



Autism Spectrum Disorder Checklist (DSM-5 Diagnostic Criteria)

Child: DOB B23#	Evaluator: Program:
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Please indicate in the space next to each criterion how the diagnostician knows that the child meets the criteria (for example, an ADOS 2 or other instrument, or observation).

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all the following, currently or by history:

Criterion	Please indicate how documented in this column:
1. Deficits in social-emotional reciprocity	
2. Deficits in nonverbal communicative behaviors used for social interactions	
3. Deficits in developing, maintaining, and understanding relationships.	

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects or speech	
2. Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior	
3. Highly restricted, fixated interests that are abnormal in intensity or focus	
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment	

Specifiers:

1. With or without accompanying intellectual impairment	
2. With or without accompanying language impairment	
3. Known etiological factor (s) present (for example medical condition, genetic syndrome, environmental factor):	
4. Associated with another neurodevelopmental, mental, or behavioral disorder	
5. Severity (Please circle appropriate level): Level 1: Requiring support: Level 2: Requiring substantial support: Level 3: Requiring very substantial support:	

Person completing form (print and sign)	credentials/date
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