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| newlogo **Autism Spectrum Disorder Checklist**  **(DSM-5 Diagnostic Criteria)** | |
| Child:  DOB  B23# | Evaluator:  Program: |
| *Please indicate in the space next to each criterion how the diagnostician knows that the child meets the criteria (for example, an ADOS 2 or other instrument, or observation).* | |
| 1. **Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all the following, currently or by history:** | |
| **Criterion** | **Please indicate how documented in this column:** |
| 1. Deficits in social-emotional reciprocity |  |
| 1. Deficits in nonverbal communicative behaviors used for social interactions |  |
| 1. Deficits in developing, maintaining, and understanding relationships. |  |
| 1. **Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:** | |
| 1. Stereotyped or repetitive motor movements, use of objects or speech |  |
| 1. Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior |  |
| 1. Highly restricted, fixated interests that are abnormal in intensity or focus |  |
| 1. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment |  |
| **Specifiers:** | |
| 1. With or without accompanying intellectual impairment |  |
| 1. With or without accompanying language impairment |  |
| 1. Known etiological factor (s) present (for example medical condition, genetic syndrome, environmental factor): |  |
| 1. Associated with another neurodevelopmental, mental, or behavioral disorder |  |
| 1. Severity (Please circle appropriate level):   Level 1: Requiring support:  Level 2: Requiring substantial support:  Level 3: Requiring very substantial support: |  |
| Person completing form (print and sign) credentials/date | |

CT Birth to Three Form:3-20 (5/1/2015)