Community Child & Adolescent Mental Health Service Project

Dept. of Child & Adolescent Psychiatry, NIMHANS and Dept. of Women & Child Development, Govt. of Karnataka

Assessment Tool for Autism (Age 7 to 17)

A. Basic Information Date:

Name of Child: Sex: Age:

Name/ Location of School:

Class Child is studying in (currently):

PHC Catchment Area:

B. Autism Screening Check-List: Teacher's Report

2.	Items	Yes	No	Not Sure
Section 1				
1.	Does the child usually make eye contact with you or other people? E.g. While playing, asking for things, talking to you.			
2.	Does the child usually use various gestures appropriately during social interactions? E.g. Namaste, Salaam, waving bye-bye, hello,			
3	Does the child usually show appropriate facial expressions according to the situation? E.g. being happy, sad, afraid etc.			
4	Does the child have friends of his/her age (In school and neighbourhood) with whom he/she loves to chat, share food or play together?			
6.	Does your child play games involving turn taking or rule based with other children properly? E.g. Cricket, Hide and seek/I-spy, Ludo, Ring-a- ring roses etc.			
7.	Does your child usually share your happiness or try to comfort you/others when you are upset/ sad?			
8.	Does your child speak normally for his/her age? If the child cannot speak normally: Can he/she communicate with you by using gestures? E.g. pointing with index finger, nodding/ shaking head for yes/no etc. If the child cannot speak at all AND cannot communicate by appropriate gestures, then only mark as "NO".			

	If the child cannot speak BUT can communicate by appropriate gestures, then mark as "YES"			
9.	Does your child play variable imaginative play with toys like For girls:- kitchen set/ dolls/clay or dough For boys:- telephone/ toy gun/motor car?			
10.	Has your child played different games like "ghar-ghar", "teacher-student" (school- school), "chor-police" etc. with other kids interactively?			
Section 2				
11.	Does your child usually prefer to play alone and gets irritated/moves away when his/her sibs or other kids try to play with him/her?			
12.	Does your child usually repeat words or phrases regardless of meaning (in part or whole) that he/ she has heard? E.g. If you say 'toffee' he will also say 'toffee' if you say 'come' he will also say 'come' and if you ask "what is your name", he/she also says "What is your name".			
13.	Does he/she incessantly repeat things/T.V serial dialogue regardless of meaning/ context, whatever he/she has heard later on?			
14.	Does your child usually refer to him/herself by name (in third person) versus 'I'? E.g., when you ask "do you want milk?" or "Rohit wants milk" (referring to himself).			
15.	Does your child have excessive interest in odd things/activities which other children do not have? E.g., collecting toffee wrappers, polythene bags, piece of string or rope, pulling thread and rubber band etc.			
16.	Does your child like lining or stacking objects/toys excessively?			
17.	Does your child keep on repeating any of the followings, like • flapping hands, • hand wringing, • toe-walking, • rocking or spinning, • making unusual finger or hand movements near his/her face?			

D. Any other information that the teacher shares (about school/ family/ other issues):

E. Service Provider's Interpretations/ Summary & Management Plan

Guidance Notes on RBSK Screening Tool for Autism

1. How the Screening Tool is Organized
- The Screening tool has 4 parts to it:
  A. Basic Information (Child's name/ age/ sex/ school name etc)
  B. Autism Screening Check-List: Teacher's Report
  C. Any other information that the teacher/parent shares (about school/ family/ other issues)
  D. Service Provider's Interpretations/ Summary
- The autism check list contains a total of 17 items/ questions, all of which focus on social and language development issues.

2. Who to Administer the Tool To
- This tool is to be administered for any child whom the teacher/parent identifies/ reports with the following criteria:
  - Plays on his/her own most of the time (solitary play) or 'lives in his/her own world'
  - Does not make eye contact
- To be administered to anganwadi workers or school teachers working with the child on a regular basis or to child's parents.
- To be administered only for children aged 4 and above i.e. anganwadi and school children.
  (This tool is not to be administered to children under 4 years).

3. How to Administer the Tool
- Ask anganwadi worker/teacher/parent each of the 17 questions one by one, asking them to say 'yes' or 'no'. If they do not know about some issues, mark 'not sure'.
- For most questions, there are examples given to further explain the question/ make it clearer. Ensure that you give these examples while asking the question.

4. How to Interpret the Answers
In section 1, if two or more items are answered as 'No', and/or in section 2, two or more items are answered as 'Yes', then a provisional diagnosis of autism may be made.

5. Administering Autism Screening in Conjunction with Other Screening Tools
- Many children with autism (but not all) are also likely to have mild to moderate intellectual disability.

- Therefore, all children with autism children should also be screened for disability. For children 4 to 6 years, use the pre-school/ anganwadi child development screening tool. For children above age 6, use the disability screening tool for ages 6 and above.
- Autism also commonly presents with ADHD. Check for the ADHD screening criteria symptoms. If present, then also administer the ADHD screening tool.