive Visit
   2. Re-enter Algorithm at 1a

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Screening for Autism Spectrum Disorder

Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)

1a: Developmental concerns, including those about social skill deficits, should be included as one of several health topics addressed at each pediatric preventive care visit through the first 5 years of life. (Go to step 2)

2: Surveillance is a flexible, longitudinal, continuous, and cumulative process whereby health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance: eliciting and attending to the parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and protective factors, and maintaining an accurate record and documenting the process and findings. The concerns of parents, other caregivers, and pediatricians all should be included in determining whether surveillance suggests that the child may be at risk of an ASD. In addition, younger siblings of children with an ASD should also be considered at risk, because they are 10 times more likely to develop symptoms of an ASD than children without a sibling with an ASD. Scoring risk factors will help determine the next steps. (Go to step 3)

3 - Scoring risk factors:
   - If the child does not have a sibling with an ASD and there are no concerns from the parents, other caregivers, or pediatrician: Score=0 (Go to step 4)
   - If the child has only 1 risk factor, either a sibling with ASD or the concern of a parent, caregiver, or pediatrician: Score=1 (Go to step 3a)
   - If the child has 2 or more risk factors: Score=2+ (Go to step 8)

4 – In the absence of established risk factors and parental/provider concerns (score=0), a level-1 ASD-specific tool should be administered at the 18- and 24-month visits. (Go to step 5c) If this is not an 18- or 24-month visit, (Go to step 7b).

Note: In the AAP policy, "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening", a general developmental screen is recommended at the 9-, 18-, and 24- or 30-month visits and an ASD screening is recommended at the 18-month visit. This clinical report also recommends an ASD screening at the 24-month visit to identify children who may regress after 18 months of age.

5a: Evaluate Social Communication Skills
   - If the child's age is <18 months, the pediatrician should use a tool that specifically addresses the clinical characteristics of ASDs, such as those that target social-communication skills. (Go to step 6a)

5b: Administer ASD-Specific Screening Tool
   - If the child's age is ≥18 months, the pediatrician should use an ASD-specific screening tool. (Go to step 6a)

5c: For all children ages 18 or 24 months (regardless of risk factors), the pediatrician should use an ASD-specific screening tool. (Go to step 6b)

6a – When the result of the screening is negative, Go to step 7a
   When the result of the screening is positive, Go to step 8

7a – If the child demonstrates risk but has a negative screening result, information about ASDs should be provided to parents. The pediatrician should schedule an extra visit within 1 month to address any residual ASD concerns or additional developmental/behavioral concerns after a negative screening result. The child will then re-enter the algorithm at 1b. A "wait-and-see" approach is discouraged. If the only risk factor is a sibling with an ASD, the pediatrician should maintain a higher index of suspicion and address ASD symptoms at each preventive care visit, but an early follow-up within 1 month is not necessary unless a parental concern subsequently arises.

8 – If the screening result is positive for possible ASD in step 6a or 6b, the pediatrician should provide peer reviewed and/or consensus-developed ASD materials. Because a positive screening result does not determine a diagnosis of ASD, the child should be referred for a comprehensive ASD evaluation, to early intervention/early childhood education services (depending on child's age), and an audiological evaluation. A categorical diagnosis is not needed to access intervention services. These programs often provide evaluations and other services even before a medical evaluation is complete. A referral to intervention services or school also is indicated when other developmental/behavioral concerns exist, even though the ASD screening result is negative. The child should be scheduled for a follow-up visit and will then re-enter the algorithm at 1b. All communication between the referral sources and the pediatrician should be coordinated.

For more information on developmental surveillance, see "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (Pediatrics 2006;118:405-420).

### Handout II: Screening Tools Chart

<table>
<thead>
<tr>
<th>Screener</th>
<th>Ages</th>
<th>Format</th>
<th>Items</th>
<th>Time to Complete</th>
<th>Available Languages</th>
<th>Information and Free Downloadable Templates</th>
<th>Scoring Templates and Instructions</th>
</tr>
</thead>
</table>
| Checklist for Autism in Toddlers (CHAT)                       | 18–24 mo+    | Interview or questionnaire + observations | Section A: 9 yes/no parent questions
Section B: 5 clinician observations | 5 min          | English, Dutch, Greek,
| Childhood Autism Spectrum Test (CAST)                         | 4–11 yr      | Parent-completed questionnaire | 37 items                                   | 10 min          | English, Dutch, French, Greek,
| Modified Checklist for Autism in Toddlers (M-CHAT)           | 16–30 mo     | Parent-completed questionnaire | 23 items                                   | 5–10 min        | Arabic, Bangla, Chinese, Dutch, French,
German, Greek, Gujarati, Icelandic,
Japanese, Kannada, Kurdish,
Portuguese, Sinhala,
Somali, Spanish, Tamil,
| Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP) Infant-Toddler Checklist | 9–24 mo      | Broadband screener used to detect communication delays including in children with ASD | 24 items                                | 5–10 min     | English, Chinese, German,
| Screening Tool for Autism in 2-Year Olds (STAT)               | 24–36 mo     | Screener is administered by trained examiners | 12 activities that look at play, imitation, communication | 20 min          | not applicable                           | http://kc.vanderbilt.edu/triad/training/page.aspx?id=821 |                                       |
Screening Tools Chart References

**Overall**


**CHAT**


**CAST**


**M_CHAT**


Robins DL. M-CHAT Information. http://www2.gsu.edu/~psydlr/Diana_L__Robins__Ph.D..html

**PDDST-II**

Suggested Citation: Scharf RJ, Sia JH, Pappas D, Rosenberg M. Screening Tools Chart. Developed for the Autism Case Training A Developmental-Behavioral Pediatrics Curriculum. 2011.
Handout III: Blank M-CHAT Form

Instructions and Permissions for Use of the M-CHAT

The Modified Checklist for Autism in Toddlers (M-CHAT; Robins, Fein, & Barton, 1999) is available for free download for clinical, research, and educational purposes. There are two authorized websites: the M-CHAT and supplemental materials can be downloaded from www.firstsigns.org or from Dr. Robins’ website, at http://www2.gsu.edu/~wwwpsy/faculty/robins.htm

Users should be aware that the M-CHAT continues to be studied, and may be revised in the future. Any revisions will be posted to the two websites noted above.

