**Social Communication/Possible Autism Checklist**

Name of Child: Date of Birth:

Name of Setting:

**Please answer each of the bullet points separately. Do not worry if you can not comment on all of them**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments |
| **SOCIAL COMMUNICATION AND INTERACTION** | | | | |
| **1 Reciprocity (social emotional awareness)** |  |  |  |  |
| * Prolonged difficulties with separation from parents |  |  |  |  |
| * Seeks comfort if hurt |  |  |  |  |
| * Distressed if other children are crying |  |  |  |  |
| * Leads an adult by the hand to indicate what they want |  |  |  |  |
| * Lifts an adult hand on to things to communicate |  |  |  |  |
| **2 Non-verbal communication** |  |  |  |  |
| * Makes eye contact appropriately |  |  |  |  |
| * Responds to name consistently |  |  |  |  |
| * Points with index finger |  |  |  |  |
| * Uses other gestures e.g. waving goodbye, clapping |  |  |  |  |
| **3 Developing and understanding relationships** |  |  |  |  |
| * Joins in games with other children |  |  |  |  |
| * Sits with the group at story and song time |  |  |  |  |
| * Brings and shows toys to adults |  |  |  |  |
| * Seeks adult involvement in play |  |  |  |  |
| * Gets upset or moves away if adults join in play |  |  |  |  |
| * Engages in symbolic/imaginative play |  |  |  |  |
| **INTERESTS/ ACTIVITIES** | | | | |
| **1 Repetitiveness** |  |  |  |  |
| * Movements - walks on toes, spins, stiffens, flaps hands |  |  |  |  |
| * Watches the wheels spinning, lines up or sorts things |  |  |  |  |
| * Repeats back (echoes) phrases from people / TV etc. |  |  |  |  |
| * Talks in jargon (nonsense, jumbled up syllables) |  |  |  |  |
| **2. Routines / sameness** |  |  |  |  |
| * Will only do things their way / set routines |  |  |  |  |
| * Distressed by change /difficulty with transitions |  |  |  |  |
| **3 Unusual interests** |  |  |  |  |
| * Interest in unusual objects e.g. lightbulbs |  |  |  |  |
| * Excessive interest in something e.g. numbers, dinosaurs |  |  |  |  |
| **4 Sensory difficulties** |  |  |  |  |
| * Sniffs, licks, puts things in their mouth |  |  |  |  |
| * Upset by vacuum, hand dryers other children crying |  |  |  |  |
| * Upset with food, paint on hands |  |  |  |  |
| * Sensitive to food texture / taste / smell |  |  |  |  |
| **COMMUNICATION & LANGUAGE** | | | | |
| * Uses single words with meaning, directed to other people |  |  |  |  |
| * Uses short phrases with meaning directed to other people |  |  |  |  |
| **Parent view on possible autism diagnosis** | | | | |
| **Setting view on possible autism diagnosis** | | | | |

Completed by (Name) (Designation)

Date completed

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