



# SMART TOOL

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Role: \_\_\_\_\_

Location: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Social Communication & Interaction	True	False
Impairments in the use of eye contact during social interactions. <i>Example: Looks to the side or at your mouth rather than your eyes when speaking to you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Deficits in the use of facial expressions to communicate <i>Example: Doesn't frown, pout, look surprised</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack or reduced use of gestures to communicate <i>Example: Doesn't wave bye bye, nod yes or no, blows a kiss</i>	<input type="checkbox"/>	<input type="checkbox"/>
Impairments in back and forth conversation (appropriate to language level) <i>Example: Won't add something new or ask a question in response to a comment made to them.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired responses to social initiations of others <i>Example: Doesn't respond to his/her name or acknowledge others</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, or reduced interest in, peers (appropriate to developmental level)	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired initiations of interactions with others	<input type="checkbox"/>	<input type="checkbox"/>
Reduced preference for some peers over others/impaired friendships	<input type="checkbox"/>	<input type="checkbox"/>
Delays in, or lack of, varied, age-appropriate play with peers	<input type="checkbox"/>	<input type="checkbox"/>

Restricted, repetitive patterns of behavior, interests & activities	True	False
Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume)	<input type="checkbox"/>	<input type="checkbox"/>
Has repetitive body mannerisms	<input type="checkbox"/>	<input type="checkbox"/>
Reacts negatively to changes in schedule/insists on sameness	<input type="checkbox"/>	<input type="checkbox"/>
Has behavioral rituals	<input type="checkbox"/>	<input type="checkbox"/>
Has verbal rituals (e.g., must say things, or have others say things, in a particular way)	<input type="checkbox"/>	<input type="checkbox"/>
Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	<input type="checkbox"/>	<input type="checkbox"/>
Engages in a limited range of activities/Has a limited behavioral repertoire	<input type="checkbox"/>	<input type="checkbox"/>
Shows hyper-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows hypo-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows unusual sensory interests and preferences	<input type="checkbox"/>	<input type="checkbox"/>

Disruptive behavior	True	False
Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction)	<input type="checkbox"/>	<input type="checkbox"/>

**Please leave comments on the backside of this page. Make copies if needed**