AbaTools

M-CHAT-R™

Modified Checklist for Autism in Toddlers, Revised

EARLY AUTISM SCREENING QUESTIONNAIRE

For Children Ages 16–30 Months

CHILD INFORMATION

Child Name: _____ Date Completed: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Current Age: _____ months

Completed By: _____ Relationship to Child: _____

INSTRUCTIONS FOR PARENTS AND CAREGIVERS

Please answer the following questions based on your child's usual behavior.

If a behavior occurs only rarely, select **NO**.

RESPONSE OPTIONS	
Yes	No

ITEM	QUESTION	YES	NO
1	If you point at something across the room, does your child look at it? *(Example: a toy or an animal)*	☐	☐
2	Have you ever wondered if your child might be deaf?	☐	☐
3	Does your child engage in pretend play? *(Example: pretend to drink from an empty cup, talk on the phone, or pretend to feed a doll or stuffed animal)*	☐	☐
4	Does your child like climbing on things? *(Example: furniture, playground equipment, stairs)*	☐	☐
5	Does your child make unusual finger movements near their eyes? *(Example: wiggle fingers close to eyes)*	☐	☐
6	Does your child point with one finger to ask for something or to get help? *(Example: point to an out-of-reach object)*	☐	☐
7	Does your child point with one finger to show you something interesting? *(Example: point to an airplane in the sky)*	☐	☐
8	Is your child interested in other children? *(Example: looks at them, smiles at them, goes up to them)*	☐	☐
9	Does your child show you things by bringing them to you or holding them up for you to see? *(Just to share interest)*	☐	☐
10	Does your child respond when you call their name? *(Example: looks at you, talks to you, or stops what they are doing)*	☐	☐

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ITEM	QUESTION	YES	NO
11	When you smile at your child, do they smile back at you?	☐	☐
12	Does your child get upset by everyday noises? *(Example: vacuum cleaner or loud music)*	☐	☐
13	Does your child walk?	☐	☐
14	Does your child look you in the eye when you are talking to them, playing with them, or dressing them?	☐	☐
15	Does your child try to copy what you do? *(Example: wave bye-bye, clap, make a funny noise)*	☐	☐
16	If you turn your head to look at something, does your child look around to see what you're looking at?	☐	☐
17	Does your child try to get you to watch them? *(Example: looks at you for praise, says "look" or "see")*	☐	☐
18	Does your child understand when you tell them to do something? *(Example: without gestures, they understand "bring me your shoe")*	☐	☐
19	If something new happens, does your child look at your face to see how you feel about it?	☐	☐
20	Does your child enjoy movement activities? *(Example: being swung or bounced on your knee)*	☐	☐

M-CHAT-R SCORING GUIDE

Count the total number of "No" responses.

LOW RISK 0–2 "No" responses	Good. Continue developmental monitoring.
MEDIUM RISK 3–7 "No" responses	Administer the M-CHAT-R Follow-Up Interview.
HIGH RISK 8–20 "No" responses	Refer immediately for diagnostic evaluation and early intervention services.

This tool is designed to help identify children who may be at risk for autism spectrum disorder.
It is not a diagnostic instrument.
A comprehensive evaluation by a qualified professional is recommended for any concerns.

TOTAL SCORE

Total number of "No" responses:

_____

(Range: 0–20)

NOTES

Use this space to write any additional observations or concerns about your child.

_____

_____

_____

_____

_____

_____