

AUTISM EVALUATION CHECKLIST

From the Autism Research Institute

Name of Client: _____

Age: _____ Date of Birth: _____ Form Completed by: _____

Intervention Being Evaluated (*Use and X and Select all that apply*)

Biomedical/Non-Drug

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Vit. B6 and Mag. | <input type="checkbox"/> Chelation | <input type="checkbox"/> DMG |
| <input type="checkbox"/> Specific Carb. Diet | <input type="checkbox"/> TMG | <input type="checkbox"/> IVIG |
| <input type="checkbox"/> Digestive Enzymes | <input type="checkbox"/> Gluten-free diet | <input type="checkbox"/> Methyl B12 |
| <input type="checkbox"/> Casein-free diet | <input type="checkbox"/> Hyperbaric Oxygen | <input type="checkbox"/> GF/CF diet |

Education/Training

- | | |
|--|---|
| <input type="checkbox"/> Applied Behavioral Analysis (ABA) | |
| <input type="checkbox"/> Auditory Int. Training (AIT) | |
| <input type="checkbox"/> Speech therapy | <input type="checkbox"/> Neurofeedback |
| <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Occupational Therapy |

Drugs

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Prozac | <input type="checkbox"/> Risperidal |
| <input type="checkbox"/> Ritalin | <input type="checkbox"/> Secretin | <input type="checkbox"/> Nystatin |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Not evaluating a specific treatment | | |

Please indicate how many weeks (or months) your child spent on each intervention:

Diagnosis

- Autism Asperger Syndrome PPD-NOS
 Fragile X Syndrome Retts Syndrome
 Landau Kleffner Syndrome
 Not Yet Diagnosed
 Other (please specify): _____

I. Speech/Language/Communication

N = Not true, S = Somewhat true, V = Very true (Use and X and Select all that apply)

	N	S	V
Knows own name			
Responds to 'No' or 'Stop'			
Can follow some commands			
Can use one word at a time			
Can use two words at a time			
Can use three words at a time			
Knows 10 or more words			
Can use sentences with four or more words			
Explains what he/she wants			
Asks meaningful questions			
Speech tends to be meaningful/relevant			
Often uses several successive sentences			
Carries on fairly good conversation			
Has normal ability to communicate for his/her age			

II. Sociability

N = Not true, S = Somewhat true, V = Very true

	N	S	V
Seems to be in a shell- you cannot reach him/her			
Ignores other people			
Pays little or no attention when addressed			
Uncooperative and resistant			
No eye contact			
Prefers to be left alone			
Shows no affection			
Fails to greet parents			
Avoids contact with others			
Does not imitate			
Dislikes being held/cuddled			
Does not share or show			
Does not wave 'bye bye'			
Disagreeable/not compliant			
Temper tantrums			
Lacks friends/companions			
Rarely smiles			
Insensitive to other's feelings			
Indifferent to being liked			
Indifferent if parent(s) leave			

III. Sensory/Cognitive Awareness

N = Not descriptive, S=Somewhat descriptive, V=Very descriptive

	N	S	V
Responds to own name			
Responds to praise			
Looks at people and animals			
Looks at pictures (and TV)			
Does drawing, coloring and art			
Plays with toys appropriately			
Appropriate facial expression			
Understands stories on TV			
Understands explanations			
Aware of environment			
Aware of danger			
Shows imagination			
Initiates activities			
Dresses self			
Curious, interested			
Venturesome- explores			
“Tuned in” – i.e. not spacey			
Looks where others are looking			

IV. Health/Physical/Behavior

N = Not a Problem MI=Minor Problem MO=Moderate Problem S=Serious Problem

	N	MI	MO	S
Bed wetting				
Wets pants/diapers				
Soils pants/diapers				
Diarrhea				
Constipation				
Sleep problems				
Eats too much/too little				
Extremely limited diet				
Hyperactive				
Lethargic				
Hits or injures self				
Hits or injures others				
Destructive				
Sound-sensitive				
Anxious/fearful				
Unhappy/crying				
Seizures				
Obsessive speech				
Rigid routines				
Shouts or screams				
Demands sameness				
Often agitated				
Not sensitive to pain				
“Hooked” or fixated on certain objects/topics				
Repetitive movements				