

Childhood Autism Spectrum Test (CAST)

Age Range: 4–11 Years

Date:

Completed By:

(Parent/Caregiver)

Instructions

Please read the following questions carefully and circle the appropriate answer (**Yes** or **No**). Answer based on your child's general behavior over the last 12 months.

1. Does s/he join in playing games with other children easily?

Yes / No

2. Does s/he come up to you spontaneously for a chat?

Yes / No

3. Was she/he speaking by 2 years old?

Yes / No

4. Does she/he enjoy sports?

Yes / No

5. Is it important to him/her to fit in with the peer group?

Yes / No

6. Does s/he appear to notice unusual details that others miss?

Yes / No

7. Does she/he tend to take things literally?

Yes / No

8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., that a doll was really alive)?

Yes / No

9. Does s/he like to do things over and over again, in the same way all the time?

Yes / No

10. Does s/he find it easy to interact with other children?

Yes / No

11. Can she/he keep a two-way conversation going?

Yes / No

12. Can she/he read appropriately for his/her age?

Yes / No

13. Does she/he mostly have the same interests as his/her peers?

Yes / No

14. Does she/he have an interest which takes up so much time that s/he does little else?

Yes / No

15. Does she/he have friends?

Yes / No

16. Does she/he often bring you things she/he is interested in to show you?

Yes / No

17. Does s/he enjoy joking around?

Yes / No

18. Does she/he have difficulty understanding the rules for polite behavior?

Yes / No

19. Does she/he appear to have an unusual memory for details?

Yes / No

20. Is his/her voice unusual (e.g., overly loud, flat, or monotonous)?

Yes / No

21. Are people important to him/her?

Yes / No

22. Is she/he good at dressing him/herself?

Yes / No

23. Is she/he good at taking turns in conversation?

Yes / No

24. Does she/he play imaginatively with other children?

Yes / No

25. Does she/he often do or say things that are tactless or socially

Yes / No

26. Can she/he count to 50 without skipping numbers?

Yes / No

27. Does she/he make good eye contact?

Yes / No

28. Does she/he have any repetitive movements (e.g., hand flapping, rocking)?

Yes / No

29. Is his/her social behavior very one-sided and always on his/her own terms?

Yes / No

30. Does she/he use you or others as a tool?

Yes / No

31. Does she/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists?

Yes / No

32. Does she/he have difficulty seeing things from another person's point of view?

Yes / No

33. Can she/he ride a bicycle (even if with stabilizers)?

Yes / No

34. Is she/he prone to imposing routines on him/herself or on others, in such a way that it causes problems?

Yes / No

35. Does s/he care how s/he is perceived by the rest of the group?

Yes / No

36. Does she/he often turn conversations to his/her favorite subject rather than following what the other person wants to talk about?

Yes / No

37. Does she/he have odd or unusual phrases?

Yes / No

38. Have teachers/other adults commented that your child has no specific problems?

Yes / No

39. Does she/he mostly interact with other children his/her age?

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

The CAST is scored out of a total of **31** points. Please note that not every question is scored; some are general developmental checks.

1. Identify Points

Go back through your answers. Give **1 Point** for every answer that matches the list below:

- 1 POINT for every "YES" on these questions: 6, 7, 9, 14, 18, 19, 20, 25, 28, 29, 30, 32, 34, 36, 37.
- 1 POINT for every "NO" on these questions: 1, 2, 5, 8, 10, 11, 13, 15, 16, 17, 21, 23, 24, 27, 31, 35, 38, 39.
- (Questions 3, 4, 12, 22, 26, and 33 do not receive points)

2. Calculate Total

Add up the points from the step above.

Total Score: _____

Score	Action Step
0 – 14	Standard Range. The score indicates little to no evidence of autism spectrum traits. Continue to monitor your child's development as usual.
15 – 31	At-Risk Range. This score is above the clinical threshold. It suggests that your child is displaying traits common in autism spectrum conditions. This is not a diagnosis, but it is a strong indicator that a professional assessment is needed.

Next Steps Checklist

If your child scored **15 or higher**, please follow these steps:

- Save this document.** Having the specific answers to questions (like "taking things literally" or "difficulty with eye contact") will help the doctor understand your child's needs faster.
- Contact the School.** If your child is school-aged, ask to speak with the SENCO (Special Educational Needs Coordinator) or the school counselor. Share these results with them.
- Request a Referral.** Visit your General Practitioner (GP) or Pediatrician and ask for a referral to a specialist (such as a developmental pediatrician or child psychologist) for a formal assessment.

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:

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