

The M-CHAT-R/F Screening Tool

Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R/F)™

Age Range: 16–30 Months

Date:

Completed By:

(Parent/Caregiver)

Instructions

Please answer these questions about your child. Keep in mind how your child **usually** behaves. If you have seen your child do the behavior a few times, but he or she does not *usually* do it, then please answer No.

Please circle **Yes** or **No** for every question.

1. If you point at something across the room, does your child look at it? (For example, if you point at a toy or an animal, does your child look at the toy or animal?)
Yes / No
2. Have you ever wondered if your child might be deaf?
Yes / No
3. Does your child play pretend or make-believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)
Yes / No
4. Does your child like climbing on things? (For example, furniture, playground equipment, or stairs)
Yes / No
5. Does your child make unusual finger movements near his or her eyes? (For example, does your child wiggle his or her fingers close to his or her eyes?)
Yes / No
6. Does your child point with one finger to ask for something or to get help? (For example, pointing to a snack or toy that is out of reach)
Yes / No
7. Does your child point with one finger to show you something interesting? (For example, pointing to an airplane in the sky or a big truck in the road)
Yes / No
8. Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?)
Yes / No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (For example, showing you a flower, a stuffed animal, or a toy truck)
Yes / No
10. Does your child respond when you call his or her name? (For example, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)
Yes / No

11. When you smile at your child, does he or she smile back at you?

Yes / No

12. Does your child get upset by everyday noises? (For example, does your child scream or cry to noise such as a vacuum cleaner or loud music?)

Yes / No

13. Does your child walk?

Yes / No

14. Does your child look you in the eye when you are talking to him/her, playing with him/her, or dressing him/her?

Yes / No

15. Does your child try to copy what you do? (For example, wave bye-bye, clap, or make a funny noise)

Yes / No

16. If you turn your head to look at something, does your child look around to see what you are looking at?

Yes / No

17. Does your child try to get you to watch him or her? (For example, does your child look at you for praise, or say "look" or "watch me"?)

Yes / No

18. Does your child understand when you tell him or her to do something? (For example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)

Yes / No

19. If something new happens, does your child look at your face to see how you feel about it? (For example, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)

Yes / No

20. Does your child like movement activities? (For example, being swung or bounced on your knee)

Yes / No



Support for Every Step of the Journey

What Comes Next?

Turn the page to calculate the score and view our recommended next steps.

How to Calculate the Score

To determine the risk score, look at your answers from Page 1 and compare them to the At-Risk keys below.

1. Check for At-Risk Answers

Questions 2, 5, and 12: If you circled **YES**, this is an "At-Risk" answer. (Circle it in red or count it as 1 point).

All Other Questions : If you circled **NO**, this is an "At-Risk" answer. (Circle it in red or count it as 1 point).

2. Tally the Total

Count the total number of "At-Risk" answers you identified above.

Total Score: _____

Score	Risk Level	Action Step
0 – 2	LOW RISK	Monitor. Your child is currently developing within the typical range for these behaviors. If the child is younger than 24 months, screen again after their 2nd birthday. No further action is usually needed unless you have other concerns.
3 – 7	MEDIUM RISK	Follow-Up Required. This score indicates a need for a second look. Please take this form to your pediatrician. They should administer the M-CHAT-R Follow-Up Interview to clarify your answers
8 – 20	HIGH RISK	Evaluation Needed. It is possible your child is at risk for autism or another developmental delay. Please schedule an appointment with your pediatrician or an Early Intervention agency immediately for a diagnostic evaluation.

Next Steps Checklist

If your score was **3 or higher**, use this checklist to ensure you get the help you need:

- ☐ **Print this completed form.** Doctors find it very helpful to see exactly which questions triggered the risk.
- ☐ **Call your pediatrician.** Tell the receptionist: "I completed the M-CHAT screening for my child and the score suggests a risk for autism. I would like to schedule an appointment to discuss a referral."
- ☐ **Observe.** While waiting for the appointment, take videos of the behaviors that concerned you (e.g., finger wiggling, not responding to name) to show the doctor.

Source Citation:

Robins, D. L., Casagrande, K., Barton, M., Chen, C. M. A., Dumont-Mathieu, T., & Fein, D. (2014). Validation of the Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F). *Pediatrics*, 133(1), 37-45.

Disclaimer:

Robins, D. L., Casagrande, K., Barton, M., Chen, C. M. A., Dumont-Mathieu, T., & Fein, D. (2014). Validation of the Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F). *Pediatrics*, 133(1), 37-45.