Furthermore, the M-CHAT is a copyrighted instrument, and use of the M-CHAT must follow these guidelines:

1. Reprints/reproductions of the M-CHAT must include the copyright at the bottom (© 1999 Robins, Fein, & Barton). No modifications can be made to items or instructions without permission from the authors.

2. The M-CHAT must be used in its entirety. There is no evidence that using a subset of items will be valid.

3. Parties interested in reproducing the M-CHAT in print (e.g., a book or journal article) or electronically (e.g., as part of digital medical records or software packages) must contact Diana Robins to request permission (drobins@gsu.edu).

Instructions for Use

The M-CHAT is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT can be administered and scored as part of a well-child check-up, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT was to maximize sensitivity, meaning to detect as many cases of ASD as possible. Therefore, there is a high false positive rate, meaning that not all children who score at risk for ASD will be diagnosed with ASD. To address this, we have developed a structured follow-up interview for use in conjunction with the M-CHAT; it is available at the two websites listed above. Users should be aware that even with the follow-up questions, a significant number of the children who fail the M-CHAT will not be diagnosed with an ASD; however, these children are at risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who fails the screening.

The M-CHAT can be scored in less than two minutes. Scoring instructions can be downloaded from http://www2.gsu.edu/~wwwpsy/faculty/robins.htm or www.firstsigns.org. We also have developed a scoring template, which is available on these websites; when printed on an overhead transparency and laid over the completed M-CHAT, it facilitates scoring. Please note that minor differences in printers may cause your scoring template not to line up exactly with the printed M-CHAT.

Children who fail more than 3 items total or 2 critical items (particularly if these scores remain elevated after the follow-up interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children. In addition, children for whom there are physician, parent, or other professional’s concerns about ASD should be referred for evaluation, given that it is unlikely for any screening instrument to have 100% sensitivity.

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### M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Does your child enjoy being swung, bounced on your knee, etc.?</td>
<td>Yes No</td>
</tr>
<tr>
<td>2.</td>
<td>Does your child take an interest in other children?</td>
<td>Yes No</td>
</tr>
<tr>
<td>3.</td>
<td>Does your child like climbing on things, such as up stairs?</td>
<td>Yes No</td>
</tr>
<tr>
<td>4.</td>
<td>Does your child enjoy playing peek-a-boo/hide-and-seek?</td>
<td>Yes No</td>
</tr>
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<td>5.</td>
<td>Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?</td>
<td>Yes No</td>
</tr>
<tr>
<td>6.</td>
<td>Does your child ever use his/her index finger to point, to ask for something?</td>
<td>Yes No</td>
</tr>
<tr>
<td>7.</td>
<td>Does your child ever use his/her index finger to point, to indicate interest in something?</td>
<td>Yes No</td>
</tr>
<tr>
<td>8.</td>
<td>Can your child play properly with small toys (e.g., cars or blocks) without just mouthing, fiddling, or dropping them?</td>
<td>Yes No</td>
</tr>
<tr>
<td>9.</td>
<td>Does your child ever bring objects over to you (parent) to show you something?</td>
<td>Yes No</td>
</tr>
<tr>
<td>10.</td>
<td>Does your child look you in the eye for more than a second or two?</td>
<td>Yes No</td>
</tr>
<tr>
<td>11.</td>
<td>Does your child ever seem oversensitive to noise? (e.g., plugging ears)</td>
<td>Yes No</td>
</tr>
<tr>
<td>12.</td>
<td>Does your child smile in response to your face or your smile?</td>
<td>Yes No</td>
</tr>
<tr>
<td>13.</td>
<td>Does your child imitate you? (e.g., you make a face-will your child imitate it?)</td>
<td>Yes No</td>
</tr>
<tr>
<td>14.</td>
<td>Does your child respond to his/her name when you call?</td>
<td>Yes No</td>
</tr>
<tr>
<td>15.</td>
<td>If you point at a toy across the room, does your child look at it?</td>
<td>Yes No</td>
</tr>
<tr>
<td>16.</td>
<td>Does your child walk?</td>
<td>Yes No</td>
</tr>
<tr>
<td>17.</td>
<td>Does your child look at things you are looking at?</td>
<td>Yes No</td>
</tr>
<tr>
<td>18.</td>
<td>Does your child make unusual finger movements near his/her face?</td>
<td>Yes No</td>
</tr>
<tr>
<td>19.</td>
<td>Does your child try to attract your attention to his/her own activity?</td>
<td>Yes No</td>
</tr>
<tr>
<td>20.</td>
<td>Have you ever wondered if your child is deaf?</td>
<td>Yes No</td>
</tr>
<tr>
<td>21.</td>
<td>Does your child understand what people say?</td>
<td>Yes No</td>
</tr>
<tr>
<td>22.</td>
<td>Does your child sometimes stare at nothing or wander with no purpose?</td>
<td>Yes No</td>
</tr>
<tr>
<td>23.</td>
<td>Does your child look at your face to check your reaction when faced with something unfamiliar?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

