



Autism Observation Checklist

Child's Name _____ DOB _____

Completed by _____ Date _____

Relationship to child: ☐ Parent ☐ Child Care Provider ☐ Medical Provider ☐ OT ☐ PT ☐ SLP
☐ Teacher ☐ School Psychologist ☐ Other _____

Please check all items [front & back of pages] that you have observed with child & you may add comments according to your observation of child

Communication

Delay in, or total lack of, the development of spoken language

Comments

- ☐ Delay in speaking first words
- ☐ Delay in combining words
- ☐ Delay in current language ability (quantity or quality)

Difficulty holding conversation

Comments

- ☐ Does not make small talk (just to be friendly)
- ☐ Rarely/never initiates conversation
- ☐ Difficulty sustaining conversation
- ☐ Difficulty discussing topics chosen by another person
- ☐ Says inappropriate things
- ☐ Doesn't understand sarcasm/humor

Unusual or repetitive language

Comments

- ☐ Repeats what others say often (e.g., movies, people, etc.)
- ☐ Uses incorrect pronouns (e.g., she instead of I)
- ☐ Speaks in an overly formal way
- ☐ Unusual volume, rate, or pitch

Play that is not developmentally appropriate

Comments

- ☐ Doesn't imitate (e.g., vacuuming, phone, etc.)
- ☐ No/limited pretend play (e.g., doll, action figure, etc.)
- ☐ No imaginary play (e.g., pretending an object is another, etc.)

Restricted, Repetitive, Stereotyped Behaviors/Movements

Interests that are narrow in focus, intense, or unusual

Comments

- ☐ Nonfunctional play with toys (e.g., lining up toys)
- ☐ Repeatedly watching individual scenes in movies
- ☐ So focused on one thing to the exclusion of others

Unreasonable insistence on sameness/routines

Comments

- ☐ Rituals/routines that need to be done in a particular way/order
- ☐ Difficulty with minor change in routine
- ☐ Upset if objects are rearranged ☐
- ☐ Difficulty with transitions

Repetitive motor mannerisms

Comments

- ☐ Hand flapping or wringing
- ☐ Toe walking
- ☐ Head banging

Preoccupation with parts of objects

Comments

- ☐ Playing with parts of toys (e.g., doors, wheels, strings)

Social Skills

<i>Lack of social or emotional reciprocity</i>	Comments
<input type="checkbox"/> Doesn't respond to his/her name <input type="checkbox"/> Doesn't enjoy/seek out social games (e.g., peek-a-boo) <input type="checkbox"/> Limited empathy towards others' feelings	
<i>Difficulty using nonverbal behaviors to regulate social interaction</i>	Comments
<input type="checkbox"/> Inconsistent eye contact (unusual quality or coordination) <input type="checkbox"/> Doesn't nod for yes or shake head for no <input type="checkbox"/> Doesn't direct facial expressions towards others <input type="checkbox"/> Doesn't read others' facial expressions (e.g., feelings) <input type="checkbox"/> Doesn't go to others to be comforted when hurt <input type="checkbox"/> Doesn't recognize personal space	
<i>Little sharing of pleasure, achievements, or interests with others</i>	Comments
<input type="checkbox"/> Doesn't point to indicate wants (e.g., bottle, toys, etc.) <input type="checkbox"/> Doesn't point to indicate interests (e.g., plane, dog, etc.) <input type="checkbox"/> Doesn't share things with others <input type="checkbox"/> Isn't interested in praise or compliments	
<i>Failure to develop age-appropriate peer relationships</i>	Comments
<input type="checkbox"/> Limited/unusual response to peer initiation <input type="checkbox"/> Limited/unusual initiation of interactions with peers <input type="checkbox"/> Prefers to be alone <input type="checkbox"/> Gets along only with much older/younger children	

Associated Concerns

<i>Unusual sensory interests</i>	Comments
<input type="checkbox"/> Strong sensory preferences (e.g., food textures) <input type="checkbox"/> Sensory seeking behavior (e.g., excessive smelling or touching) <input type="checkbox"/> Sensory interests rather than toys/games direct activities	
<i>Unusual responses to sensory input</i>	Comments
<input type="checkbox"/> Indifference to pain, heat, or cold <input type="checkbox"/> Sensitivity to lights or sounds <input type="checkbox"/> Irritated by clothing or tactile input	
<i>Delayed motor skills</i>	Comments
<input type="checkbox"/> Delayed gross motor (e.g., odd gait, poor balance, etc.) <input type="checkbox"/> Delayed fine motor (e.g., handwriting, buttoning clothes, etc.)	

Other Comments