**AUTISM SCREENING**

 **M-CHAT**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Filled Out By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 upstairs? 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 YES NO pretend other things?

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 YES NO

mouthing, fiddling, or dropping them?

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 YES NO

something unfamiliar?