

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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**NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued**

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
<b>Academic Performance</b>					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_

Total Symptom Score for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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Child's Name \_\_\_\_\_  
 Today's Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Record Number \_\_\_\_\_  
 Filled out by \_\_\_\_\_

## Pediatric Symptom Checklist

Emotional and physical health go together in children. Because **parents** are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

			Never (0)	Sometimes (1)	Often (2)
1.	Complains of aches/pains	1	_____	_____	_____
2.	Spends more time alone	2	_____	_____	_____
3.	Tires easily, has little energy	3	_____	_____	_____
4.	Fidgety, unable to sit still	4	_____	_____	_____
5.	Has trouble with a teacher	5	_____	_____	_____
6.	Less interested in school	6	_____	_____	_____
7.	Acts as if driven by a motor	7	_____	_____	_____
8.	Daydreams too much	8	_____	_____	_____
9.	Distracted easily	9	_____	_____	_____
10.	Is afraid of new situations	10	_____	_____	_____
11.	Feels sad, unhappy	11	_____	_____	_____
12.	Is irritable, angry	12	_____	_____	_____
13.	Feels hopeless	13	_____	_____	_____
14.	Has trouble concentrating	14	_____	_____	_____
15.	Less interest in friends	15	_____	_____	_____
16.	Fights with others	16	_____	_____	_____
17.	Absent from school	17	_____	_____	_____
18.	School grades dropping	18	_____	_____	_____
19.	Is down on him or herself	19	_____	_____	_____
20.	Visits doctor with doctor finding nothing wrong	20	_____	_____	_____
21.	Has trouble sleeping	21	_____	_____	_____
22.	Worries a lot	22	_____	_____	_____
23.	Wants to be with you more than before	23	_____	_____	_____
24.	Feels he or she is bad	24	_____	_____	_____
25.	Takes unnecessary risks	25	_____	_____	_____
26.	Gets hurt frequently	26	_____	_____	_____
27.	Seems to be having less fun	27	_____	_____	_____
28.	Acts younger than children his or her age	28	_____	_____	_____
29.	Does not listen to rules	29	_____	_____	_____
30.	Does not show feelings	30	_____	_____	_____
31.	Does not understand other people's feelings	31	_____	_____	_____
32.	Teases others	32	_____	_____	_____
33.	Blames others for his or her troubles	33	_____	_____	_____
34.	Takes things that do not belong to him or her	34	_____	_____	_____
35.	Refuses to share	35	_____	_____	_____

Total score \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she/he needs help?    ( ) N    ( ) Y  
 Are there any services that you would like your child to receive for these problems?    ( ) N    ( ) Y

If yes, what services? \_\_\_\_\_



# SMART TOOL

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Role: \_\_\_\_\_

Location: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Social Communication & Interaction	True	False
Impairments in the use of eye contact during social interactions. <i>Example: Looks to the side or at your mouth rather than your eyes when speaking to you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Deficits in the use of facial expressions to communicate. <i>Example: Doesn't frown, pout, look surprised</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack or reduced use of gestures to communicate. <i>Example: Doesn't wave bye bye, nod yes or no, blows a kiss</i>	<input type="checkbox"/>	<input type="checkbox"/>
Impairments in back and forth conversation (appropriate to language level) <i>Example: Won't add something new or ask a question in response to a comment made to them.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired responses to social initiations of others <i>Example: Doesn't respond to his/her name or acknowledge others</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, or reduced interest in, peers (appropriate to developmental level)	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired initiations of interactions with others	<input type="checkbox"/>	<input type="checkbox"/>
Reduced preference for some peers over others/impaired friendships	<input type="checkbox"/>	<input type="checkbox"/>
Delays in, or lack of, varied, age-appropriate play with peers	<input type="checkbox"/>	<input type="checkbox"/>

Restricted, repetitive patterns of behavior, interests & activities	True	False
Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume)	<input type="checkbox"/>	<input type="checkbox"/>
Has repetitive body mannerisms	<input type="checkbox"/>	<input type="checkbox"/>
Reacts negatively to changes in schedule/insists on sameness	<input type="checkbox"/>	<input type="checkbox"/>
Has behavioral rituals	<input type="checkbox"/>	<input type="checkbox"/>
Has verbal rituals (e.g., must say things, or have others say things, in a particular way)	<input type="checkbox"/>	<input type="checkbox"/>
Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	<input type="checkbox"/>	<input type="checkbox"/>
Engages in a limited range of activities/Has a limited behavioral repertoire	<input type="checkbox"/>	<input type="checkbox"/>
Shows hyper-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows hypo-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows unusual sensory interests and preferences	<input type="checkbox"/>	<input type="checkbox"/>

Disruptive behavior	True	False
Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction)	<input type="checkbox"/>	<input type="checkbox"/>

**Please leave comments on the backside of this page. Make copies if needed**

# Childhood Autism Spectrum Test (CAST)

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The Childhood Autism Spectrum Test or CAST (formerly the "Childhood Asperger's Syndrome Test") is a 39-item, yes or no evaluation aimed at parents. The questionnaire was developed by ARC (the Autism Research Centre) at the University of Cambridge, for assessing the severity of autism spectrum symptoms in children.

