

ASD DSM 5 Checklist

Review all the information you have gathered to complete the DSM 5 checklist for ASD including the DSM 5 family interview, observations of the child's behavior (during the Screening Tool for Autism in Toddlers and Young Children or STAT, the Autism Diagnostic Observation Schedule 2nd Ed. or ADOS 2, and in unstructured activity) as well as information you have obtained from other sources.

 Yes
 No

A. Deficits in use or understanding of social communication and social interaction in multiple contexts, not accounted for by general developmental delays. Must be manifested by all 3 of the following:

 Yes
 No

1. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

 Yes
 No

2. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction.

 Yes
 No

3. Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people

 Yes
 No

B. Restricted, repetitive patterns of behavior, interests, or activities. Must be manifested by at least 2 of the following:

 Yes
 No

1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases)

 Yes
 No

2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes)

 Yes
 No

3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)

 Yes
 No

4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

Please check the appropriate box:

- Meets criteria for Autism Spectrum Disorder
- Does not meet criteria for Autism Spectrum Disorder
- Results of the evaluation are inconclusive (please describe): _____
_____.
- Child has another developmental or mental health disorder (please describe): _____
_____.

Action(s) taken (please describe):

- Referral to treatment program(s) _____.
- Referral for further evaluation _____.
- Return for re-evaluation on (date) _____.
- Other _____.