

EI/ECSE PRE-REFERRAL CHECKLIST: ASD EVALUATION PLANNING

Child's name:	Age:
Person completing checklist:	Position:
How long worked with child:	Current eligibility:
Medical diagnosis (if any):	

Social Communication

- Limited language skills: (circle) non-verbal <50 words <200 words 300+ words
- Language developing, stopped gaining and lost previously acquired words
- Not able to predictably able to follow simple directions within familiar routines
- Does not yet respond to greetings/departures
- Uses hand leading and hand guiding to request help or indicate wants or needs
- Not able to point to named objects
- Not consistently responding to name
- Has difficulty answering questions and lacks conversational skills
- Is not yet using conventional gestures – waving , shaking, or nodding his head
- Is not yet using or responding consistently to greetings and departures
- Eye contact: (circle) avoided limited brief/fleeting sustained (i.e. preferred activities) normal
- At times appears to “look through” people
- Does not appear to notice/show interest in play of others
- Does not yet initiate interaction with peers during play
- Tolerates proximity of adults and peers, but does not engage in joint attention
- Often not attentive to social and environmental stimuli
- Difficult to engage in simple games and activities: (circle) individually small group circle
- Prefers to play alone and be self-directed
- Prefers objects to people
- Difficult to gain child's attention, especially when involved in a preferred activity
- Lacks sense of stranger awareness
- Not consistently demonstrating a social smile
- Does not imitate, or imitates very inconsistently
- Can be physically aggressive towards others (biting, scratching, pulling hair)

Restricted, Repetitive Patterns of Behavior, Interests or Activities

- Picky eater / eats a limited variety of foods
- Unusual response to textures: seeks avoids gags
- Difficulty tolerating dirty or sticky hands
- Enjoys rough housing
- Likes to jump, bounce, and rock
- Seeks out deep pressure
- Tolerates touch “on own terms”
- Appears to have a high tolerance for pain
- Has difficulty tolerating grooming activities (nail/hair cuts, shampooing, hair/tooth brushing)
- Unusual responses to sounds: appears not to hear (ignores) frightened
- At times has difficulty tolerating crowded or noisy settings
- Unusual attraction or response to lights
- Likes to watch objects that spin. Spins objects or self
- Looks at objects in unusual manner – out of corners of eyes/close proximity at eye level
- Stares off into space for periods of time
- Demonstrates unusual movements: spinning, flapping, toe walking, finger or body movements
- Often seeks out “movement” type activities
- Walks/runs in circular patterns often with eyes fixed off to the side
- At times stares off into space
- Fixates on objects or has unusual intense interest in certain objects/topics
- Lines up toys and/or objects – upset if they are placed in a different order
- Often jumps up and down or flaps hands when excited
- Shows unusual interest in letters and numbers
- Play is restrictive or repetitive in nature
- Shows interest in activities – but play is limited in variety (puzzles, books, shapes, balls)
- Not yet following adult attempts to model/demonstrate variation with play
- Prefers to be self-directed
- Often carries around objects
- Lacks danger awareness
- Has frequent tantrums: (circle) brief prolonged
- If upset can be physically aggressive and difficult to control

- Is difficult to calm or redirect when upset
- Difficulty waiting for needs to be met
- Difficulties with transition and change
- Has difficulty being flexible (tolerating change in routines)
- Not yet toilet trained
- Language consists of: repetitive sounds, jargon, single words, labeling, short phrases
- Echoes previously heard phrases
- Engages in self talk
- At times randomly says lines from favorite stories, videos or commercials