BEHAVIOR AND COMMUNICATION QUESTIONNAIRE

Name of Child: ___________________________ Child’s Birth Date: _________________
Name of Parent / Caregiver: ___________________________ Today’s Date: _________________

Behavior

1. Does your child prefer to be alone?
   ___ Yes
   ___ No

2. Is it difficult for your child to understand what other people are feeling?
   ___ Yes
   ___ No

3. Is it difficult for your child to show an interest in other people?
   ___ Yes
   ___ No

4. Does your child get upset by changes in the surroundings or daily routine?
   ___ Yes
   ___ No

5. Are your child’s interests limited to few things, but those things are remarkably interesting?
   ___ Yes
   ___ No

6. Does your child ever play the same way, with the same toy, over and over again?
   ___ Yes
   ___ No

7. Does your child perform repetitive movements such as flapping, rocking, or spinning?
   ___ Yes
   ___ No

8. Does your child have unusual (and often extreme) reactions to sound, smell, taste, texture, light, or color?
   ___ Yes
   ___ No

Please explain any “yes” responses to behavior.
Communication

9. Did your child smile at people by 6 months of age?
   __ Yes
   __ No

10. Did your child engage in eye contact by 6 months of age?
    __ Yes
    __ No

11. Was your child babbling by 12 months of age?
    __ Yes
    __ No

12. Did your child gesture to communicate (e.g. pointing or reaching) by 12 months of age?
    __ Yes
    __ No

13. When called, did your child respond to his or her name by 12 months of age?
    __ Yes
    __ No

14. Was your child speaking single words by 16 months of age?
    __ Yes
    __ No

15. Was your child speaking two-word phrases by 24 months of age?
    __ Yes
    __ No

16. How often does your child repeat certain words or phrases over and over?
    __ Rarely
    __ Sometimes
    __ Quite Often

17. How does your child communicate?
    __ Inconsistent Phrases
    __ Consistent Phrases
    __ Complete Sentences
    __ Other (Please Explain)

Please explain any “no” responses to communication.