Ν	lame: DOB:		Date:		
	18 Months (17 Months 0 days th	rough 18 months :	30 days)		
(	COMMUNICATION	YES	SOMETIMES	NOT YET	
1.	When your child wants something, does she tell you by pointing to	it?	0	$\circ$	
2.	When you ask your child to, does he go into another room to find miliar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")	a fa-	0	$\circ$	
3.	Does your child say eight or more words in addition to "Mama" "Dada"?	and 🔾	0	$\circ$	
	Does your child imitate a two-word sentence? For example, when y say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to yo (Mark "yes" even if her words are difficult to understand.)	ou? O	0	0	
5.	Without your showing him, does your child <i>point</i> to the correct pic when you say, "Show me the kitty," or ask, "Where is the dog?" (Heneds to identify only one picture correctly.)		0	0	
6.	Does your child say two or three words that represent different ic together, such as "See dog," "Mommy come home," or "Kitty go (Don't count word combinations that express one idea, such as "bye," "all gone," "all right," and "What's that?") Please give an eample of your child's word combinations:	one"? bye-	0	0	
			ATIONITO	T. 1	
		OMMUNIC.	AHON TO	IAL	
	GROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	$\circ$	0	$\circ$	terms to recover
2.	Does your child move around by walking, rather than by crawling on her hands and knees?	$\circ$	0	$\circ$	
3.	Does your child walk well and seldom fall?	$\bigcirc$	$\circ$	$\circ$	
4.	Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?	0	0	$\circ$	
5.	Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)		0	0	
6.	When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	0	0	0	
		GROSS M	OTOR TO	ΓAL	
	FINE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)	0	0	0	
2.		0	0	0	

	FINE MOTOR	YES	SOMETIMES	NOT YET	
3.	Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?	$\circ$	$\circ$	$\circ$	
4.	Does your child stack three small blocks or toys on top of each other by himself?	$\circ$	0	$\circ$	
5.	Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	0	0	0	
6.	Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	$\circ$	0	$\circ$	
		FINE N	MOTOR TO	TAL	
	PROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)	$\circ$	$\circ$	$\circ$	
2.	After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?	0	0	$\circ$	-
3.	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)	0	0	$\circ$	
4.	Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?  Count as "yes"	0	0	0	-
5.	After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your  Count as "not yet"	0	0	0	
6.	2	0	0	0	
	PRC	BLEM S	SOLVING TO	DTAL	-
	PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	While looking at herself in the mirror, does your child offer a toy to her own image?	0	0	0	-
2.		$\circ$	$\circ$	$\circ$	
3	Does your child get your attention or try to show you something by pulling on your hand or clothes?	$\circ$	0	$\circ$	
4	Does your child come to you when he needs help, such as with winding	$\circ$	$\circ$	$\bigcirc$	
5.	up a toy or unscrewing a lid from a jar?  Does your child drink from a cup or glass, putting it down again with little spilling?	0	0	$\circ$	-
6.			0	$\circ$	
	,	ERSONA	L-SOCIAL T	OTAL	
	SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Gu				
	responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YE In the chart below, transfer the total scores, and fill in the circles correspondi			l record each	area total.

Total Score 30 0 5 10 15 20 25 35 40 45 50 55 60 Cutoff Area 0 0  $\overline{\bigcirc}$ 0  $\overline{\bigcirc}$ Communication 13.06 37.38 Gross Motor 0 0 0 34.32 Fine Motor 25.74  $\bigcirc$  $\bigcirc$ Problem Solving 27.19 Personal-Social



