

# TODDLER AUTISM CHECKLIST

(16-36 months)

Your answers should reflect how your child usually behaves. If you have seen your child do one of these behaviours only a few times, but he or she doesn't usually do it, then answer **no**. Please choose **yes** or **no** for every question.

Yes No

Does your child play pretend? (FOR EXAMPLE, pretend to drink from a cup, wash a doll, or use a toy telephone)

Have you ever seen your child play pretend?

Does your child like climbing on things? (FOR EXAMPLE, climbing on furniture, stairs, or playground equipment)

Does your child like being swung around or tickled?

Does your child like being read to? (FOR EXAMPLE, does your child like to be read to?)

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20. Does your child like being swung around or tickled?

Child's name:

Person completing form:

Date of birth:

Date completed: