

If you are worried that your child, a relative, or if you have autism, complete the checklist below and discuss with your doctor.

**Some questions are child-oriented; recall if this is an adult concern.*

- | | |
|---|--------------------------|
| Does not respond to his/her name. | <input type="checkbox"/> |
| Cannot explain what he/she wants. | <input type="checkbox"/> |
| Has language skills that are slow to develop, or speech is delayed. | <input type="checkbox"/> |
| Does not follow instructions. | <input type="checkbox"/> |
| At times seems to be deaf. | <input type="checkbox"/> |
| Seems to hear sometimes, but not others. | <input type="checkbox"/> |
| Does not point or wave "bye-bye." | <input type="checkbox"/> |
| Used to say a few words or babble, but no longer. | <input type="checkbox"/> |
| Throws intense or violent tantrums. | <input type="checkbox"/> |
| Has odd movement patterns. | <input type="checkbox"/> |
| Is overly active, uncooperative, or resistant. | <input type="checkbox"/> |
| Does not know how to play with toys. | <input type="checkbox"/> |
| Does not smile when smiled at. | <input type="checkbox"/> |
| Has poor eye contact. | <input type="checkbox"/> |
| Gets "stuck" repeating activities and cannot move on to others. | <input type="checkbox"/> |
| Seems to prefer to play alone. | <input type="checkbox"/> |
| Gets things only for himself/herself. | <input type="checkbox"/> |
| Is very independent for his/her age. | <input type="checkbox"/> |
| Does things "early" compared to other children. | <input type="checkbox"/> |
| Seems to be in his/her "own world." | <input type="checkbox"/> |
| Seems to tune people out. | <input type="checkbox"/> |
| Is not interested in other children. | <input type="checkbox"/> |
| Walks on his/her toes. | <input type="checkbox"/> |
| Shows unusual attachments to toys, objects or schedules (ie: Always holds a string, putting socks on before pants, etc.). | <input type="checkbox"/> |
| Spends a lot of time lining-up objects or putting things in a specific order. | <input type="checkbox"/> |