Child's name_____ Date _____

Age _____ Relationship to child_____

M-CHAT-R (*Modified Checklist for Autism in Toddlers Revised*)

Please answer these questions about your child. Keep in mind how your child <u>usually</u> behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** <u>or</u> **no** for every question.

1. If you point at something across the room, does your child look at it? (**FOR EXAMPLE**, if you point at a toy or an animal, does your child look at the toy or animal?)	**YES**	**NO**
2. Have you ever wondered if your child might be deaf?	**YES**	**NO**
3. Does your child play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	**YES**	**NO**
4. Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs)	**YES**	**NO**
5. Does your child make <u>unusual </u>finger movements near his or her eyes? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?)	**YES**	**NO**
6. Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach)	**YES**	**NO**
7. Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road)	**YES**	**NO**
8. Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?)	**YES**	**NO**
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck)	**YES**	**NO**
10. Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	**YES**	**NO**
11. When you smile at your child, does he or she smile back at you?	**YES**	**NO**
12. Does your child get upset by everyday noises? (**FOR EXAMPLE**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	**YES**	**NO**
13. Does your child walk?	**YES**	**NO**
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	**YES**	**NO**
15. Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do)	**YES**	**NO**
16. If you turn your head to look at something, does your child look around to see what you are looking at?	**YES**	**NO**
17. Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say "look" or "watch me"?)	**YES**	**NO**
18. Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	**YES**	**NO**
19. If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	**YES**	**NO**
20. Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee)	**YES**	**NO**

Scoring Algorithm

For all items except 2, 5, and 12, the response "NO" indicates ASD risk; for items 2, 5, and 12, "YES" indicates ASD risk. The following algorithm maximizes psychometric properties of the M-CHAT-R:

LOW-RISK: **Total Score is 0-2**; if child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.

MEDIUM-RISK: **Total Score is 3-7**; Administer the Follow-Up ([second stage of M-CHAT-R/F](#)) to get additional information about at-risk responses. If M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer child for diagnostic evaluation and eligibility evaluation for early intervention. If score on Follow-Up is 0-1, child has screened negative. No further action required unless surveillance indicates risk for ASD. Child should be rescreened at future well-child visits.

HIGH-RISK: **Total Score is 8-20**; It is acceptable to bypass the Follow-Up and refer immediately for diagnostic evaluation and eligibility evaluation for early intervention.

M-CHAT-R/F

https://mchatscreen.com