



Childs Name: _____
Age: _____

Date: _____
Relationship to Child: _____

M-CHAT-R™ (Modified Checklist for Autism in Toddlers Revised) www.m-chat.org

Please answer these questions about your child. Keep in mind how your child **usually** behaves. **If you have ever seen your child do the behavior a few times, but he or she does not usually do it, then please answer no.** Please circle yes or no for every question.

1. If you point at something across the room, does your child look at it? *Ex: If you point at a toy or an animal, does your child look at it?* YES / NO
2. Have you ever wondered if your child might be deaf? YES / NO
3. Does your child play pretend or make-believe? *Ex: Pretend to drink from an empty cup, pretend to talk on the phone/pretend to feed a stuffed doll/animal?* YES / NO
4. Does your child like climbing on things? *Ex: Playground equipment or stairs?* YES / NO
5. Does your child make unusual finger movements near his or her eyes? *Ex: Does your child wiggle his or her fingers close to his or her eyes?* YES / NO
6. Does your child point with one finger to ask for something or to get help? *Ex: Pointing to a snack or a toy out of reach?* YES / NO
7. Does your child point with one finger to show you something interesting? *Ex: Pointing at an airplane in the sky or a big truck in the road?* YES / NO
8. Is your child interested in other children? *Ex: Does your child watch/smile at other children or go to them?* YES / NO
9. Does your child show you things by bringing them to you or holding them up for you to see? Not to get help, but just to share? *Ex: Showing you a flower, stuffed animal or toy?* YES / NO
10. Does your child respond when you call his or her name? *Ex: Does he or she look up to talk/babble or stop what he or she is doing when you call his or her name?* YES / NO
11. When you smile at your child, does he or she smile back at you? YES / NO
12. Does your child get upset by everyday noises? *Ex: Does your child scream or cry to noise such as a vacuum cleaner or loud music?* YES / NO
13. Does your child walk? YES / NO
14. Does your child look at you in the eye when you are talking to him or her, playing with/dressing him or her? YES / NO
15. Does your child try to copy what you do? *Ex: Wave bye-bye, clap or make a funny noise when you do?* YES / NO
16. If you turn your head to look at something, does your child look around to see what you are looking at? YES / NO
17. Does your child try to get you to watch him or her? *Ex: Does your child look at you for praise, say "look" or "watch me"?* YES / NO
18. Does your child understand when you tell him or her to do something? *Ex: If you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?* YES / NO
19. If something new happens, does your child look at your face to see how you feel about it? *Ex: If he or she hears a strange or funny noise or sees a new toy, will he or she look at your face?* YES / NO
20. Does your child like movement activities? *Ex: Being swung or bounced on your knee.* YES / NO