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Handout IV: M-CHAT for Matthew

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.?  
   - Yes
   - No

2. Does your child take an interest in other children?  
   - Yes
   - No

3. Does your child like climbing on things, such as up stairs?  
   - Yes
   - No

4. Does your child enjoy playing peek-a-boo/hide-and-seek?  
   - Yes
   - No

5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?  
   - Yes
   - No

6. Does your child ever use his/her index finger to point, to ask for something?  
   - Yes
   - No

7. Does your child ever use his/her index finger to point, to indicate interest in something?  
   - Yes
   - No

8. Can your child play properly with small toys (e.g., cars or blocks) without just mouthing, fiddling, or dropping them?  
   - Yes
   - No

9. Does your child ever bring objects over to you (parent) to show you something?  
   - Yes
   - No

10. Does your child look you in the eye for more than a second or two?  
    - Yes
    - No

11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)  
    - Yes
    - No

12. Does your child smile in response to your face or your smile?  
    - Yes
    - No

13. Does your child imitate you? (e.g., you make a face—will your child imitate it?)  
    - Yes
    - No

14. Does your child respond to his/her name when you call?  
    - Yes
    - No

15. If you point at a toy across the room, does your child look at it?  
    - Yes
    - No

16. Does your child walk?  
    - Yes
    - No

17. Does your child look at things you are looking at?  
    - Yes
    - No

18. Does your child make unusual finger movements near his/her face?  
    - Yes
    - No

19. Does your child try to attract your attention to his/her own activity?  
    - Yes
    - No

20. Have you ever wondered if your child is deaf?  
    - Yes
    - No

21. Does your child understand what people say?  
    - Yes
    - No

22. Does your child sometimes stare at nothing or wander with no purpose?  
    - Yes
    - No

23. Does your child look at your face to check your reaction when faced with something unfamiliar?  
    - Yes
    - No

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Handout V: M-CHAT Form for Claudia

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.?  
   - Yes  
   - No

2. Does your child take an interest in other children?  
   - Yes  
   - No

3. Does your child like climbing on things, such as up stairs?  
   - Yes  
   - No

4. Does your child enjoy playing peek-a-boo/hide-and-seek?  
   - Yes  
   - No

5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?  
   - Yes  
   - No

6. Does your child ever use his/her index finger to point, to ask for something?  
   - Yes  
   - No

7. Does your child ever use his/her index finger to point, to indicate interest in something?  
   - Yes  
   - No

8. Can your child play properly with small toys (e.g., cars or blocks) without just mouthing, fiddling, or dropping them?  
   - Yes  
   - No

9. Does your child ever bring objects over to you (parent) to show you something?  
   - Yes  
   - No

10. Does your child look you in the eye for more than a second or two?  
    - Yes  
    - No

11. Does your child seem oversensitive to noise? (e.g., plugging ears)  
    - Yes  
    - No

12. Does your child smile in response to your face or your smile?  
    - Yes  
    - No

13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)  
    - Yes  
    - No

14. Does your child respond to his/her name when you call?  
    - Yes  
    - No

15. If you point at a toy across the room, does your child look at it?  
    - Yes  
    - No

16. Does your child walk?  
    - Yes  
    - No

17. Does your child look at things you are looking at?  
    - Yes  
    - No

18. Does your child make unusual finger movements near his/her face?  
    - Yes  
    - No

19. Does your child try to attract your attention to his/her own activity?  
    - Yes  
    - No

20. Have you ever wondered if your child is deaf?  
    - Yes  
    - No

21. Does your child understand what people say?  
    - Yes  
    - No

22. Does your child sometimes stare at nothing or wander with no purpose?  
    - Yes  
    - No

23. Does your child look at your face to check your reaction when faced with something unfamiliar?  
    - Yes  
    - No

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### Handout VI: M-CHAT Scoring Instructions

**Modified Checklist for Autism in Toddlers (M-CHAT) Coder**

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<table>
<thead>
<tr>
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<td>1</td>
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<td>Yes</td>
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<td>22</td>
<td>No</td>
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<td>23</td>
<td>Yes</td>
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</tbody>
</table>

*Instructions:*
- Center this coding tool between the numbers & answers on the English or Spanish M-CHAT. Keep the shaded areas lined up.
- Normal answers are marked at right. The ones that represent critical answers are bolded and italicized.
- If a patient’s answer does not match the normal answer, place a check (✓) next to the non-matching answer. Place 2 checks (✓✓) if it is a critical item.
- If:
  - any 2 critical items don’t match
  - or
  - any 3 items overall don’t match
  - then:
    - this screen requires followup
    - followup should consist of the confirmatory interview and referrals as necessary.
  - Else if:
    - <2 critical items don’t match
    - and
    - <3 items overall don’t match
    - then:
      - screen is PASSED.

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coder created for use at YNHH © 2009
Instructions for the M-CHAT Follow-Up Interview™

Select items based on M-CHAT scores. Administer only those items for which the parent indicated behavior that demonstrates risk for autism spectrum disorders (ASDs), and/or those which the healthcare provider has concerns may not have been answered accurately.

Score interview items in the same manner as the M-CHAT. If an item is failed, it indicates risk for ASDs. Failure of two critical items (items 2, 7, 9, 13, 14, 15) or any three total warrants referral to a specialist. Please note that failing the follow-up interview does not diagnose ASDs; it indicates increased risk for ASDs.

Please note that if the healthcare provider has concerns about ASDs, children should be referred to a specialist regardless of the score on the M-CHAT or M-CHAT follow-up interview.

