

## Early Autism Screening Inventory

**All Participants in Evaluation:**

**Presenting concerns / Reasons for Visit:**

**Specific Behavioral features caretaker-endorsed and/or directly observed during session**

	YES	NO	Caregiver endorsed	Other comments
Pointing				
Showing				
Rocking/headbanging/repeated crashing				
Hand flapping/finger movements/stereotypies				
Joint Attention				
Follows a point				
Sensitive to sounds touch smells textures				
Fleeting/Poor Eye contact				
Uses parents hands to communicate (including pushing)				
Lines up toys/other objects				
Preoccupation with parts of toy/object				
Routines/Rituals/Transitions difficult				
Humming, singing, self-talk/gibberish/babbling				
Echolalia				
Repetitive/perseverative behaviors				
Things must be "just right" or "just so"				

Other pertinent behaviors not listed above:

**Relevant Behavioral Areas:**

Emotionality, Tantrums, Aggression	
Social	
Activity Level	
Sleep	
Eating	
Toileting/Self Care	

Additional Relevant Comments: