








GUIDE TO OBSERVING, ASKING ABOUT, AND DISCUSSING  
7 KEY BEHAVIORS RELATED TO ASD

Social speech and sounds <span>Concerned <input type="checkbox"/></span>	
<p>[Observations: words/sounds, directed to others?, purposes]</p> 	<p>What is your child's <b>language and speech</b> like? Did he/she ever <b>lose words</b>?</p> <p>Does your child <b>direct words/sounds to others</b> (to communicate)? Does he/she talk <b>to him/her-self</b>?</p> <p>How does he/she <b>express wants/needs</b> and <b>ask for help</b>?</p> <p>What <b>purposes</b> does your child use words/sounds for (e.g., labeling things, asking for help, expressing likes/dislikes, getting your attention)?</p>
Eye contact <span>Concerned <input type="checkbox"/></span>	
<p>[Observations: eye contact, response to attempts to get/direct attn.]</p> 	<p>What is your child's <b>eye contact</b> like, with you and other people?</p> <p><b>When you are doing an activity together</b>, does he/she "check in" and look you in the face?</p> <p>Does your child look <b>when you're trying to get his/her attention</b>? How easy or hard is it to <b>catch his/her eye</b>? Does he/she look <b>when you point things out</b>?</p>
Gesture use and combination with eye contact and words/sounds <span>Concerned <input type="checkbox"/></span>	
<p>[Observations: gestures and physical direction/communication and whether combined with eye contact/vocalizations]</p> 	<p>What <b>gestures</b> does your child use (e.g., reaching, pointing, nodding/shaking head, waving, clapping, sign language)? Does he/she use them <b>without you telling or showing him/her</b>?</p> <p>Does he/she <b>communicate in physical ways</b> like pulling/pushing you, placing your hand on things, or using your hand to do things?</p> <p>Does he/she <b>combine</b> gestures with eye contact and vocalizations? For example, will he/she look at you when reaching or trying to get your help?</p>
Play <span>Concerned <input type="checkbox"/></span>	
<p>[Observations: play actions/activities, including whether engaged with provider(s) and caregiver(s)]</p> <p><u>SOCIAL</u> <u>INDEPENDENT</u></p> 	<p>What does your child <b>like to do and play with</b>? Any <b>objects that you wouldn't expect</b> (e.g., cords, switches, household items)?</p> <p>Does he/she <b>play with toys in the ways they are designed</b> (e.g., building with blocks, pushing cars, pretending to feed a baby doll)?</p> <p>Does your child have his/her <b>own specific/particular ways of playing</b> or <b>do the same thing over and over</b> (e.g., carrying things around, lining up/arranging, scrambling/dropping, spinning, activating)?</p> <p>Does he/she get really <b>focused</b> on certain items or activities? How does he/she react if you try to get him/her to move on to something else?</p>

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Unusual sounds/vocalizations (e.g., jargonizing, unusual/repetitive sounds, echoing, scripting) <span style="float: right;">Concerned <input type="checkbox"/></span>	
<p>[Observations: repetitive/atypical vocalizations - see examples]</p> 	<p>Does your child ever use words/sounds <b>out of the blue/randomly or without a clear meaning/purpose?</b></p> <p>Does he/she make any <b>repeated or unexpected sounds</b> (e.g., screeching/growling, repetitive sounds like “ticka ticka ticka,” jargonizing like they are using their own language)?</p> <p>Does your child ever <b>echo</b> things he/she has heard? Use any <b>“catchphrases”</b> or <b>repeat things the same way each time</b> (e.g., using the same words or tone)? Repeat <b>scripts</b> or <b>lines</b> from videos/songs/books?</p>
Body movements <span style="float: right;">Concerned <input type="checkbox"/></span>	
<p>[Observations: repetitive/atypical body mannerisms/movements – see examples]</p> 	<p>Does your child have any <b>particular ways of moving his/her body</b> (e.g., flapping hands, tensing up tight, holding/moving fingers in certain ways, toe-walking, facial grimacing, spinning, rocking, jumping, pacing)? These might be things you see when they are excited or upset.</p>
Sensory exploration/reaction <span style="float: right;">Concerned <input type="checkbox"/></span>	
<p>[Observations: sensory exploration/reaction or self-injurious behavior – see examples]</p> 	<p>Does your child <b>dislike or avoid</b> any certain lights/sights, noises, textures, fabrics, foods, or physical touch/contact?</p> <p>Does he/she <b>seek out or explore things with his/her senses</b>? Does he/she seem very interested in: Watching or looking at things closely? Hearing certain sounds? Licking/mouthing or sniffing things that are not food? Rubbing/feeling things or touching them to his/her face? Seeking out pressure or rough physical play?</p> <p>Does your child <b>react to things</b> (like pain or temperature) any more or less than you would expect? Any other aspects of his/her daily routine (e.g., getting their face wet, brushing their teeth/hair)?</p> <p>Does your child engage in any behaviors that could <b>hurt him/her-self</b> (e.g., head-banging, hitting, biting, pulling hair)? Other <b>concerning or unsafe behaviors</b> (e.g., aggression, running/wandering off, unsafe climbing/play)?</p>

What is your overall impression? (Check one):

- ☐ Mildly concerned (Child shows only a few characteristics of autism)  
☐ Moderately concerned (Child shows a number of characteristics of autism)  
☐ Strongly concerned (Child shows many characteristics of autism)

How certain are you of this impression? (Check one): ☐ Completely uncertain ☐ Somewhat uncertain ☐ Somewhat certain ☐ Completely certain

Discuss concerns with patient’s family:

1. **State concern** about child’s development (*can use impression/level above*)
2. **Highlight any strengths and key behaviors** that were observed and reported (*cover areas you marked “Concerned”*)
3. Share that **these specific behaviors are characteristics/signs of ASD** and **explain/provide dx** as appropriate
4. Discuss **next steps and recommendations** (e.g., TEIS/school services, outpatient therapies like ST/OT/PT/feeding/ABA, further evaluation/mgmt) – view checklist using QR code