Please use the following M-CHAT page to record the scores after the interview is completed.
M-CHAT™

Please score the interview items on this page. Critical items are marked in **BOLD** and reverse score items, meaning those for which a score of “Yes” indicates risk for autism (11, 18, 20, 22) are noted by the word **REVERSE**.

1. Does your child enjoy being swung, bounced on your knee, etc.? Yes No
2. **Does your child take an interest in other children?** Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? Yes No
6. **Does your child ever use his/her index finger to point, to ask for something?** Yes No
7. **Does your child ever use his/her index finger to point, to indicate interest in something?** Yes No
8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? Yes No
9. **Does your child ever bring objects over to you (parent) to show you something?** Yes No
10. Does your child look in the eye for more than a second or two? Yes No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) **(REVERSE)** Yes No
12. Does your child smile in response to your face or your smile? Yes No
13. **Does your child imitate you? (e.g., you make a face—will your child imitate it?)** Yes No
14. **Does your child respond to his/her name when you call?** Yes No
15. **If you point at a toy across the room, does your child look at it?** Yes No
16. Does your child walk? Yes No
17. Does your child look at things you are looking at? Yes No
18. Does your child make unusual finger movements near his/her face? **(REVERSE)** Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
20. Have you ever wondered if your child is deaf? **(REVERSE)** Yes No
21. Does your child understand what people say? Yes No
22. **Does your child sometimes stare at nothing or wander with no purpose?** **(REVERSE)** Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

**Critical Score:**

**Total Score:**

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1. You reported that ___________ does not enjoy being swung, bounced on your knee, etc.

Is this still true?

**NO**

Then s/he does enjoy being bounced or swung?

**YES**

**PASS**

**NO**

When you swing or bounce him/her, how does s/he react?

- Laughs or smiles?  
  - Yes ☐  
  - No ☐

- Talks or babbles?  
  - Yes ☐  
  - No ☐

- Requests more by holding out his/her arms?  
  - Yes ☐  
  - No ☐

Other (Describe): ____________________________________________________________

If **NO** to all  

FAIL

If **YES** to any specific examples  

PASS

If other is clearly a positive response  

FAIL

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2. You reported that ___________ does not take interest in other children. (Critical)

Is this still true?

NO

Then your child does take an interest in other children?

YES

Is he/she interested in children who are not his/her brother or sister?

YES

Plays with the other child?

Yes □ No □

Talks to the other child?

Yes □ No □

Aggressive behavior?

Yes □ No □

Vocalizes?

Yes □ No □

Looks at the other child?

Yes □ No □

Smiles at the other child?

Yes □ No □

How does your child respond?

FAIL

NO to all

ASK all

NO to any:

Does s/he (fill in responses given here-e.g. plays, talks, smiles, looks, or vocalizes) more than half of the time?

NO

FAIL

YES

PASS

PASS

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3. You reported that __________ does not like climbing on things, such as up stairs.

Is this still true?

- NO
  - Then s/he does like climbing on things?
    - YES
      - PASS
    - NO
      - Then s/he does not like climbing on things?
        - YES
          - Then s/he needs more help with this skill.
        - NO
          - Then s/he does not need help with this skill.

Does he/she enjoy climbing on...

- ...stairs? Yes □ No □
- ...chairs? Yes □ No □
- ...furniture? Yes □ No □
- ...playground equipment? Yes □ No □

If YES to any
- PASS

If NO to all
- FAIL

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4. You reported that ___________ does not enjoy playing peek-a-boo / hide-and-seek.

Is this still true?

NO

Then your child does enjoy playing peek-a-boo or hide and seek?

YES

NO

PASS

YES

Does your child like any games that involve a back-and-forth exchange with another person?

NO

What does s/he do if you try to play a game like peek-a-boo or pat-a-cake (or example given) with him/her?

Smiles/laughs? Yes □ No □
Vocalizes pleasure? Yes □ No □
Requests more verbally? Yes □ No □
Requests more nonverbally? Yes □ No □
Refuses to play? Yes □ No □
Cries? Yes □ No □
Not interested in those games? Yes □ No □
Leaves situation if parent initiates Yes □ No □

If YES only to example(s) from both

PASS ← Pass response ← What is more typical?

FAIL → Fail response →

If YES only to example(s) from above

Examples

________________________________________________________________________

________________________________________________________________________

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5. You reported that __________ does not ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things.

Is this still true?

- NO
  - Then your child does pretend play?
    - YES
    - NO
      - Can you give me an example?
        - YES
        - If parent gives any examples listed, it is a pass.
        - NO
          - If NO, ask examples individually
            - Push a car on a pretend road?
            - Does he/she put a toy pot on stove or stir imaginary food?
            - Pretend to vacuum or mow lawn?
            - Feed self with a toy spoon or empty cup?
            - Feed a doll with real or imaginary food?
            - Pretend to be a robot, an airplane, a ballerina, or any other favorite character?
            - Put an action figure or doll into a toy car or truck?
            - Pretend to talk on the telephone?

- YES
  - Does he/she ever play make believe?
    - YES
    - NO
      - PASS
      - FAIL

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6. You reported that ____________ does not use his/her pointer finger to point, to ask for something.

Is this still true?

NO

Then your child does use his/her pointer finger in order to ask for something?

YES

NO

PASS

If there is something your child wants this is out of reach, such as a cookie up on a counter, how does he/she get it?

Points?_____

Reaches for the object with the whole hand?_____

Leads the parent to the object?_____

Tries to get the object for him/herself?_____

Asks for it?_____

If responds with any of the above:

If you said “Show me,” would he/she point at it?

