



Checklist for Toddlers

If the following behavior has occurred only once or twice, or occurs rarely, mark "No". If it has occurred regularly, or on a number of occasions, mark "Yes".

| | Yes | No |
|---|-----|-----|
| 1. Does your child enjoy physical play with you such as bouncing on your knee? | ___ | ___ |
| 2. Does your child show interest in other children? | ___ | ___ |
| 3. Does your child like climbing, including climbing up stairs? | ___ | ___ |
| 4. Does your child enjoy playing peek-a-boo and hide-and-seek? | ___ | ___ |
| 5. Does your child engage in imaginative play? | ___ | ___ |
| 6. Does your child point with his or her index finger to ask for something? | ___ | ___ |
| 7. Does your child point with his or her index finger to indicate interest in something? | ___ | ___ |
| 8. Does your child play imaginatively with small toys, rather than just handle them? | ___ | ___ |
| 9. Does your child show you or bring you things? | ___ | ___ |
| 10. Does your child make sustained eye contact? | ___ | ___ |
| 11. Is your child exceptionally sensitive to noise? | ___ | ___ |
| 12. Does your child smile in response to your smile? | ___ | ___ |
| 13. Does your child imitate your expressions or gestures? | ___ | ___ |
| 14. Does your child respond to his or her name? | ___ | ___ |
| 15. If you point at something across the room does your child look at it? | ___ | ___ |
| 16. Can your child walk? | ___ | ___ |
| 17. Does your child look at things you are looking at? | ___ | ___ |
| 18. Does your child make unusual hand or finger movements, especially near his or her face? | ___ | ___ |
| 19. Does your child try to attract your attentions to his or her own activity? | ___ | ___ |
| 20. Have you ever wondered if your child has hearing loss, due to poor response to you? | ___ | ___ |
| 21. Does your child understand receptive language? | ___ | ___ |
| 22. Does your child sometimes stare at nothing, or wandering with no purpose? | ___ | ___ |
| 23. Does your child look at your face to monitor your reactions? | ___ | ___ |

See the following page for answers

Health in Our Hands Clinic

38 Burleigh Ave Caringbah 2229 NSW

Ph: 02 9501 0326 | christine@healthinourhands.com.au | www.healthinourhands.com.au



Scoring:

The below answers that indicate abnormal development are:

- | | |
|---------|---------|
| 1. No | 13. No |
| 2. No | 14. No |
| 3. No | 15. No |
| 4. No | 16. No |
| 5. No | 17. No |
| 6. No | 18. Yes |
| 7. No | 19. No |
| 8. No | 20. Yes |
| 9. No | 21. No |
| 10. No | 22. Yes |
| 11. Yes | 23. No |
| 12. No | |

Results:

Indication of a possible disorder is characterised by: two or more inappropriate answers to questions numbered 2, 7, 13, 14 and 15. **Or:** three or more inappropriate answers to any of the questions.

If your scoring indicates a positive result for Autism, and you have had a diagnosis made by a psychologist/psychiatrist/pediatrician, then a consultation with our Naturopaths can help your child improve. We are biomedically trained practitioners (DAN & MINDD), and understand the improvements children can make with the correct nutrition and supplementation. For more information on the biomedical approach to helping ASD children recover, please go to www.mindd.org.au and call us to make an appointment for your child... it's never too late to get started. We can be reached on 02 9501 0326 or christine@healthinourhands.com.au

Health in Our Hands Clinic

38 Burleigh Ave Caringbah 2229 NSW

Ph: 02 9501 0326 | christine@healthinourhands.com.au | www.healthinourhands.com.au