

Pediatric ASD Early Screening Checklist

Child Information

Child's Name

Date of Birth

Parent/Guardian Name

Physician Name

Screening Date

Screening Checklist

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Limited eye contact

☐

Does not respond to their name

☐

Delayed speech or language skills

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Lack of gestures (pointing, waving)

☐

Repetitive movements or behaviors

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Does not share interests or emotions

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Unusual reactions to sound, light, or textures

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Difficulty with transitions or change

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Plays alone more than with others

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Infrequent smiling or social responsiveness

Comments/Observations