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Child's name Date	<u> </u>	
Age Relation	onship to child	
M-CHAT-R <sup>TM</sup> (Modified Checklist for Aut	ism in Toddlers Revised)	
ease answer these questions about your child. Keep in mind how your child <u>usualle</u> does not usually do it, then please answer no. Please circle yes <u>or</u> no for every	<u>lly</u> behaves. If you have seen your child do the behavior a f y question. Thank you very much.	ew times, but he or
. If you point at something across the room, does your chil (FOR EXAMPLE, if you point at a toy or an animal, does you	d look at it? /our child look at the toy or animal?)	s No
Have you ever wondered if your child might be deaf?	Yes	No
Does your child play pretend or make-believe? (For Exa from an empty cup, pretend to talk on a phone, or pretend	MPLE, pretend to drink Yes to feed a doll or stuffed animal?)	No
Does your child like climbing on things? (For Example, for equipment, or stairs)	urniture, playground	No
Does your child make <u>unusual</u> finger movements near his (For Example, does your child wiggle his or her fingers cl	or her eyes? Yes	No
Does your child point with one finger to ask for something (FOR EXAMPLE, pointing to a snack or toy that is out of reachers.)	or to get help? Yes	No
Does your child point with one finger to show you someth (FOR EXAMPLE, pointing to an airplane in the sky or a big tr	ing interesting? Yes uck in the road)	No
Is your child interested in other children? (FOR EXAMPLE, other children, smile at them, or go to them?)	does your child watch Yes	No
Does your child show you things by bringing them to you of see – not to get help, but just to share? (FOR EXAMPLE, shanimal, or a toy truck)	or holding them up for you to  Yes owing you a flower, a stuffed	No
. Does your child respond when you call his or her name? (look up, talk or babble, or stop what he or she is doing whe	FOR EXAMPLE, does he or she Yes n you call his or her name?).	No
. When you smile at your child, does he or she smile back a	t you? Yes	No
. Does your child get upset by everyday noises? (For Exam child scream or cry to noise such as a vacuum cleaner or lo	PLE, does your Yes ud music?)	No
Does your child walk?	Yes	No
Does your child look you in the eye when you are talking to or her, or dressing him or her?	him or her, playing with him Yes	No
Does your child try to copy what you do? (For Example, we make a funny noise when you do)		No
If you turn your head to look at something, does your child are looking at?	look around to see what you Yes	No
Does your child try to get you to watch him or her? (For Ex ook at you for praise, or say "look" or "watch me"?)	AMPLE, does your child Yes	No
Does your child understand when you tell him or her to do s FOR EXAMPLE, if you don't point, can your child understand in the chair" or "bring me the blanket"?)	omething? Yes "put the book	No
If something new happens, does your child look at your face FOR EXAMPLE, if he or she hears a strange or funny noise, or e or she look at your face?)		No
Does your child like movement activities?  FOR EXAMPLE, being swung or bounced on your knee)  9 Diana Robins, Deborah Fein, & Marianne Barton	Yes	No

## PEDS RESPONSE FORM

Provider

Child's Name				Parent's Name	e	
Child's Birth	day			Child's Age	Today's Date	
Please list a	any conc	erns abo	ut your child	's learning, development, and be	havior.	
Do you hav	ve any co	oncerns a	bout how you	ur child talks and makes speech s	counds?	
Circle one:	No	Yes	A little	COMMENTS:		
Do you hav	e any co	ncerns a	bout how you	ır child understands what you sa	1112	
Circle one:			A little		9.1	
Do way ban			7 1	7.77 7. 1 1 7		•
Circle one:	No No	Yes	ρουτ now you A little	er child uses his or her hands and COMMENTS:	fingers to do things?	
37.000 0700.		163	21 111111	COMMENTS.		
				·	•	•
				er child uses his or her arms and	legs?	
Circle one:	No	Yes	A little	COMMENTS:		
					•	
Do you have	e any co	ncerns al	bout how you	r child behaves?		
Circle one:		Yes	A little	COMMENTS:		
Do you have	2 dans co			1:11 . 1 . 1 . 1		
Circle one:	No	Yes	A little	r child gets along with others?  COMMENTS:		
<i>37,010 (710.</i>	1 10	763	21 111116	COMMENTS:		
Do you have	any con	ncerns ab	out how your	r child is learning to do things fo	r himself/herself?	
Circle one:	No	Yes	A little	COMMENTS:		
			•			
Do you have	any cor	icerns ab	out how vour	child is learning preschool or sci	haal skills?	
Circle one:	No	Yes	A little	COMMENTS:	7001 SK110.	

Please list any other concerns.