



Parent Checklist for Autism Spectrum Disorder

Child's name: _____ Age: _____ Grade: _____

Parent name: _____ Date: _____

Check all that applies to your child.

Traditional Signs of Autism Spectrum Disorder:

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| <ul style="list-style-type: none"> <input type="checkbox"/> Social impairments (lack of friends, lack of social interaction) <input type="checkbox"/> Limited social skills <input type="checkbox"/> Cognitive impairments <input type="checkbox"/> Nonverbal or delayed speech <input type="checkbox"/> Repeats words or phrases <input type="checkbox"/> Repetitive behaviors <input type="checkbox"/> Lacks interest in cooperative and/or imaginative play <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Lacks "empathy" or understanding of others' feelings | <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty with transitions and change <input type="checkbox"/> Obsessive interests <input type="checkbox"/> Flapping hands, rocking, spinning <input type="checkbox"/> Unusual reactions to the way things sound, smell, taste, look, or feel <input type="checkbox"/> Avoids physical contact <input type="checkbox"/> Little safety or danger awareness <input type="checkbox"/> Extreme anxiety <input type="checkbox"/> Interest in order (lining up toys, etc.) |
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"Atypical" (lesser known) signs of Autism Spectrum Disorder:

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| <ul style="list-style-type: none"> <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Impulsivity <input type="checkbox"/> Short attention span <input type="checkbox"/> Irritability <input type="checkbox"/> Self-injury <input type="checkbox"/> Meltdowns <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Limited tolerance to new foods, very picky <input type="checkbox"/> Unusual behaviors, "quirky" <input type="checkbox"/> Scared of unusual things, nervous a lot <input type="checkbox"/> Difficulty making and keeping friends (wants to make friends, but doesn't know how) <input type="checkbox"/> Prefers talking to adults or younger children <input type="checkbox"/> One-sided conversations, has trouble listening <input type="checkbox"/> Spends a lot of time alone <input type="checkbox"/> Repetitive behaviors, such as pacing or hopping <input type="checkbox"/> Flapping hands or stimming, but less obvious, such as finger fluttering or tapping <input type="checkbox"/> Limited imaginative play, prefers tangible tasks like playing an instrument or building Legos | <ul style="list-style-type: none"> <input type="checkbox"/> Low self-esteem <input type="checkbox"/> May have delayed speech, or may learn to speak on time or even early, but may have unusual speaking patterns or use words in unusual ways (may even use very adult-style vocabulary) <input type="checkbox"/> Very quiet, or conversely very talkative <input type="checkbox"/> Severe separation anxiety <input type="checkbox"/> Fearful of crowds <input type="checkbox"/> Strong response to loud noises, strong smells, unexpected touch, and other sensory experiences <input type="checkbox"/> Meltdowns or other strong behaviors as a response to unexpected changes in routine and/or transitions <input type="checkbox"/> Difficulty following verbal directions <input type="checkbox"/> May chew intensely on objects, like shirt collar or sleeve <input type="checkbox"/> OCD-style behaviors, such as repeated counting or need to have things remain the same <input type="checkbox"/> Difficulty understanding social interactions that seem instinctive, such as: taking turns, sharing, asking questions, apologizing for a mistake (or conversely, over-compensating because of confusion about social rules: apologizing frequently, giving toys away, asking inappropriate questions, etc.) |
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