

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

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| N S V 1. Knows own name | N S V 6. Can use 3 words at a time
(Want more milk) | N S V 11. Speech tends to be meaningful/
relevant |
| N S V 2. Responds to 'No' or 'Stop' | N S V 7. Knows 10 or more words | N S V 12. Often uses several successive
sentences |
| N S V 3. Can follow some commands | N S V 8. Can use sentences with 4 or
more words | N S V 13. Carries on fairly good
conversation |
| N S V 4. Can use one word at a time
(No!, Eat, Water, etc.) | N S V 9. Explains what he/she wants | N S V 14. Has normal ability to com-
municate for his/her age |
| N S V 5. Can use 2 words at a time
(Don't want, Go home) | N S V 10. Asks meaningful questions | |

II. Sociability: [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

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|---|---------------------------------------|---|
| N S V 1. Seems to be in a shell – you
cannot reach him/her | N S V 7. Shows no affection | N S V 14. Disagreeable/not compliant |
| N S V 2. Ignores other people | N S V 8. Fails to greet parents | N S V 15. Temper tantrums |
| N S V 3. Pays little or no attention when
addressed | N S V 9. Avoids contact with others | N S V 16. Lacks friends/companions |
| N S V 4. Uncooperative and resistant | N S V 10. Does not imitate | N S V 17. Rarely smiles |
| N S V 5. No eye contact | N S V 11. Dislikes being held/cuddled | N S V 18. Insensitive to other's feelings |
| N S V 6. Prefers to be left alone | N S V 12. Does not share or show | N S V 19. Indifferent to being liked |
| | N S V 13. Does not wave 'bye bye' | N S V 20. Indifferent if parent(s) leave |

III. Sensory/Cognitive Awareness: [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

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| N S V 1. Responds to own name | N S V 7. Appropriate facial expression | N S V 13. Initiates activities |
| N S V 2. Responds to praise | N S V 8. Understands stories on T.V. | N S V 14. Dresses self |
| N S V 3. Looks at people and animals | N S V 9. Understands explanations | N S V 15. Curious, interested |
| N S V 4. Looks at pictures (and T.V.) | N S V 10. Aware of environment | N S V 16. Venturesome - explores |
| N S V 5. Does drawing, coloring, art | N S V 11. Aware of danger | N S V 17. "Tuned in" — Not spacey |
| N S V 6. Plays with toys appropriately | N S V 12. Shows imagination | 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

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