

Child's Name		Today's Date						
<p><i>Please indicate how frequently the person you are rating engages in each of the following behaviors. Please consider expectations for behavior given the person's age when responding to each question.</i></p> <p>If the question is not applicable to the person you are rating because they are too young, are not verbal, or you feel you do not have enough information to rate the behavior, select the last column (Not Applicable or Not Able to Rate).</p> <p>How often does this person...</p>			Never	Rarely	Sometimes	Often	Very Often	Not Applicable or Not Able to Rate
1. Start interactions with others without prompting?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prefer to be with family or friends rather than alone?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Try to be physically and emotionally-connected to family and friends?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Make expected eye contact? (not too brief, too intense, or looking past people)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use gestures to communicate? <i>(ex. wave, point, nod, shake head)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communicate clearly so that other people know how they feel?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Offer comfort to others when they are upset or sick?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Share enjoyment about interests or activities with other people?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Engage in back and forth play with same-age peers? <i>(ex: playing tag or cops-and-robbers by exchanging roles and allowing others to win OR in adolescents/adults playing turn-taking games or activities that require reciprocal give-and-take)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Respond appropriately when others approach them? <i>(ex. smiling, nodding, saying something back)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have a back and forth conversation about <u>another person's</u> interests and activities, not just their own?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Read social cues? <i>(ex. facial expressions, gestures, body language)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Understand that expected behavior varies by social situation? <i>(ex: behave differently at the library than at a party)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Seem to understand what others are thinking or feeling?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Show that relationships are important to them?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Seek out playful interactions, playmates, or friendships?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Engage with two or more close friends?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>The following set of questions examines unexpected behaviors.</i></p> <p>How often does this person...</p>								
18. Flap or move their hands in an unusual way? <i>(ex. claps or flaps their hands or flicks their fingers when they are excited)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

