

NAME: Demo Client

DATE: Apr 5 2019

DOB: Jan 1 1970

INSTRUMENT

The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2009) is a 2-stage parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD). The M-CHAT-R/F is an autism screening tool designed to identify children 16 to 30 months of age who should receive a more thorough assessment for possible early signs of autism spectrum disorder (ASD) or developmental delay.

M-CHAT SURVEY RESULT

Score: 9

Findings: HIGH-RISK: This information is provided for consultation purposes only and is not meant to diagnose or treat any individual. Based on these results, it is recommended to follow up with your child's health care provider to clarify these results and discuss further options.

The 'Responses' section shows all the responses the respondent has supplied and indicates whether or not their response was an area of concern.

RESPONSES

Responses in bold in the table below are areas of concern and were used in determining the M-CHAT result.

Question:	Response:
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?)	No
Have you ever wondered if your child might be deaf?	No
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?)	No
Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Yes
Does your child make unusual finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Yes
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)	No
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)	No
Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Yes
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)	Yes
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?)	No
When you smile at your child, does he or she smile back at you?	Yes
Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes
Does your child walk?	Yes
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?	Yes
Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	No

Question:	Response:
If you turn your head to look at something, does your child look around to see what you are looking at?	Yes
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'?)	Yes
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'?)	Yes
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?)	No
Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Yes