

Pediatric Autism Early Screening Checklist

Child Information

Child's Name

Date of Birth

Age

Screening Questions

1. Does your child respond to their name when called?

☐ Yes

☐ No

2. Does your child make eye contact when interacting with others?

☐ Yes

☐ No

3. Does your child share interests or enjoyment with others?

☐ Yes

☐ No

4. Does your child use gestures (such as pointing) to communicate?

☐ Yes

☐ No

5. Does your child show repetitive behaviors (rocking, hand-flapping, etc.)?

☐ Yes

☐ No

6. Does your child have difficulty with changes in routine?

☐ Yes

☐ No

7. Does your child play with toys in unusual or repetitive ways?

☐ Yes

☐ No

Additional Comments