

# 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

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

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

- |                                                               |                                       |                                           |
|---------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| N S V 1. Seems to be in a shell – you<br>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<br>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

- |                                       |                                      |                                                                 |
|---------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| 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<br>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<br>(stimming, rocking, etc.) |
|                                       | N MI MO S 17. Seizures               |                                                                 |