



Turn Autism Around Assessment Form

by Dr. Mary Barbera

Date of completion _____
Person completing _____
Child's name _____
Age _____ yrs _____ months
Date of birth _____

Medical information

Diagnosis (if applicable/known) _____
Age of diagnosis _____ yrs _____ months
Does your child currently go to school and/or receive any therapies or special services? Yes No If yes, please list schedule and location of services (home, school, clinic) _____
Current medication _____
Allergies _____
Special diet/restrictions _____
Safety awareness concerns (check all that apply): Wandering Strangers Traffic Water

Self-Care

Describe eating and drinking patterns. Please indicate if child can feed self, what texture/types of foods he/she eats. Also list issues with bottles, pacifier, utensils, straws, etc. _____
Describe sleeping patterns/issues _____
Describe potty/toileting issues _____
Describe grooming/dressing issues (brushing teeth, washing hands, etc.) _____

Speaking/Expressive Language

Does your child ever use any words? Yes No If yes, please describe the amount of words and give examples of what he/she says _____
If no, does your child babble? Yes No If yes, please list sounds you have heard: _____

Requesting/Manding

Can your child ask for things he/she wants with words? Cookie, juice, ball, push me? Yes No If yes, please list the items/activities your child requests with words: _____

If no, how does your child let you know what he/she wants. Circle the options that apply: gestures/pointing/pulling an adult/sign language/pictures/crying/grabbing

Labeling/Tacting

Can your child label things in a book or on flashcards? If so, please estimate the number of things your child can label and give examples _____

Verbal Imitation/Echoics

Can your child imitate words you say? Single words Yes No Phrases? Yes No
Does your child say things he/she has memorized from movies or things he/she has heard you say in the past? Yes No If yes, please describe: _____

Answering Questions/Intraverbals

Can your child fill in the blanks to songs? For example, if you sing "Twinkle, Twinkle Little _____," will your child say "star"? Yes No
Please list songs that your child fills in words or phrases to: _____
Will your child fill in the blanks to fun and/or functional phrases such as filling in "Pooh" when he/she hears "Winnie the _____"? Will he/she answer "bed" when he/she hears "You sleep in a _____"? Yes No

Will your child answer WH questions (with no picture or visual clues)? For example, if you say "What flies in the sky?" will your child answer "bird" or "plane"? Will he/she name at least three animals or colors if you ask him/her to? Yes No

Listening/Receptive Language

Does your child respond to his/her name when you call it? Circle the frequency that applies: Almost always/Usually/Sometimes/Almost never
If you tell your child to get his/her shoes or pick up his/her cup, does he/she follow

your direction without gestures? Circle the frequency that applies: Almost always/Usually/Sometimes/Almost never

If you tell your child to clap his/her hands or stand up will he/she do it without gestures? Circle the frequency that applies: Almost always/Usually/Sometimes/Almost never

Will your child touch his/her body parts, for example, if you say "Touch your nose?" Yes No If yes, please list the body parts he/she will touch without any gestures from you: _____

Imitation

Will your child copy your actions with toys if you tell him/her "Do this"? For example, if you take a car and roll it back and forth and tell your child "Do this" will your child copy you? Yes No Will your child copy motor movements such as clap hands or stomp feet if you do it and say "Do this"? Yes No

Visual/Matching

Will your child match identical objects to objects, pictures to pictures, and pictures to objects if you tell him/her to "match"? Yes No Unsure Will your child complete sign-appropriate puzzles? Yes No Unsure

Social/Play Concerns

Circle all that apply: eye contact/greeting/playing with toys/sharing/pretend play/response to name
Problem Behavior
Is your child currently able to sit at a table or on the floor and do simple tasks with an adult? Yes No Unsure

Please list any problem behaviors (crying, inattention, hitting, biting, lining up toys, stimming/scripting, etc.) and estimate the frequency (100x/day, 10x/wk, 80% of the day, one time per day): _____