



Does your toddler show any of the following signs?

- No babbling by 12 months
- No back and forth gestures such as pointing, showing, reaching or waving by 12 months
- No response to name by 12 months
- No words by 24 months
- Any loss of speech, babbling or social skills at any age
- Preoccupation with parts of objects or toys
- Repeats unusual movements or actions

If so, what should you do?

1 Don't wait. If you ever have concerns, talk to your health care provider. You know your child best.

2 Fill out the autism screener on the back of this page or online and review it with your health care provider. More information on autism can be found at: www.AutismSpeaks.org/signs

3 Start the intervention process right away. Your child can receive a **FREE EVALUATION** even without a formal diagnosis. If your child is under 36 months, contact your local birth to three agency or early intervention office as soon as you have a concern.

4 If you need help: Go to www.AutismSpeaks.org for more information. Contact the Autism Speaks **Autism Response Team**. They can answer your questions and provide you with free resources. In English: 888-AUTISM2 (888-288-4762) • En Español: 888-772-9050 familyservices@autismspeaks.org • Text "ART" to 30644

ACT NOW: Early intervention can make a lifetime of difference.



Partially adapted from www.cdc.gov/actearly



AUTISM SPEAKS
It's time to listen.

www.AutismSpeaks.org

Modified Checklist for Autism in Toddlers (M-CHAT)

The M-CHAT is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The AAP has endorsed its use at 18 and 24 months of age to screen for autism spectrum disorders. The questions can be scored in less than 2 minutes using instructions found on <http://www.mchatscreen.com>. A trained professional can discuss the responses and guide you to find the right resource. These 23 questions should be accompanied by a follow-up interview which will clarify some of the responses.

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 a doll or pretend other things? | Yes | No |
| 6. Does your child ever use his 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 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 |
| 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 |

How to score the M-Chat. Please score 1 point if you answered "no" to questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 19, 21 or 23, or if you answered "yes" to 11, 18, 20 and 22. If the total score was 3 or higher, your child needs a Follow – Up Interview with your provider or a health care professional. Even if you answered "no" to just two or more of questions 2, 7, 9, 13, 14, 15, you should also ask your health care provider to administer the Follow-up Interview. These are considered critical items of the MCHAT. Even if your scores are below 3 for the total score, and below 2 for the critical questions, and you still have concerns, bring this completed form and your questions to your provider for a more in depth evaluation or referral.