

Dear Parent,

The American Academy of Pediatrics recently recommended standardized screening for autism in children at 18 and 24 months of age. Commonwealth Pediatrics has used developmental tools for several years which helped us assess children for autism. This new standardized screening tool, called an M-CHAT, will help us refine our ability to identify children at risk for autism.

The M-CHAT is a series of questions which focus on children's behaviors and how they interact with people and objects in their environment. The questions should be answered based your observations of your child's behavior. Most children have a wide range of behaviors that they exhibit in different situations. The goal of this screening tool is to focus on behaviors that your child USUALLY exhibits. If you have only rarely observed a behavior, the question should be answered as your child does not do it.

This screening tool is used to identify children who need to be referred for more extensive evaluation. It is not used to diagnose autism. A passing score indicates that a child is highly unlikely to have autism. Some normal children will not have a passing score and will be referred for further evaluation. It is important to remember that a referral for further testing does NOT mean that your child is autistic.

Please complete the questionnaire at home and answer the questions at your convenience. Do not expect your child to display all of the behaviors that are questioned. **Please bring the completed questionnaire with you at your child's upcoming well baby exam for scoring.**

Thank you,

The Physicians of Commonwealth Pediatrics, PSC
Drs. Mack, Feese, Storey, D. Hawse, E. Hawse, and Poole

Child's Name _____

Filled out by: _____

Date of Birth _____

Relationship to child _____

Today's date _____

Modified Checklist for Autism in Toddlers (M-CHAT)

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?	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
21.	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

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<http://www.dbpediatrics.org/media/mchat>