Autism Symptom Checklist

This checklist for warning signs associated with autism spectrum disorder (ASD) symptoms should be used as a tool to guide discussions with your child’s health care professional(s). Caregivers completing this form must remember that people without ASD may also exhibit symptoms included on this list. However, children with ASD generally struggle with many daily activities due to these symptoms. Please carefully complete the checklist and share with your child’s Pediatrician to discuss your concerns openly and thoroughly.

Check the items below that adequately describe your child’s common behaviors currently or during their developmental stages:

- Did not respond to their name by 12 months of age
- Did not point at objects to show interest by 14 months of age
- Did not play "pretend" games (i.e. pretending to feed a doll) by 18 months of age
- Avoids eye contact and want to be alone
- Has trouble understanding other’s feelings or talking about their own feelings
- Has delayed speech and language skills
- Repeats words or phrases over and over (echolalia)
- Gives unrelated answers to questions
- Gets upset by minor changes in schedule or activities
- Has obsessive interests in objects or activities
- Flaps hands, rocks body, or spins in circles
- Has unusual reactions to the way things sound, smell, taste, look, or feel
- Does not share interests with others or only interacts to achieve a desired goal/object
- Has flat or inappropriate facial expressions
- Avoids or resists physical contact possibly including hugs, holding hands, etc.
- Has frequent and difficult to manage tantrums or behavioral outbursts
- Does not understand sarcasm, jokes, etc.
- Talks in a monotone or robot-like voice
- Unable to communicate verbally – child does not use words to speak
- Plays with toys the same way each time – may be ritualistic with play routines
- Hyperactivity (very active) – may be officially diagnosed or not
- Impulsive behaviors (i.e. acting without planning or thinking through actions first)
- Aggressive behaviors, behavior problems or frequent mood swings/emotional reactions
- Has unusual eating or sleeping habits

Total: _______  Areas of concern reported by caregiver: __________________________

Child’s Name: ______________________________________  Today’s Date: ______________