



Child's Name _____ Age ____ Gender ____ Date _____

The AutPlay® Autism Checklist-Revised is an autism screening instrument to help assess the need for further evaluation. Place a check by each statement that describes your child. If you are unsure, leave the statement blank.

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- Makes little or no eye contact
 - Little or no facial expression
 - Lacks gestures and nonverbal behaviors that regulate social interaction
 - Failure to develop peer relationships appropriate to age and developmental level
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
 - Lack of social or emotional reciprocity (not actively participating in simple social play or games)
 - Prefers solitary activities or involving others in activities only as tools or "mechanical" aids
 - Impairments in verbal communication
 - Delay in or total lack of the development of spoken language
 - If adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - Stereotyped and repetitive use of language
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
 - Restricted repetitive and stereotyped patterns of behavior, interests, and activities
 - Preoccupation with one or more interests that is abnormal either in intensity or focus
 - Inflexible adherence to changes in routine, schedule or planned activity
 - Stereotyped and repetitive motor mannerisms (hand or finger flapping or twisting)
 - Early childhood delays or abnormal functioning in social interaction
 - Early childhood delays or abnormal functioning in language as used in social communication
 - Early childhood delays or abnormal functioning in symbolic or imaginative play
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About the AutPlay® Autism Checklist-R

The Checklist is based upon the DMS-V diagnostic criteria for Autism Spectrum Disorder. It is valid for children ages 3-18. The checklist is designed to be completed by a parent or other caregiver who is familiar or involved enough with the child or adolescent to provide accurate feedback. Practitioners should use the checklist in the following ways:

- 1) As part of an autism screening procedure to determine if further evaluation is needed to detect Autism Spectrum Disorder.
- 2) As an assessment tool to gain further information about a child or adolescent's skill strengths and deficits.
- 3) As an aid in developing treatment goals.

Instructions for completing the AutPlay® Autism Checklist-R

Practitioners should give the checklist to parents and/or caregivers who are familiar with the child (this might include foster parents, school teachers, nannies, or other relatives). Parents and/or caregivers are instructed to complete the checklist by placing a check next to any statement they feel describes the child. Parents and/or caregivers are **not** given a copy of the *About the AutPlay® Autism Checklist-R* (page 2). Practitioners should review and share results with parents and/or caregivers and provide recommendations.

Scoring

The AutPlay® Autism Checklist-R is not a diagnostic tool. When completing the AutPlay® Autism Checklist-R as part of an autism screening, practitioners should compare results on the checklist with other screening inventories or procedures as part of a comprehensive screening protocol and consider additional factors to determine if further evaluation is warranted. The Checklist should not be the sole instrument used for an autism screening. The following scoring guide is designed to help inform further recommendations:

0-1 – Not indicative of further evaluation

2-5 – Possible referral for further evaluation

6 or above – Indicative of further evaluation

Practitioners looking for more resources for conducting autism screenings should consider conducting a child observation, a parent/child observation, and implementing additional inventories such as the Autism Treatment Evaluation Checklist and the Modified Checklist for Autism in Toddlers (M-CHAT). Practitioners should refer parents and/or caregivers for a full evaluation if there is an indication that Autism Spectrum Disorder may exist.

Child Name _____ Score _____ Date _____