

**M-CHAT-R™ (18 mos & 24 mos)**

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

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| <b>1. If you point at something across the room, does your child look at it?</b><br>(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)                                    | Yes | No |
| <b>2. Have you ever wondered if your child might be deaf?</b>  | Yes | No |
| <b>3. Does your child play pretend or make-believe?</b><br>(EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)                                   | Yes | No |
| <b>4. Does your child like climbing on things?</b> (EXAMPLE, furniture, playground, equipment or stairs)   | Yes | No |
| <b>5. Does your child make unusual finger movements near his or her eyes?</b><br>(EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)  | Yes | No |
| <b>6. Does your child point with one finger to ask for something or to get help?</b><br>(EXAMPLE, pointing to a snack or toy that is out of reach)   | Yes | No |
| <b>7. Does your child point with one finger to show you something interesting?</b><br>(EXAMPLE, pointing to an airplane in the sky or a big truck in the road)   | Yes | No |
| <b>8. Is your child interested in other children?</b><br>(EXAMPLE, does your child watch other children, smile at them, or go to them?)  | Yes | No |
| <b>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?</b> (EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)          | Yes | No |
| <b>10. Does your child respond when you call his or her name?</b> (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?)                                  | Yes | No |
| <b>11. When you smile at your child, does he or she smile back at you?</b>   | Yes | No |
| <b>12. Does your child get upset by everyday noises?</b><br>(EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)  | Yes | No |
| <b>13. Does your child walk?</b>   | Yes | No |
| <b>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?</b>  | Yes | No |
| <b>15. Does your child try to copy what you do?</b><br>(EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)  | Yes | No |
| <b>16. If you turn your head to look at something does your child look around to see what you are looking at?</b>  | Yes | No |
| <b>17. Does your child try to get you to watch him or her?</b> (EXAMPLE, does your child look at you for praise, or say “look” or “watch me”?)   | Yes | No |
| <b>18. Does your child understand when you tell him or her to do something?</b><br>(EXAMPLE, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)                   | Yes | No |
| <b>19. If something new happens, does your child look at your face to see how you feel about it?</b><br>(EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| <b>20. Does your child like movement activities?</b><br>(EXAMPLE, being swung or bounced on your knee)   | Yes | No |

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