YES

NO

FAIL
7. You reported that __________ does not use his/her pointer finger to point, to indicate interest in something, (Critical)

Is this still true?

NO

Then your child does use his/her pointer finger in order to point to indicate interest in something?

YES

NO

PASS

YES

Does your child ever want you to see something interesting such as...

...an airplane in the sky? Yes □ No □
...a truck on the road? Yes □ No □
...a bug on the ground? Yes □ No □
...an animal in the yard? Yes □ No □

How does your child draw your attention to it? Would he/she point with his/her pointer finger?

YES

NO

Is this to indicate interest, not to get help?

NO

FAIL

YES

PASS

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8. You reported that ___________ does not play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them.

Is this still true?

NO

Then your child does know how to play properly with small toys?

YES

NO

Can you give me an example?

How does he/she play with toys?

PASS

Stacks blocks?_____ Does simple puzzles?_____ Plays with cars/trucks?_____ Plays with a shape sorter?_____ Stacks rings on a stick?_____ Nests cups inside each other?_____ Puts toys in mouth?_____ Throws toys?_____ Doesn’t play with toys?_____ Swallows pieces?_____ Lines toys up?_____ Carries one toy around the house?_____ Stares at toys?_____ If YES only to example(s) from above

PASS

Pass response

FAIL

FAIL

If YES only to example(s) from above

FAIL

What is more typical?

Pass response

Fail response

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9. You reported that __________ does not bring objects over to you (parent) to show you something. (Critical)

Is this still true?

NO

Then your child does bring objects over to show you?

YES

NO

PASS

YES

Does your child sometimes bring you:

A picture or toy just to show you?____
A drawing he/she has done?____
A flower he/she has picked?____
A bug he/she has found in the grass?____

If YES to any:

YES

Is this just to show you, not to get help?

YES

NO

PASS

NO

FAIL

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10. You reported that __________ does not look you in the eye for more than a second or two.

Is this still true?

- NO
  - Then your child does look you in the eyes for more than a second or two?
    - YES
    - NO
      - PASS
      - FAIL
  - YES
   - PASS
   - FAIL

Does s/he look you in the eyes when s/he needs something?_____  
When playing with you?_____  
During feeding?_____  
During diaper changes?_____  
When you are reading him/her a story?_____  

- YES only to one
  - PASS
  - FAIL
- YES to two or more
  - PASS
- NO to all
  - FAIL

On a day when you are together all day, does he/she look you in the eyes at least 5 times?

- YES
  - PASS
  - FAIL
- NO
  - FAIL

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11. You reported that __________ sometimes seems oversensitive to noise.

Is this still true?

- NO
  - Then your child does not seem oversensitive to noise?
    - NO, he/she does not
    - YES, he/she does

  \[\text{PASS}\]

  If YES to two or more, continue:

  How does your child react to \textit{(list noise that child does not like)}?

  \[\text{PASS}\]
  \[\text{FAIL}\]

- YES
  - Does your child have a negative reaction to the sound of: (ask as needed)...
  - A washing machine?_____
  - Babies crying?_____
  - Babies squealing or screeching?_____
  - Vacuum cleaner?_____ 
  - Sirens?_____ 
  - Traffic?_____ 
  - Doors slamming?_____ 
  - Loud music?_____ 
  - Telephone/doorbell ringing?
  - Noisy places such as the supermarket or restaurant?_____ 
  - Other (describe): ______________________ 

  If YES only to one

  \[\text{PASS}\]

  If YES only to example(s) from above

  \[\text{PASS}\]

  If YES to examples from both

  \[\text{FAIL}\]

  If YES only to example(s) from above

  \[\text{FAIL}\]

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12. You reported that ___________ does not smile in response to your face or your smile.

Is this still true?

- **NO**
  - Then your child does smile in response to your face or your smile?
    - **YES**
      - What makes ___________ smile?
      - **PASS**
    - **NO**
      - Ask specifically about below examples if parent does not give any:
        - Smiles when parent smiles?_____
        - Smiles when parent enters room?_____
        - Smiles when parent returns?_____
        - **PASS**
          - If **YES** only to example(s) from above
        - **FAIL**
          - If **YES** only to example(s) from above

- **YES**
  - **FAIL**
  - If **YES** only to example(s) from above
  - **FAIL**
    - If **YES** only to example(s) from above
13. You reported that __________ does not usually imitate you. (Critical)

Is this still true?

NO

Then your child does imitate you?

YES

NO

PASS

If YES to two or more

Does your child copy you if you:

- Stick out your tongue? Yes □  No □
- Make a funny sound? Yes □  No □
- Wave good bye? Yes □  No □
- Clap your hands? Yes □  No □
- Put your fingers to your lips to signal “Shhh”? Yes □  No □
- Blow a kiss? Yes □  No □

If YES to one or none

FAIL

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14. You reported that __________ does not respond to his/her name when you call. (Critical)

Is this still true?

- NO
  - Then your child does respond to his/her name?
    - YES
      - PASS
    - NO
      - If he/she is not doing anything particularly fun or absorbing, would he/she usually respond to his/her name being called?
        - NO
          - FAIL
        - YES
          - PASS

What does he/she do when you call his/her name?

If parent does not spontaneously respond, ask below examples:

- PASS
  - Looks up?____
  - Talks or babbles?____
  - Stops what he/she is doing?____

- FAIL
  - No response?____
  - Seems to hear but ignores parent?____
  - Parent needs to be in child's face?____
  - Responds only if touched?____

If YES only to example(s) from above

- PASS
  - Pass response

If YES to examples from both

- What is more typical?
  - FAIL

If YES only to example(s) from above

- FAIL

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15. You reported that if you point at a toy across the room, __________ does not look at it. (Critical)

Is this still true?

