

# 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	<b>Standard Range.</b> The score indicates little to no evidence of autism spectrum traits. Continue to monitor your child's development as usual.
15 – 31	<b>At-Risk Range.</b> 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:

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### Disclaimer:

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