



MODIFIED CHECKLIST FOR AUTISM IN TODDLERS (MCHAT)

DEVELOPED BY:

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Your pediatrician has asked you to complete this questionnaire, as a screening tool for possible Autism Spectrum Disorder. Please feel free to add examples, where you feel is appropriate, either under the question, or on a separate page.

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CHILD'S NAME: _____ DATE: _____

COMPLETED BY: _____

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

- 1. Does your child enjoy being swung, bounced on your knee, etc? Yes No
- 2. Does your child take an interest in other children? Yes No
- 3. Does your child like climbing on things, such as up stairs? Yes No
- 4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes No
- 5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things? Yes No
- 6. Does your child ever use his/her index finger to point, to ask for something? Yes No
- 7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
- 8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them? Yes No
- 9. Does your child ever bring objects over to you (parent) to show you something? Yes No
- 10. Does your child look you in the eye for more than a second or two? Yes No
- 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) Yes No
- 12. Does your child smile in response to your face or your smile? Yes No
- 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) Yes No



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| 14. Does your child respond to his/her name when you call? | Yes | No |
| 15. If you point at a toy across the room, does your child look at it? | Yes | No |
| 16. Does your child walk? | Yes | No |
| 17. Does your child look at things you are looking at? | Yes | No |
| 18. Does your child make unusual finger movements near his/her face? | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes | No |
| 20. Have you ever wondered if your child is deaf? | Yes | No |
| 21. Does your child understand what people say? | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |
| 24. Are there other specific concerns that you have about your child's development?
If Yes, please specify: | Yes | No |