NO

Then your child does look at objects that you point to?

YES

NO

PASS

YES

If you point at something, what does your child typically do?

If parent does not spontaneously respond, ask below examples:

If YES only to example(s) from above

FAIL

PASS

FAIL

If YES to examples from both

If YES only to example(s) from above

Pass response

What is more typical?

Fail response
16. You reported that your child does not walk.

- Is this still true?
  - NO
    - Then s/he does enjoy being bounced or swung?
      - YES
        - PASS
      - NO
        - FAIL
  - YES
    - FAIL

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17. You reported that ___________ does not look at things you are looking at.

Is this still true?

No

Then your child does look at things you are looking at?

Yes

No

Yes

Pass

No

What does s/he do when you are looking at something?

If parent does not spontaneously respond, ask below examples:

Pass

Looks at object you are looking at?____
Points to object?____
Looks around to see what you are looking at?____

If YES only to example(s) from above

Pass response

Pass

If YES to examples from both

What is more typical?

Pass response

Fail

If YES only to example(s) from above

Fail response

Fail

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18. You reported that __________ makes unusual finger movements near his/her face.

- Is this still true?
  - NO
  - YES

- Then s/he does not make any unusual finger movements?
  - NO
  - YES

- PASS

If parent does not spontaneously respond, ask below examples:

- Please describe these movements

- If parent does not spontaneously respond, ask below examples:
  - Wiggles his/her fingers near his/her eyes?
  - Holds hands up close to eyes?
  - Holds hands off to the side of his/her eyes?
  - Flaps hands near face?
  - Other (describe):

- If YES to any fail response
  - Does this happen more than twice a week?
    - NO
    - YES

- FAIL

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19. You reported that __________ does not try to attract your attention to his/her own activity.

Is this still true?

- **NO**
  - Then s/he does try to attract your attention to his/her own activity?
    - **YES**
    - **NO**
      - (Ask each item)
        - Does he/she....
          - Say “Look!” or “Watch me!”?____
          - Bring a toy or activity to show you (parent)?____
          - Look expectantly to get praise or comment?____
          - Keep looking to see if you’re (parent) looking?____

        - If **YES** to any or sometimes two or more
          - **PASS**
        - If **YES** to none or sometimes to one or fewer
          - **FAIL**

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20. Have you wondered if your child is deaf?

**NO**
Then you haven’t wondered if he/she is deaf?

**NO**

**YES**

**YES, I have**

**PASS**

What led you to wonder that?__________________
__________________
__________________

Did he/she frequently ignore sounds?____
Did he/she often ignore people?____

**FAIL**

If **NO** to second and third questions

**PASS**

If **YES** to either second or third questions

**FAIL**

*AAsk all parents:*

Has your child’s hearing been tested? *If YES*, what were the results?

*Note results:_____ Hearing impaired _____ Hearing in normal range*
- *If hearing is impaired > PASS*
- *If parents report that they wondered about their child’s hearing only as part of a routine checkup > PASS*
- *Regardless of hearing test results, if child ignores sounds or people > FAIL*

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21. You reported that __________ does not understand what people say.

Is this still true?

- NO
  - Then he/she does understand what people say?
    - YES
    - PASS
    - NO
      - When the situation gives him/her a clue, can he/she follow a command? For example, when you are dressed to go out and you tell him/her to get his/her shoes...
        - YES
        - FAIL
        - NO
          - If NO or sometimes
            - If it is dinnertime and food is on the table, and you tell the child to sit down, will he/she come sit at the table?
              - NO
              - FAIL
              - YES
                - When the situation does not give any clues, can he/she follow a command (e.g., “show me your shoe” without any gestures)? Use other examples as needed: “Bring me the book”; “Bring me my keys”.
                  - NO
                  - FAIL
                  - YES
                  - PASS

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22. You reported that __________ sometimes stares at nothing or wanders with no purpose.

Is this still true?

NO

YES

Then your child does not stare at nothing or wander with no purpose?

NO

YES

Can you give me some examples of this behavior?

________________________________________

________________________________________

________________________________________

(If not stated above) Does your child often stare off into space?

NO

YES

(If not stated above) Does he/she like to walk around the edges of the room instead of settling down with an activity?

NO

YES

Note (only if parent asks): these behaviors need to last for at least a couple of minutes.

Does he/she do this behavior (fill in behavior parent indicated) often - at least several times per week?_____

Does he/she walk in circles (not in play to make self dizzy) often - at least several times per week?_____

NO to both examples

YES to either example

NO to both

PASS

PASS

FAIL

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23. You reported that __________ does not usually look at your face to check your reaction when faced with something unfamiliar and a little scary.

Is this still true?

- **NO**
  - Then he/she does look at your face to check your reaction when faced with something scary?
    - **YES**
    - If your child hears an unfamiliar or scary noise, will he/she look at you before deciding how to respond?
      - **NO**
      - **YES**
    - **PASS**
  - **NO**
    - Does your child look at you when someone new approaches?
      - **NO**
      - **YES**
    - **PASS**
    - **FAIL**
  - **PASS**

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5. You reported that Matthew does not ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things.

Is this still true?

NO

Then your child does pretend play?

YES

NO

Can you give me an example?

If parent gives any examples listed, it is a pass.

