

Child & Evaluation Details

Child's Name:	N/A
Child's Age:	N/A
Evaluator's Name:	N/A
Evaluator's Role:	N/A
Score:	14 out of 30
Category:	Mild
Grade:	Grade A
Level:	Level 1 ASD

Summary Message

Mild symptoms present. Social communication and flexibility support recommended.

Assessment Responses

- Q1: Does your child respond when you call their name? (Yes)
- Q2: Does your child avoid making eye contact? (No)
- Q3: Does your child engage in pretend play? (No)
- Q4: Does your child flap hands, rock, or repeat movements often? (Somewhat)
- Q5: Does your child show interest in what others are doing? (Yes)
- Q6: Does your child use gestures (pointing, waving) to communicate? (Somewhat)
- Q7: Does your child have difficulty with changes in routine? (Somewhat)
- Q8: Does your child bring things to show or share with you? (No)
- Q9: Does your child show strong interest in a specific object or topic? (No)
- Q10: Does your child smile back when you smile at them? (Somewhat)
- Q11: Does your child repeat sounds, words, or phrases often? (Somewhat)
- Q12: Does your child follow where you point or look? (Somewhat)
- Q13: Does your child react strongly to sounds, lights, or being touched? (Yes)
- Q14: Does your child enjoy being around other children? (No)
- Q15: Does your child have very few or no words for their age? (No)

Evaluator's Signature