

# Modified Checklist for Autism in Toddlers (M-CHAT)

## MODIFIED CHECKLIST FOR AUTISM IN TODDLERS (M-CHAT)

Child's Name: \_\_\_\_\_ Fill out by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ dd / mm / yyyy

Date Submitted: \_\_\_\_\_ dd / mm / yyyy

Instruction: Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.?

Yes  No

2. Does your child take an interest in other children?

Yes  No

3. Does your child like climbing on things, such as up stairs?

Yes  No

4. Does your child enjoy playing peek-a-boo/hide-and-seek?

Yes  No

5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?

Yes  No

6. Does your child ever use his/her index finger to point, to ask for something?

Yes  No

7. Does your child ever use his/her index finger to point, to indicate interest in something?

Yes  No

8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?

Yes  No

9. Does your child ever bring objects over to you (parent) to show you something?

Yes  No

10. Does your child look you in the eye for more than a second or two?

Yes  No

11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)

Yes  No

12. Does your child smile in response to your face or your smile?

Yes  No

13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)

Yes  No

14. Does your child respond to his/her name when you call?

Yes  No

15. If you point at a toy across the room, does your child look at it?

Yes  No

16. Does your child walk?

Yes  No

17. Does your child look at things you are looking at?

18. Does your child make unusual finger movements near his/her face?

Yes  No

19. Does your child try to attract your attention to his/her own activity?

Yes  No

20. Have you ever wondered if your child is deaf?

Yes  No

21. Does your child understand what people say?

Yes  No

22. Does your child sometimes stare at nothing or wander with no purpose?

Yes  No

23. Does your child look at your face to check your reaction when faced with something unfamiliar?

Yes  No

**TOTAL SCORE:** \_\_\_\_\_

**Additional Comments**