If NO, ask examples individually

Push a car on a pretend road? ✓
Does he/she put a toy pot on stove or stir imaginary food? ____
Pretend to vacuum or mow lawn? ____
Feed self with a toy spoon or empty cup? ____
Feed a doll with real or imaginary food? ____

Pretend to be a robot, an airplane, a ballerina, or any other favorite character? ____
Put an action figure or doll into a toy car or truck? ✓
Pretend to talk on the telephone? ____

If parent gave any example listed

PASS ✓

If parent did not give any example listed

FAIL

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10. You reported that **Mathew** does not look you in the eye for more than a second or two.

Is this still true?

- **NO**
  - Then your child does look you in the eyes for more than a second or two?
    - **YES**
      - Does s/he look you in the eyes when s/he needs something?____
        - When playing with you?____
        - During feeding?____
        - During diaper changes?____
        - When you are reading him/her a story?____
      - **YES** only to one
      - **YES** to two or more
      - **NO** to all
    - **NO**
      - **FAIL**

On a day when you are together all day, does he/she look you in the eyes at least 5 times?

- **YES**
  - **PASS**
- **NO**
  - **FAIL**

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23. You reported that __________ does not usually look at your face to check your reaction when faced with something unfamiliar and a little scary.

Is this still true?

- NO
  - Then he/she does look at your face to check your reaction when faced with something scary?
    - YES
      - If your child hears an unfamiliar or scary noise, will he/she look at you before deciding how to respond?
        - YES
          - PASS
        - NO
          - NO
            - NO
              - NO
                - NO
          - YES
            - YES
              - PASS
    - NO
  - PASS

Does your child look at you when someone new approaches?

- NO
  - NO
    - NO
      - NO
    - YES
      - PASS
- YES
  - PASS

What does your child do when faced with something unfamiliar and a little scary?

- Sometimes or probably looks at parent’s reaction?_____
  - PASS
- Probably does not look at parent’s reaction?_____
  - FAIL

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Handout IX: M-CHAT Follow-Up Interview for Claudia :30

2. You reported that ___Claudia___ does not take interest in other children. (Critical)

- Is this still true?
  - NO
  - YES

- Then your child does take an interest in other children?
  - YES
  - NO

- Is he/she interested in children who are not his/her brother or sister?
  - YES
  - NO

- When you are at the playground or supermarket, does your child usually respond to the presence of another child?
  - YES
  - NO

- How does your child respond?
  - Plays with the other child?
    - Yes □  No □
  - Talks to the other child?
    - Yes □  No □
  - Aggressive behavior?
    - Yes □  No □
  - Vocalizes?
    - Yes □  No □
  - Looks at the other child?
    - Yes □  No □
  - Smiles at the other child?
    - Yes □  No □

- If YES to any:
  - Does s/he (fill in responses given here-e.g. plays, talks, smiles, looks, or vocalizes) more than half of the time?
    - NO
    - YES

- If NO to all:
  - FAIL

- If YES to all:
  - PASS
5. You reported that Claudia does not ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things.

Is this still true?

NO

Then your child does pretend play?

YES

NO

Can you give me an example?

If parent gives any examples listed, it is a pass. If NO, ask examples individually

Push a car on a pretend road? ❌ Does he/she put a toy pot on stove or stir imaginary food? ❌

Pretend to vacuum or mow lawn? ❌

Feed self with a toy spoon or empty cup? ❌

Feed a doll with real or imaginary food? ❌

If parent gave any example listed

PASS

If parent did not give any example listed

FAIL

Can you give me an example?

YES

Does he/she ever play make believe?

NO

YES

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Screening for Autism Spectrum Disorder

Autism Case Training:
A Developmental-Behavioral Pediatrics Curriculum
6. You reported that ____________ does not use his/her pointer finger to point, to ask for something.

Is this still true?

- **NO**
  - Then your child does use his/her pointer finger in order to ask for something?
    - **YES**
      - If there is something your child wants this is out of reach, such as a cookie up on a counter, how does he/she get it?
        - Points?____
        - Reaches for the object with the whole hand?____
        - Leads the parent to the object?____
        - Tries to get the object for him/herself?____
        - Asks for it?____  **Whines and Cries**
        - If responds with any of the above:
          - If you said “Show me,” would he/she point at it?
            - **YES**
            - **FAIL**
            - **NO**

- **YES**
  - NO
    - **PASS**

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7. You reported that **Claudia** does not use his/her pointer finger to point, to indicate interest in something, (Critical)

Is this still true?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

Then your child does use his/her pointer finger in order to point to indicate interest in something?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

PASS

Does your child ever want you to see something interesting such as...

- ...an airplane in the sky?  
  - Yes ☑ No ☑
- ...a truck on the road?  
  - Yes ☑ No ☑
- ...a bug on the ground?  
  - Yes ☑ No ☑
- ...an animal in the yard?  
  - Yes ☑ No ☑

How does your child draw your attention to it? Would he/she point with his/her pointer finger?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Is this to indicate interest, not to get help?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

FAIL

PASS

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8. You reported that **Claudia** does not play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them.

