

Child's Name \_\_\_\_\_ Filled out by: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Today's date \_\_\_\_\_ Provider Name: \_\_\_\_\_

### Modified Checklist for Toddlers (M-CHAT)

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

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|--|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?  | YES | NO |
| 2. Does your child take an interest in other children?   | YES | NO |
| 3. Does your child like climbing on things, such as up stairs?   | YES | NO |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek?   | YES | NO |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?       | YES | NO |
| 6. Does your child ever use his/her index finger to point, to ask for something?   | YES | NO |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?                            | YES | NO |
| 8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them? | YES | NO |
| 9. Does your child ever bring objects over to you (parent) to show you something?  | YES | NO |
| 10. Does your child look you in the eye for more than a second or two?   | YES | NO |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)  | YES | NO |
| 12. Does your child smile in response to your face or your smile?  | YES | NO |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)                                     | YES | NO |
| 14. Does your child respond to his/her name when you call?   | YES | NO |
| 15. If you point at a toy across the room, does your child look at it?   | YES | NO |
| 16. Does your child walk?  | YES | NO |
| 17. Does your child look at things you are looking at?   | YES | NO |
| 18. Does your child make unusual finger movements near his/her face?   | YES | NO |
| 19. Does your child try to attract your attention to his/her activity?   | YES | NO |
| 20. Have you ever wondered if your child is deaf?  | YES | NO |
| 21. Does your child understand what people say?  | YES | NO |
| 22. Does your child sometimes stare at nothing or wander with no purpose?  | YES | NO |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?                       | YES | NO |