ARI/Form
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Autism Treatment Evaluation Checklist (ATEC)

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Project/Purpose:				
Scores: I	II	III	IV	Total

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

Name of Child _____ _____ ☐ Male Age _____
Last First ☐ Female 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 2. Responds to 'No' or 'Stop'
N S V 3. Can follow some commands
N S V 4. Can use one word at a time (No!, Eat, Water, etc.)
N S V 5. Can use 2 words at a time (Don't want, Go home)
N S V 6. Can use 3 words at a time (Want more milk)
N S V 7. Knows 10 or more words
N S V 8. Can use sentences with 4 or more words
N S V 9. Explains what he/she wants
N S V 10. Asks meaningful questions
N S V 11. Speech tends to be meaningful/ relevant
N S V 12. Often uses several successive sentences
N S V 13. Carries on fairly good conversation
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 2. Ignores other people
N S V 3. Pays little or no attention when addressed
N S V 4. Uncooperative and resistant
N S V 5. No eye contact
N S V 6. Prefers to be left alone
N S V 7. Shows no affection
N S V 8. Fails to greet parents
N S V 9. Avoids contact with others
N S V 10. Does not imitate
N S V 11. Dislikes being held/cuddled
N S V 12. Does not share or show
N S V 13. Does not wave 'bye bye'
N S V 14. Disagreeable/not compliant
N S V 15. Temper tantrums
N S V 16. Lacks friends/companions
N S V 17. Rarely smiles
N S V 18. Insensitive to other's feelings
N S V 19. Indifferent to being liked
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 2. Responds to praise
N S V 3. Looks at people and animals
N S V 4. Looks at pictures (and T.V.)
N S V 5. Does drawing, coloring, art
N S V 6. Plays with toys appropriately
N S V 7. Appropriate facial expression
N S V 8. Understands stories on T.V.
N S V 9. Understands explanations
N S V 10. Aware of environment
N S V 11. Aware of danger
N S V 12. Shows imagination
N S V 13. Initiates activities
N S V 14. Dresses self
N S V 15. Curious, interested
N S V 16. Venturesome - explores
N S V 17. "Tuned in" — Not spacey
N S V 18. Looks where others are looking

IV. Health/Physical/Behavior:

Use this code: [N] Not a Problem [MI] Minor Problem [MO] Moderate Problem [S] Serious Problem

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