

Informal Autism Behavior Checklist

(Teacher Form)

Student's Name: _____ Date: _____ Evaluator: _____

Please indicate with a check mark (✓) which of these statements describe this child's behavior & comment further if needed:

Qualitative Impairments in *Social Interaction*:

- _____ limited joint attention and limited use of facial expressions towards others
- _____ little sense of other people's boundaries
- _____ misinterprets others' behaviors and social cues
- _____ trouble with back and forth social interactions
- _____ gross impairment in ability to make and keep friends
- _____ inability to respond to social cues
- _____ inability to understand how someone else might feel
- _____ inappropriate giggling or laughing
- _____ demonstrates difficulty relating to people, objects and events
- _____ not accepting of cuddling, hugging, touching unless self-initiated
- _____ significant vulnerability and safety issues due to social naiveté
- _____ poor use of non-verbal gestures
- _____ inappropriately intrusive in social situations
- _____ may appear to prefer isolated or solitary activities
- _____ inappropriate use of eye contact, avoidance or extended staring
- _____ does not show or bring things to others to indicate interest in the activity
- _____ trouble with competition, i.e. winning, losing, being first

Other or Comments: _____

Qualitative Impairments in *Communication*:

- _____ problems with pronouns
- _____ repetitive language (Such as: _____)
- _____ problems answering questions
- _____ problems responding to directions
- _____ problems understanding jokes
- _____ problems understanding multiple meaning of words
- _____ problems understanding sarcasm, idioms, and figurative speech
- _____ echoing what is said directly, later, or in a slightly changed way
- _____ inability to initiate or maintain conversation
- _____ difficulty understanding abstract concepts
- _____ absence of spoken language
- _____ difficulty with concepts that are time bound or lack concreteness
- _____ not using finger to point or request
- _____ difficulty with long sentences
- _____ difficulty when verbalizations are too fast
- _____ problems with reciprocal conversations
- _____ odd production of speech, including rate, volume, rhythm or tone
- _____ showing lack of spontaneous imitations or lack of varied imaginative play
- _____ limited understanding and use of nonverbal communication skills (i.e. gestures, facial expressions)

Other or Comments: _____

Restricted, Repetitive or Stereotyped Patterns of Behavior, Interests & Activities:

- ☐ insistence on following routines or rituals
- ☐ lining up and/or ordering objects (Such as: _____)
- ☐ demonstrating distress or resistance to change in activity
- ☐ has difficulty transitioning from one activity to another
- ☐ intense, focused preoccupation with a limited range of play, interest or conversation topics
- ☐ pacing or running back and forth, round and round
- ☐ exploring environment through licking, smelling, touching
- ☐ very sensitive to sounds
- ☐ repetitive hand or finger mannerisms (Such as: _____)
- ☐ negative reaction to change in environment
- ☐ perfectionist, problems with corrections or “mistakes”
- ☐ difficulty with unstructured time
- ☐ makes self-induced noises such as humming (Or: _____)
- ☐ rigid or rule bound thinking
- ☐ lack of true imaginative play versus reenactment
- ☐ staring at patterns, lights, or shiny surfaces
- ☐ lack of fear of real danger
- ☐ excessive fearfulness of some harmless objects or situations (Such as: _____)
- ☐ overreaction or under-reaction to sensory stimuli
- ☐ history of eating problems
- ☐ history of sleeping problems

Other or Comments: _____

Learning Characteristics:

- ☐ well-developed long term memory
- ☐ ability to manipulate items better than paper-pencil abilities
- ☐ over and under generalization of learning
- ☐ good visual/ non-verbal skills
- ☐ short attention span to some activities and not to others
- ☐ delayed response time
- ☐ problems organizing
- ☐ needs help to problem solve

Other or Comments: _____

Observable Problem Behaviors:

- ☐ aggression towards others (Such as: _____)
- ☐ self-injurious behaviors (Such as: _____)
- ☐ temper tantrums
- ☐ screaming or yelling
- ☐ noncompliance and refusal to move, or do things
- ☐ eating problems (Such as: _____)
- ☐ sleeping problems
- ☐ toileting problems

Possible Motor Problems:

- _____clumsiness
- _____poor balance
- _____stiffness
- _____motor planning - can't seem to make body do what it needs to do
- _____motor fatigue - gets tired easily
- _____perceptual motor, spacing, sequencing, printing, writing

Possible Sensory Challenges and Risk Factors:

Sound/Auditory

- _____has been diagnosed with a hearing problem
- _____reacts to unexpected sounds (Such as: _____)
- _____confused about direction of sounds
- _____likes sounds that are constant and mask outside sounds
- _____other _____

Sight/Vision

- _____has been diagnosed with a visual problem
- _____is sensitive to light
- _____avoids eye contact
- _____is distracted by some or too much visual stimuli
- _____enjoys watching moving things/bright objects
- _____has difficulty tracking
- _____becomes excited when confronted with a variety of visual stimuli
- _____enjoys patterns
- _____upset by things looking different (Such as: _____)
- _____closely examines objects or hands
- _____other: _____

Smell/Olfactory

- _____sensitive to certain smells (Such as: _____)
- _____overreacts to common smells
- _____smells objects, food, people
- _____explores environment by smelling
- _____reacts strongly to some smells
- _____other _____

Touch/Tactile

- _____is defensive about being touched
- _____prefers deep touching rather than soft
- _____has to know someone is going to touch ahead of time
- _____explores environment by touching
- _____refuses to touch certain things (Such as: _____)
- _____is sensitive to certain clothing or fabrics (Such as: _____)
- _____over or under dresses for temperature
- _____doesn't like showers
- _____mouths objects or clothing
- _____refuses to walk on certain surfaces (Such as: _____)
- _____cannot feel food on face
- _____other _____

Taste

_____ has an eating problem (Such as: _____)

_____ dislikes certain foods/textures (Such as: _____)

_____ will only eat a small variety of foods (Such as: _____)

_____ tastes non-edibles

_____ explores environment by tasting

_____ other _____

Movement

- _____ seems fearful in space
- _____ spins or whirls self around
- _____ moves parts of body a great deal
- _____ likes rocking, swinging, spinning
- _____ walks on toes
- _____ appears clumsy, bumping into things
- _____ avoids balancing activities
- _____ other _____

Perceptual Motor

_____ has trouble with paper/pencil activities
_____ has difficulty with time perception
_____ difficulty with body in space
_____ relies on knowing location of furniture
_____ problems organizing materials and moving them appropriately
_____ other _____

- _____ sharing
- _____ taking turns
- _____ participating in group activities
- _____ initiating social interactions
- _____ complimenting
- _____ telling the truth

[illegible]