



PEDIATRIC-ABC™

PEDIATRIC-AUTISM & related disorders BEHAVIOR

CHECKLIST

AN EARLY IDENTIFICATION PROFILE OF PERVASIVE DEVELOPMENTAL SYMPTOMS
(Ages 18 months – 48 months)

Dear Parents:

Symptoms of Autism or related Pervasive Developmental Disorders can first manifest in infancy. Early identification and intervention is so very important. Research/long term outcome studies have demonstrated that children with Autism or related pervasive disorders, who are identified at an early age and receive early intervention, show long-lasting and significant gains intellectually and with adaptive behaviors (Lovaas, 1993). The National Institute of Child Health and Human Development encourages early identification and intervention so as to promote a child's potential and quality of life.

The brain learns; often referred to as neuroplasticity. Early childhood is a prime time of development - an open window of opportunity when connections in the brain are powerful. Advanced technology, such as functional magnetic resonance imaging (fMRI), which can demonstrate blood flow in the brain while an individual is learning a task, and Neuropsychological (Brain – Behavior) studies have shown how effectively the brain learns, especially at early ages.

This checklist is an early identification guide of neurodevelopmental delays which often represent Autism or related Pervasive Developmental Disorders. It can help you secure early diagnosis and treatment. The checklist is based upon Neuropsychological (Brain - Behavior) models of early childhood development. The major functions of development and learning involving Attention, Perception, Speech, Language, Memory, Executive Function, Sensory, Motor and Mood are addressed.

You are encouraged to share this profile with your pediatrician/primary care physician, health specialists and educational specialists, so as to secure early age diagnosis and treatment, which can help your child achieve his/her potential.

EARLY IDENTIFICATION AND INTERVENTIONS ARE CRUCIAL!

Warmly,

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(Ages 18 months – 48 months)

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M ___ F ___
 Today's Date: _____ Completed by: _____ Relationship to Child _____

Rate each statement with the number which best fits the child's behavior, and note it in the box opposite the statement: total each category -
0-Not observed 2-Occasionally observed 4-Frequently observed

Category A: Attention/Self-Regulatory Behavior		
A1	Hyperactivity and/or Hypoactivity; excessive fidgetiness and/or daydreaming/staring episodes	
A2	Avoidance of, or decreased eye contact	
A3	Sleep and/or appetite disturbance, i.e.; difficulty falling asleep, nighttime awakening, sensitive eating habits	
A4	Needs much guidance to direct/organize behavior; Self-regulation is decreased	
A5	Heightened repetitive behaviors; Difficulty switching attention when involved in a task	
Category A Total:		
Category B: Speech/Language		
B1	Delayed understanding of language – needs multiple cues or gestures; you may wonder if a problem hearing exists	
B2	Delayed expression of language; heightened use of gestures versus speech	
B3	Poor articulation and/or unusual tone of speech	
B4	Mostly silent or echoes/repeats isolated sounds, words	
B5	Responds mostly to familiar voices; difficulty responding to unfamiliar voices	
Category B Total:		
Category C: Memory		
C1	Difficulty developing a schedule, as with sleeping, eating	
C2	Difficulty remembering how to start or complete familiar tasks	
C3	Difficulty with multistep directions; much repetition is needed	
C4	Can develop excessive routines/patterns	
C5	Does not readily react to familiar cues, gestures, facial expression, such as wave, 'hi' – 'bye'	
Category C Total:		
Category D: Mood/Social		
D1	Easily frustrated or overwhelmed	
D2	Interaction is decreased; withdraws into self	
D3	Transition results in frustration, anxiety	
D4	Frustration results in verbal or physical aggression to self/other/objects	
D5	Does not actively engage in play; mostly side-by-side play	
Category D Total:		
Category E: Sensory/Motor		
E1	Sensory sensitivity, i.e., irritated by clothing, brushing hair, touch, lights, sound, odors, tastes	
E2	Sensory seeking, i.e., rocking, spinning, rhythmic behaviors	
E3	Repetitive behaviors; i.e., eye blinking, nose sniffing, throat clearing, hand flapping; routine behaviors	
E4	Incoordination – can look "clumsy"	
E5	Motor plan, purposeful activity is decreased, i.e., needs more guidance reaching for a toy	
Category E Totals:		

Part 2: CUMULATIVE PROFILE

Add totals of all Categories A+B+C+D+E Results _____ %

PROFILE: Part 2 0-15%
 16-36%
 37-100%

Normal developmental range.
 Developmental variance is evidenced. Be concerned. Seek professional advice.
 A Pervasive Developmental Disorder (PDD) may exist. Seek formal health/neuro-
 psychological evaluation and treatment.

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