

M-CHAT-R Follow-Up™ Scoring Sheet

Please note: Yes/No has been replaced with Pass/Fail

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| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?) | Pass | Fail |
| 2. Have you ever wondered if your child might be deaf? | Pass | Fail |
| 3. Does your child play pretend or make-believe?
(FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal) | Pass | Fail |
| 4. Does your child like climbing on things?
(FOR EXAMPLE , furniture, playground equipment, or stairs) | Pass | Fail |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?) | Pass | Fail |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE , pointing to a snack or toy that is out of reach) | Pass | Fail |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road) | Pass | Fail |
| 8. Is your child interested in other children?
(FOR EXAMPLE , does your child watch other children, smile at them, or go to them?) | Pass | Fail |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share?
(FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck) | Pass | Fail |
| 10. Does your child respond when you call his or her name?
(FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Pass | Fail |
| 11. When you smile at your child, does he or she smile back at you? | Pass | Fail |
| 12. Does your child get upset by everyday noises?
(FOR EXAMPLE , a vacuum cleaner or loud music) | Pass | Fail |
| 13. Does your child walk? | Pass | Fail |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Pass | Fail |
| 15. Does your child try to copy what you do?
(FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do) | Pass | Fail |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Pass | Fail |
| 17. Does your child try to get you to watch him or her?
(FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”) | Pass | Fail |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”) | Pass | Fail |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Pass | Fail |
| 20. Does your child like movement activities?
(FOR EXAMPLE , being swung or bounced on your knee) | Pass | Fail |

Total Score: _____