M-CHAT-R

Name: _____ **Date:** _____ dd / mm / yyyy

Instructions: Please respond to the questions based on your child's typical behaviors. If a behavior is infrequent (e.g., you've observed it only once or twice), consider answering as if the child has not acquired the behavior.

Can your child play appropriately with small toys, without just mouthing or dropping them?

◯ Yes ◯ No

Does your child bring objects to you to show you something?

◯ Yes ◯ No

Does your child make eye contact with you for more than a second or two?

◯ Yes ◯ No

Does your child seem oversensitive to noise?

◯ Yes ◯ No

Does your child smile in response to your face or smile?

◯ Yes ◯ No

Does your child imitate your actions, like making faces back at you?

◯ Yes ◯ No

Does your child respond when you call their name?

◯ Yes ◯ No

If you point to a toy across the room, does your child look at it?

◯ Yes ◯ No

Can your child walk independently?

◯ Yes ◯ No

Does your child look at things you are looking at?

◯ Yes ◯ No

Does your child make unusual finger movements near their face?

◯ Yes ◯ No

Does your child try to get your attention for their own activities?

◯ Yes ◯ No

Have you ever wondered if your child is deaf?

◯ Yes ◯ No

Does your child enjoy activities like swinging or being bounced on your knee?

◯ Yes ◯ No

Does your child show interest in playing with other children?

◯ Yes ◯ No

Does your child like to climb on furniture or stairs?

◯ Yes ◯ No

Does your child enjoy playing peek-a-boo or hide-and-seek?

◯ Yes ◯ No

Does your child engage in pretend play, like talking on the phone or taking care of dolls?

◯ Yes ◯ No

Does your child use their index finger to point and ask for something?

◯ Yes ◯ No

Does your child use their index finger to point and show interest in something?

◯ Yes ◯ No

Scoring: Low-risk - Total Score 0-2; If the child is younger than 24 months, screen again after the second birthday. No further action required unless surveillance indicates a risk for ASD. Medium Risk - Total Score 3-7; Administer the Follow-Up (second stage of M-CHAT-R/F) to gather additional information about at-risk responses. If the M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer the child for diagnostic evaluation and eligibility evaluation for early intervention. If the score on Follow-Up is 0-1, the child has screened negative. No further action is required unless surveillance indicates a risk for ASD. The child should be rescreened at future well-child visits. High-risk - Total Score 8-20; It is acceptable to bypass the Follow-Up and refer the child immediately for diagnostic evaluation and eligibility evaluation for early intervention.