

Do not write, stamp, punch holes or affix a sticker in this area.  
To reproduce, follow the printing instructions.  
Do not fold this form.

## M-CHAT

Compatible Note form:  
M-Chat

Please answer every question

### Marking Instructions

Please use a #2 pencil.  
Fill in the complete oval as shown...



PLEASE PRINT CHILD'S LAST NAME

PLEASE PRINT CHILD'S FIRST NAME

CHILD'S DATE OF BIRTH

Month

Day

Year

Name of person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Please fill out the following about your child's usual behavior, and try to answer every question.**

**If the behavior is rare (you've only seen it once or twice),  
please answer as if your child does *not* do it.**

	YES	NO
1. Does your child enjoy being swung, bounced on your knee, etc.?	<input type="radio"/>	<input type="radio"/>
2. Does your child take an interest in other children?	<input type="radio"/>	<input type="radio"/>
3. Does your child like climbing on things, such as up stairs?	<input type="radio"/>	<input type="radio"/>
4. Does your child enjoy playing peek-a-boo / hide-and-seek?	<input type="radio"/>	<input type="radio"/>
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	<input type="radio"/>	<input type="radio"/>
6. Does your child ever use his / her index finger to point, to ask for something?	<input type="radio"/>	<input type="radio"/>
7. Does your child ever use his / her index finger to point, to indicate interest in something?	<input type="radio"/>	<input type="radio"/>
8. Can your child play properly with small toys (e.g., cars or blocks) without just mouthing, fiddling, or dropping them?	<input type="radio"/>	<input type="radio"/>
9. Does your child ever bring objects over to you (parent) to show you something?	<input type="radio"/>	<input type="radio"/>
10. Does your child look you in the eye for more than a second or two?	<input type="radio"/>	<input type="radio"/>
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)	<input type="radio"/>	<input type="radio"/>
12. Does your child smile in response to your face or your smile?	<input type="radio"/>	<input type="radio"/>
13. Does your child imitate you? (e.g., you make a face – will your child imitate it?)	<input type="radio"/>	<input type="radio"/>
14. Does your child respond to his / her name when you call?	<input type="radio"/>	<input type="radio"/>
15. If you point at a toy across the room, does your child look at it?	<input type="radio"/>	<input type="radio"/>
16. Does your child walk?	<input type="radio"/>	<input type="radio"/>
17. Does your child look at things you are looking at?	<input type="radio"/>	<input type="radio"/>
18. Does your child make unusual finger movements near his / her face?	<input type="radio"/>	<input type="radio"/>
19. Does your child try to attract your attention to his / her own activity?	<input type="radio"/>	<input type="radio"/>
20. Have you ever wondered if your child is deaf?	<input type="radio"/>	<input type="radio"/>
21. Does your child understand what people say?	<input type="radio"/>	<input type="radio"/>
22. Does your child sometimes stare at nothing or wander with no purpose?	<input type="radio"/>	<input type="radio"/>
23. Does your child look at your face to check your reaction when faced with something unfamiliar?	<input type="radio"/>	<input type="radio"/>