Informal Autism Behavior Checklist
(Parent or Caregiver Form)

Student's Name: _____ Date: _____ Evaluator: _____

Please indicate with a check mark (√) which of these statements describe this child's behavior & comment further if needed:

Qualitative Impairments in *Social Interaction*:

_____limited joint attention and limited use of facial expressions towards others
_____little sense of other people's boundaries
_____misinterprets others' behaviors and social cues
_____trouble with back and forth social interactions
_____gross impairment in ability to make and keep friends
_____inability to respond to social cues
_____inability to understand how someone else might feel
_____inappropriate giggling or laughing
_____demonstrates difficulty relating to people, objects and events
_____not accepting of cuddling, hugging, touching unless self-initiated
_____significant vulnerability and safety issues due to social naiveté
_____poor use of non-verbal gestures
_____inappropriately intrusive in social situations
_____may appear to prefer isolated or solitary activities
_____inappropriate use of eye contact, avoidance or extended staring
_____does not show or bring things to others to indicate interest in the activity
_____trouble with competition, i.e. winning, losing, being first
Other or Comments: _____
_____
_____

Qualitative Impairments in *Communication*:

_____problems with pronouns
_____repetitive language (Such as: _____)
_____problems answering questions
_____problems responding to directions
_____problems understanding jokes
_____problems understanding multiple meaning of words
_____problems understanding sarcasm, idioms, and figurative speech
_____echoing what is said directly, later, or in a slightly changed way
_____inability to initiate or maintain conversation
_____difficulty understanding abstract concepts
_____absence of spoken language
_____difficulty with concepts that are time bound or lack concreteness
_____not using finger to point or request
_____difficulty with long sentences
_____difficulty when verbalizations are too fast
_____problems with reciprocal conversations
_____odd production of speech, including rate, volume, rhythm or tone
_____showing lack of spontaneous imitations or lack of varied imaginative play
_____limited understanding and use of nonverbal communication skills (i.e. gestures, facial expressions)
Other or Comments: _____
_____
_____

***Restricted, Repetitive or Stereotyped Patterns of Behavior, Interests & Activities*:**

_____insistence on following routines or rituals
_____lining up and/or ordering objects (Such as: _____)
_____demonstrating distress or resistance to change in activity
_____has difficulty transitioning from one activity to another
_____intense, focused preoccupation with a limited range of play, interest or conversation topics
_____pacing or running back and forth, round and round
_____exploring environment through licking, smelling, touching
_____very sensitive to sounds
_____repetitive hand or finger mannerisms (Such as:_____)
_____negative reaction to change in environment
_____perfectionist, problems with corrections or "mistakes"
_____difficulty with unstructured time
_____makes self-induced noises such as humming (Or: _____)
_____rigid or rule bound thinking
_____lack of true imaginative play versus reenactment
_____staring at patterns, lights, or shiny surfaces
_____lack of fear of real danger
_____excessive fearfulness of some harmless objects or situations (Such as: _____)
_____overreaction or under-reaction to sensory stimuli
_____history of eating problems
_____history of sleeping problems
Other or Comments: _____
_____
_____

Learning Characteristics:

_____well-developed long term memory
_____ability to manipulate items better than paper-pencil abilities
_____over and under generalization of learning
_____good visual/ non-verbal skills
_____short attention span to some activities and not to others
_____delayed response time
_____problems organizing
_____needs help to problem solve
Other or Comments: _____
_____
_____

Observable Problem Behaviors:

_____aggression towards others (Such as: _____)
_____self-injurious behaviors (Such as: _____)
_____temper tantrums
_____screaming or yelling
_____noncompliance and refusal to move, or do things
_____eating problems (Such as: _____)
_____sleeping problems
_____toileting problems

Possible Motor Problems:

_____clumsiness
_____poor balance
_____stiffness
_____motor planning - can't seem to make body do what it needs to do
_____motor fatigue - gets tired easily
_____perceptual motor, spacing, sequencing, printing, writing

Possible Sensory Challenges and Risk Factors:

Sound/Auditory

_____has been diagnosed with a hearing problem
_____reacts to unexpected sounds (Such as: _____)
_____confused about direction of sounds
_____likes sounds that are constant and mask outside sounds
_____other _____

Sight/Vision

_____has been diagnosed with a visual problem
_____is sensitive to light
_____avoids eye contact
_____is distracted by some or too much visual stimuli
_____enjoys watching moving things/bright objects
_____has difficulty tracking
_____becomes excited when confronted with a variety of visual stimuli
_____enjoys patterns
_____upset by things looking different (Such as: _____)
_____closely examines objects or hands
_____other: _____

Smell/Olfactory

_____sensitive to certain smells (Such as: _____)
_____overreacts to common smells
_____smells objects, food, people
_____explores environment by smelling
_____reacts strongly to some smells
_____other _____

Touch/Tactile

_____is defensive about being touched
_____prefers deep touching rather than soft
_____has to know someone is going to touch ahead of time
_____explores environment by touching
_____refuses to touch certain things (Such as: _____)
_____is sensitive to certain clothing or fabrics (Such as: _____)
_____over or under dresses for temperature
_____doesn't like showers
_____mouths objects or clothing
_____refuses to walk on certain surfaces (Such as: _____)
_____cannot feel food on face
_____other _____

Taste

_____has an eating problem (Such as: _____)
_____dislikes certain foods/textures (Such as: _____)
_____will only eat a small variety of foods (Such as: _____)
_____tastes non-edibles
_____explores environment by tasting
_____other _____

Movement

_____seems fearful in space
_____spins or whirls self around
_____moves parts of body a great deal
_____likes rocking, swinging, spinning
_____walks on toes
_____appears clumsy, bumping into things
_____avoids balancing activities
_____other _____

Perceptual Motor

_____has trouble with paper/pencil activities
_____has difficulty with time perception
_____difficulty with body in space
_____relies on knowing location of furniture
_____problems organizing materials and moving them appropriately
_____other _____

Social Skills That May be Personal Challenges

_____sharing
_____taking turns
_____participating in group activities
_____initiating social interactions
_____complimenting
_____telling the truth

Please share any other comments or concerns you have:

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