

CHILD'S NAME _____

FILLED OUT BY _____

DATE OF BIRTH _____

RELATIONSHIP TO CHILD _____

TODAY'S DATE _____

MODIFIED CHECKLIST FOR AUTISM IN TODDLERS (M-CHAT)
18 MONTHS & 24 MONTHS

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 or 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? («*») 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? («*») Yes («*») No
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