**Please read each question *carefully* and select the most accurate response.**

	Yes	No
1. Does s/he join in playing games with other children easily?	<input type="radio"/>	<input type="radio"/>
2. Does s/he come up to you spontaneously for a chat?	<input type="radio"/>	<input type="radio"/>
3. Was s/he speaking by 2 years old?	<input type="radio"/>	<input type="radio"/>
4. Does s/he enjoy sports?	<input type="radio"/>	<input type="radio"/>
5. Is it important to him/her to fit in with the peer group?	<input type="radio"/>	<input type="radio"/>
6. Does s/he appear to notice unusual details that others miss?	<input type="radio"/>	<input type="radio"/>
7. Does s/he tend to take things literally?	<input type="radio"/>	<input type="radio"/>
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)?	<input type="radio"/>	<input type="radio"/>
9. Does s/he like to do things over and over again, in the same way all the time?	<input type="radio"/>	<input type="radio"/>
10. Does s/he find it easy to interact with other children?	<input type="radio"/>	<input type="radio"/>
11. Can s/he keep a two-way conversation going?	<input type="radio"/>	<input type="radio"/>
12. Can s/he read appropriately for his/her age?	<input type="radio"/>	<input type="radio"/>
13. Does s/he mostly have the same interests as his/her peers?	<input type="radio"/>	<input type="radio"/>
14. Does s/he have an interest which takes up so much time that s/he does little else?	<input type="radio"/>	<input type="radio"/>
15. Does s/he have friends, rather than just acquaintances?	<input type="radio"/>	<input type="radio"/>
16. Does s/he often bring you things s/he is interested in to show you?	<input type="radio"/>	<input type="radio"/>
17. Does s/he enjoy joking around?	<input type="radio"/>	<input type="radio"/>
18. Does s/he have difficulty understanding the rules for polite behavior?	<input type="radio"/>	<input type="radio"/>
19. Does s/he appear to have an unusual memory for details?	<input type="radio"/>	<input type="radio"/>
20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?	<input type="radio"/>	<input type="radio"/>
21. Are people important to him/her?	<input type="radio"/>	<input type="radio"/>
22. Can s/he dress him/herself?	<input type="radio"/>	<input type="radio"/>
23. Is s/he good at turn-taking in conversation?	<input type="radio"/>	<input type="radio"/>

24. Does s/he play imaginatively with other children, and engage in role-play?	<input type="radio"/>	<input type="radio"/>
25. Does s/he often do or say things that are tactless or socially inappropriate?	<input type="radio"/>	<input type="radio"/>
26. Can s/he count to 50 without leaving out any numbers?	<input type="radio"/>	<input type="radio"/>
27. Does s/he make normal eye-contact?	<input type="radio"/>	<input type="radio"/>
28. Does s/he have any unusual and repetitive movements?	<input type="radio"/>	<input type="radio"/>
29. Is his/her social behavior very one-sided and always on his/her own terms?	<input type="radio"/>	<input type="radio"/>
30. Does s/he sometimes say "you" or "s/he" when s/he means "I"?	<input type="radio"/>	<input type="radio"/>
31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?	<input type="radio"/>	<input type="radio"/>
32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?	<input type="radio"/>	<input type="radio"/>
33. Can s/he ride a bicycle (even if with stabilizers)?	<input type="radio"/>	<input type="radio"/>
34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems?	<input type="radio"/>	<input type="radio"/>
35. Does s/he care how s/he is perceived by the rest of the group?	<input type="radio"/>	<input type="radio"/>
36. Does s/he often turn conversations to his/her favorite subject rather than following what the other person wants to talk about?	<input type="radio"/>	<input type="radio"/>
37. Does s/he have odd or unusual phrases?	<input type="radio"/>	<input type="radio"/>
38. Have teachers/health visitors ever expressed any concerns about his/her development?	<input type="radio"/>	<input type="radio"/>
39. Has s/he ever been diagnosed with any of the following: Language delay, ADHD, hearing or visual difficulties, Autism Spectrum Condition (including Asperger's Syndrome, or a physical disability)?	<input type="radio"/>	<input type="radio"/>

Score my Answers

## Sources

1. JG Williams, C Allison, FJ Scott, PF Bolton, S Baron-Cohen, FE Matthews, C Brayne. The Childhood Autism Spectrum Test (CAST): Sex Differences. 38(9): J Autism Dev Disord 1731-9. 2008.
2. JG Williams, C Allison, FJ Scott, PF Bolton, S Baron-Cohen, FE Matthews, C Brayne. The CAST (Childhood Asperger Syndrome Test): Test Accuracy. 9(1): Autism 45-68. 2004.
3. J Williams, C Allison, F Scott, C Stott, P Bolton, S Baron-Cohen, C Brayne. The Childhood Asperger Syndrome Test (CAST): Test-retest Reliability. 10(4): Autism 415-27. 2006.
4. FJ Scott, S Baron-Cohen, P Bolton, C Brayne. The CAST (Childhood Asperger Syndrome Test): Preliminary Development Of A UK Screen For Mainstream Primary-school-age Children. 6(1): Autism 9-31. 2002.

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