---

**Is this still true?**

- **NO**
  - Then your child does know how to play properly with small toys?
    - **YES**
      - Can you give me an example?
    - **NO**

- **YES**
  - How does he/she play with toys?
    - **PASS**
      - Stacks blocks?____
        - Does simple puzzles?____
        - Plays with cars/trucks?____
        - Plays with a shape sorter?____
        - Stacks rings on a stick?____
        - Nests cups inside each other?____
    - **FAIL**
      - Puts toys in mouth?____
        - Throws toys?____
        - Doesn’t play with toys?____
        - Swallows pieces?____
        - Lines toys up?____
        - Carries one toy around the house?____
        - Stares at toys?____

  If **YES** only to example(s) from above
  - **PASS**
  - Pass response
  - What is more typical? [all response] —> **FAIL**

  If **YES** to examples from both
  - **FAIL**

  If **YES** only to example(s) from above

---

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9. You reported that **Claudia** does not bring objects over to you (parent) to show you something. (Critical)

*Is this still true?*

- **NO**
  - Then your child does bring objects over to show you?
    - **YES**
      - Does your child sometimes bring you:
        - A picture or toy just to show you? **✗**
        - A drawing he/she has done? **✗**
        - A flower he/she has picked? **✗**
        - A bug he/she has found in the grass? **✗**
    - **NO**
      - PASS
  - If YES to any:
    - **YES**
      - Is this just to show you, not to get help?
        - **YES**
          - PASS
        - **NO**
          - **FAIL**

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10. You reported that Claudia does not look you in the eye for more than a second or two.

Is this still true?

- NO
  - Then your child does look you in the eyes for more than a second or two?
    - YES
      - Does s/he look you in the eyes when s/he needs something?
      - When playing with you?
      - During feeding?
      - During diaper changes?
      - When you are reading him/her a story?
        - YES only to one
        - YES to two or more
        - NO to all

- NO
  - On a day when you are together all day, does he/she look you in the eyes at least 5 times?
    - YES
      - Does your child look you in the eyes every day?
        - YES
          - PASS
        - NO
          - FAIL
    - NO
      - FAIL

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13. You reported that __________ does not usually imitate you. (Critical)

- **Is this still true?**
  - **NO**
  - **√YES**

- Then your child does imitate you?
  - **YES**
  - **NO**

**PASS** if YES to two or more

**Does your child copy you if you:**
- Stick out your tongue? Yes ☑ No ✗
- Make a funny sound? Yes ☑ No ✗
- Wave good bye? Yes ☑ No ✗
- Clap your hands? Yes ☑ No ✗
- Put your fingers to your lips to signal “Shhh”? Yes ☑ No ✗
- Blow a kiss? Yes ☑ No ✗

**FAIL** if YES to one or none
14. You reported that **Claudia** does not respond to his/her name when you call. (Critical)

Is this still true?

- **NO**
  - Then your child does respond to his/her name?
    - YES
      - What does he/she do when you call his/her name?
        - Pass response
          - PASS
    - NO
      - If he/she is not doing anything particularly fun or absorbing, would he/she usually respond to his/her name being called?
        - YES
          - Pass response
            - PASS
        - NO
          - If parent does not spontaneously respond, ask below examples:
            - PASS
            - FAIL
              - What is more typical?
                - Pass response
                  - PASS
                - Fail response
                  - FAIL
              - If yes, only to example(s) from above
                - PASS
                - FAIL
              - If yes, only to example(s) from above
                - PASS
                - FAIL

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20. Have you wondered if your child is deaf?

**NO**

Then you haven’t wondered if he/she is deaf?

**NO**

**YES, I have**

**PASS**

If NO to second and third questions

**PASS**

If YES to either second or third questions

**FAIL**

---

**Ask all parents:**

Has your child’s hearing been tested? If YES, what were the results?

*Note results:* _____ Hearing impaired _____ Hearing in normal range

- If hearing is impaired > PASS
- If parents report that they wondered about their child’s hearing only as part of a routine checkup > PASS
- Regardless of hearing test results, if child ignores sounds or people > FAIL

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21. You reported that **Claudia** does not understand what people say.

Is this still true?

- **NO**
  - **YES**
    - Then he/she does understand what people say?
      - **YES**
        - **PASS**
      - **NO**
        - When the situation gives him/her a clue, can he/she follow a command? For example, when you are dressed to go out and you tell him/her to get his/her shoes...
          - **YES**
          - **FAIL**
          - **NO**
            - If NO or sometimes
              - If it is dinnertime and food is on the table, and you tell the child to sit down, will he/she come sit at the table?
                - **NO**
                  - **FAIL**
                - **YES**
                  - **FAIL**
                  - **YES**
                    - **PASS**

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22. You reported that __________ sometimes stares at nothing or wanders with no purpose.

Is this still true?

**NO**

Then your child does not stare at nothing or wander with no purpose?

**NO**

**YES**

**PASS**

Can you give me some examples of this behavior?

When in the grocery she will wander off staring at the ceiling

__(If not stated above) Does your child often stare off into space?__

**NO**

**YES**

__(If not stated above) Does he/she like to walk around the edges of the room instead of settling down with an activity?__

**NO** to both examples

**YES** to either example

Does he/she do this behavior (fill in behavior parent indicated) often - at least several times per week?__

Does he/she walk in circles (not in play to make self dizzy) often - at least several times per week?__

**YES** to either

Does he/she do this only when tired?

**YES**

**PASS**

**NO**

FAIL

Note (only if parent asks): these behaviors need to last for at least a couple of minutes.

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23. You reported that __________ does not usually look at your face to check your reaction when faced with something unfamiliar and a little scary.

- Is this still true?
  - NO
  - YES

  - Then he/she does look at your face to check your reaction when faced with something scary?
    - YES
    - NO

  - If your child hears an unfamiliar or scary noise, will he/she look at you before deciding how to respond?
    - NO
    - YES

- Does your child look at you when someone new approaches?
  - NO
  - YES  → PASS

- What does your child do when faced with something unfamiliar and a little scary?
  - Sometimes or probably looks at parent’s reaction?_____
  - Probably does not look at parent’s reaction? ___

PASS  → PASS

FAIL

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References


