ASSQ

Autism Spectrum Screening Questionnaire

For Children and Adolescents Ages 7–16 Years

AbaTools

CHILD INFORMATION

Child Name: _____ Date of Assessment: ____ / ____ / ____
MM DD YYYY

Age: _____ Grade Level: _____

Completed By: ☐ Parent ☐ Teacher ☐ Other: _____

INSTRUCTIONS

Please read each statement and indicate whether the behavior is currently present in the child based on the past several months. Select the score that best describes the child.

SCORING KEY		
0	1	2
Not Present (Not / Normal)	Sometimes (A Little / Occasionally)	Clearly Present (Yes / Clearly Present)

#	BEHAVIOR / CHARACTERISTIC	0	1	2
1	Does the child appear unusually mature or adult-like for their age?	☐	☐	☐
2	Is the child often perceived as unusual or eccentric by others?	☐	☐	☐
3	Does the child live in their own world, with restricted and idiosyncratic intellectual interests?	☐	☐	☐
4	Does the child accumulate extensive factual knowledge in specific areas of interest?	☐	☐	☐
5	Does the child tend to interpret language literally and struggle with sarcasm or irony?	☐	☐	☐
6	Does the child communicate in a formal, pedantic, or excessively polite manner?	☐	☐	☐
7	Does the child use unusual or made-up words, or repeat phrases?	☐	☐	☐
8	Does the child speak with an unusual tone, rhythm, or intonation (e.g., robotic or monotone)?	☐	☐	☐
9	Does the child make involuntary sounds, throat clearing, sniffing, or shouting without reason?	☐	☐	☐

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#	BEHAVIOR / CHARACTERISTIC	0	1	2
10	Is the child surprisingly good at some things and surprisingly poor at others?	☐	☐	☐
11	Does the child use language freely but fail to adjust to the social context?	☐	☐	☐
12	Does the child lack empathy or have difficulty understanding the feelings of others?	☐	☐	☐
13	Does the child make naïve, embarrassing, or inappropriate comments?	☐	☐	☐
14	Does the child have an unusual eye contact style (avoids eye contact or stares too much)?	☐	☐	☐
15	Does the child want social relationships but struggle to develop friendships with peers?	☐	☐	☐
16	Can the child be with other children, but only on their own terms?	☐	☐	☐
17	Does the child lack a “best friend”?	☐	☐	☐
18	Does the child lack common sense?	☐	☐	☐

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#	BEHAVIOR / CHARACTERISTIC	0 Not Present (Not / Normal)	1 Sometimes (A Little / Occasionally)	2 Clearly Present (Yes / Clearly Present)
19	Is the child poor in group play and cooperative activities (lacks cooperation)?	☐	☐	☐
20	Does the child have awkward, uncoordinated body movements or gestures?	☐	☐	☐
21	Does the child have involuntary facial grimaces or facial tics?	☐	☐	☐
22	Does the child have difficulty completing daily activities due to repetitive thoughts?	☐	☐	☐
23	Does the child have fixed rituals and resist changes in routine?	☐	☐	☐
24	Does the child have an idiosyncratic (unusual) attachment to objects?	☐	☐	☐
25	Is the child frequently teased, excluded, or bullied by peers?	☐	☐	☐
26	Does the child have a markedly different facial expression (little facial expression)?	☐	☐	☐
27	Does the child have a markedly different body posture (rigid posture)?	☐	☐	☐

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SCORING INSTRUCTIONS

1. **Total Score**

   Add the scores marked (0, 1, or 2) for all 27 items.

TOTAL SCORE

INTERPRETATION GUIDE

RESPONDENT	CUT-OFF SCORE
Parent	13+
Teacher	19+

INTERPRETATION

BELOW CUT-OFF

Screening results do not currently suggest significant autism spectrum traits. Continue developmental monitoring as appropriate.

ABOVE CUT-OFF

Further comprehensive autism evaluation is recommended to clarify strengths and needs and to guide appropriate supports.

CLINICAL NOTES

PROFESSIONAL COMMENTS

EVALUATOR SIGNATURE

Signature: _____

Date: _____ / _____ / _____
MM DD YYYY