

Autism Treatment Evaluation Checklist (ATEC)  
 This form is intended to measure the effects of treatment.  
 Free scoring of this form is available on the Internet at: [www.autism.com/atec](http://www.autism.com/atec)

Name of Child: \_\_\_\_\_ Male:  Female:

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please circle the letters to indicate how true each phrase is.**

**I. Speech/Language/Communication: [N] Not true [S] Somewhat true [V] Very true**

N S V 1. Knows own name	N S V 8. Can use sentences with 4 or more words
N S V 2. Responds to 'No' or 'Stop'	N S V 9. Explains what he/she wants
N S V 3. Can follow some commands	N S V 10. Asks meaningful questions
N S V 4. Can use one word at a time (No!, Eat, Water, etc.)	N S V 11. Speech tends to be meaningful/ relevant
N S V 5. Can use 2 words at a time (Don't want, Go home)	N S V 12. Often uses several successive sentences
N S V 6. Can use 3 words at a time (Want more milk)	N S V 13. Carries on fairly good conversation
N S V 7. Knows 10 or more words	N S V 14. Has normal ability to communicate for his/her age

**II. Sociability: [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive**

N S V 1. Seems to be in a shell - you cannot reach him/her	N S V 11. Dislikes being held/cuddled
N S V 2. Ignores other people	N S V 12. Does not share or show
N S V 3. Pays little or no attention when addressed	N S V 13. Does not wave 'bye bye'
N S V 4. Uncooperative and resistant	N S V 14. Disagreeable/not compliant
N S V 5. No eye contact	N S V 15. Temper tantrums
N S V 6. Prefers to be left alone	N S V 16. Lacks friends/companions
N S V 7. Shows no affection	N S V 17. Rarely smiles
N S V 8. Fails to greet parents	N S V 18. Insensitive to other's feelings
N S V 9. Avoids contact with others	N S V 19. Indifferent to being liked
N S V 10. Does not imitate	N S V 20. Indifferent if parent(s) leave

**III. Sensory/Cognitive Awareness: [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive**

N S V 1. Responds to own name	N S V 10. Aware of environment
N S V 2. Responds to praise	N S V 11. Aware of danger
N S V 3. Looks at people and animals	N S V 12. Shows imagination
N S V 4. Looks at pictures (and T.V.)	N S V 13. Initiates activities
N S V 5. Does drawing, coloring, art	N S V 14. Dresses self
N S V 6. Plays with toys appropriately	N S V 15. Curious, interested
N S V 7. Appropriate facial expression	N S V 16. Venturesome - explores
N S V 8. Understands stories on T.V.	N S V 17. "Tuned in" - Not spacey
N S V 9. Understands explanations	N S V 18. Looks where others are looking

**IV. Health/Physical/Behavior: [N] Not a Problem [MI] Minor Problem [MO] Moderate Problem [S] Serious Problem**

N MI MO S 1. Bed-wetting	N MI MO S 14. Sound-sensitive
N MI MO S 2. Wets pants/diapers	N MI MO S 15. Anxious/fearful
N MI MO S 3. Soils pants/diapers	N MI MO S 16. Unhappy/crying
N MI MO S 4. Diarrhea	N MI MO S 17. Seizures
N MI MO S 5. Constipation	N MI MO S 18. Obsessive speech
N MI MO S 6. Sleep problems	N MI MO S 19. Rigid routines
N MI MO S 7. Eats too much/too little	N MI MO S 20. Shouts or screams
N MI MO S 8. Extremely limited diet	N MI MO S 21. Demands sameness
N MI MO S 9. Hyperactive	N MI MO S 22. Often agitated
N MI MO S 10. Lethargic	N MI MO S 23. Not sensitive to pain
N MI MO S 11. Hits or injures self	N MI MO S 24. "Hooked" or fixated on certain objects/topics
N MI MO S 12. Hits or injures others	N MI MO S 25. Repetitive movements (stimming, rocking, etc.)
N MI MO S 13. Destructive	