

NEURO-ABC™
NEURO-AUTISM BEHAVIOR CHECKLIST
AN EARLY IDENTIFICATION PROFILE
OF PERVASIVE DEVELOPMENTAL SYMPTOMS
(Ages 12 months – 36 months)
Dr. Val Scaramella-Nowinski – Pediatric Neuropsychology

Dear Parents:

Symptoms of Autism or related Pervasive Developmental Disorders can first manifest in infancy. Generally, a diagnosis is not made until approximately 24 months of age, due to the significant variability of early childhood development. Long term outcome studies of children with Autism or related Pervasive Disorders, who are identified at an early age and receive early intervention and therapies, show long-lasting and significant gains intellectually and with adaptive behaviors (Lovaas, 1993). The National Institute of Child Health and Human Development encourages early identification and intervention so as to promote a child's potential and quality of life.

This checklist is an early identification guide of neurodevelopmental delays which often represent Autism or related Pervasive Developmental Disorders. It can help you secure early diagnosis and therapies. The checklist is based upon neuropsychological (brain-behavior) models of early childhood development. The major functions of development and learning involving Attention, Speech, Language, Memory, Executive Function, Sensory, Motor and Mood are addressed.

Regardless of culture, relating to one's environment and developing language emerge in basically the same fashion. Infants discriminate between similar phonetic elements of their primary language environment. Over the first few months, vocalizations begin through crying and cooing, and syllables begin through babbling. At 3 months, infants turn their heads toward the speaker's voice and their eyes move back and forth toward the sounds of whomever is speaking. By 6 months, children can respond to their names. By 9-12 months, children can understand simple requests with gestures. Word sounds, like "ma-ma," "da-da," "okay," are common. By 12 months, children repeat words spoken to them. Three+ single words emerge, and responding to rhymes/songs with sounds is typical. By 14-16 months, 7+ words are used. The use of gestures for communication usually fades between 12-18 months. Word order usually emerges at approximately 18-24 months. At this time, children can understand 2-3 "related" commands. Two to four word sentences are usual. Vocabulary rapidly increases at this time. Children can usually greet familiar people, know cause and effect with toys, begin to manipulate pencils and crayons, show a variety of emotions, use their own name when referring to self and attempt some self-direction.

By 24-30 months, children can understand 2-3 "separate" requests. Word phrases emerge, usually related to something the child needs, such as food or a toy. Speech is understandable most of the time. Mobility significantly increases at this time, which also enhances interactions and self-direction. By 36 months, children can usually stay focused on well-learned tasks and begin to cope with change of tasks with less impulsivity. Excessive repetition is not needed regarding familiar behaviors. Children understand most common verbs, adjectives and some prepositions. Multiple word phrases are common. They can refer to themselves by using "I" or "me." The use of questions increases, such as "why?" "when?" "who?" ... This is evidence of the beginning of internal speech, very necessary for self-direction of behaviors.

Initiation of play and interactive play is further developed. Children begin to follow rules and express feelings appropriate to the situation. Awareness of self, the environment and relationships with others actively increases at this time. It is a myth that children with Autism or related Pervasive Disorders are not affectionate. A pervasive symptom complex can exist in very loving and affectionate children.

You are encouraged to share this profile with your pediatrician/primary care physician, health specialists and educational specialists, so as to secure early age diagnosis and therapies which can help your child achieve his/her potential and promote quality of life.

EARLY IDENTIFICATION AND INTERVENTIONS ARE CRUCIAL!

Warmly,

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NEURO-AUTISM BEHAVIOR CHECKLIST AN EARLY IDENTIFICATION PROFILE OF PERVASIVE DEVELOPMENTAL SYMPTOMS (Ages 12 months – 36 months)

Dr. Val Scaramella-Nowinski – Pediatric Neuropsychology

Child's Name: _____ Date of Birth: _____ Age: ____ Gender: M ___ F ___
 Today's Date: _____ Completed by: _____ Relationship to Child: _____

Rate each statement with the number which best fits the child's behavior in the box opposite the statement:
 0 – Not observed 2 – Occasionally observed 4 – Frequently observed

Category A: Attention/Self-regulatory Behavior		
A1	Hyperactivity or hypoactivity; excessive fidgetiness or daydreaming/staring episodes	
A2	Avoidance of, or decreased eye contact	
A3	Sleep and/or appetite disturbance; difficulty falling asleep, nighttime awakening, limb movements, picky eater, irregular eating habits	
A4	Self-initiation/self-regulation of behavior is decreased; needs much guidance to direct actions	
A5	Decreased response to strong stimulus when involved in a task – even familiar voice does not cause child to switch attention	
Category A Total:		
Category B: Speech/Language		
B1	Delayed comprehension of language – needs multiple cues or gestures; you may wonder if a problem hearing exists	
B2	Delayed expression of language; heightened use of gestures versus speech	
B3	Poor articulation and/or unusual tone of speech	
B4	Mostly echoes or repeats sounds, words	
B5	Difficulty responding to unfamiliar voices; seems to respond mostly to familiar voices	
Category B Total:		
Category C: Memory		
C1	Difficulty remembering how to start or complete familiar tasks	
C2	Difficulty developing a learned schedule, as with sleeping, eating, playing...	
C3	Difficulty learning from experience; seems to require much repetition of familiar tasks; develops excessive routines	
C4	Spontaneous language is better and quicker than child's response to questions	
C5	Decreased responses to familiar gestures, facial expressions, sounds...	
Category C Total:		
Category D: Mood/Social		
D1	Easily frustrated or overwhelmed	
D2	Seems distanced – does not actively respond to environmental stimuli; active interaction is decreased	
D3	Does not readily react to familiar cues, such as waving "hi" – "bye"	
D4	Can be verbally or physically aggressive to self/others/things	
D5	Does not actively reach out or engage in play; mostly side-by-side play	
Category D Total:		
Category E: Sensory/Motor		
E1	Tone is increased/decreased; rigid or floppy movements	
E2	Increased or decreased sensory sensitivity; irritated by clothing, brushing hair, touch, lights, sound, odors, tastes	
E3	Repetitive habits/reflex behaviors; eye-blinking, nose sniffing, throat clearing, vocal noises	
E4	Excessive movement or delays in movement which affect purposeful activity, such as child reaching for a specific toy...	
E5	Rhythmic behaviors, such as rocking, hand flapping, spinning...	
Category E Total:		

NEURO-ABC™
NEURO-AUTISM BEHAVIOR CHECKLIST
 AN EARLY IDENTIFICATION PROFILE
 OF PERVASIVE DEVELOPMENTAL SYMPTOMS
 (Ages 18 months – 36 months)

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Part 1: CATEGORY PROFILE

STEP 1: Re-enter Category Totals (from side one) in the boxes at the top of the Profile below.

STEP 2: Place an “X” in the box that corresponds to each numerical score.

PROFILE: Part 1 The higher the number/%, the more likely a Pervasive Developmental Disorder may exist.

PROFILE

Enter Category Totals here		Category A	Category B	Category C	Category D	Category E	
		Attention/ Self-regulatory Behavior	Speech/ Language	Memory	Mood/ Social	Sensory/ Motor	
		_____	_____	_____	_____	_____	% of symptoms
A Pervasive Developmental Disorder (PDD) may exist. Seek formal health/ neuro-psychological Evaluation and treatment.	20						100
	19						95
	18						90
	17						85
	16						80
	15						75
	14						70
	13						65
	12						60
	11						55
	10						50
	9						45
8						40	
Developmental variance is evidenced. Be concerned. Seek professional advice.	7						35
	6						30
	5						25
	4						20
Normal developmental range.	3						15
	2						10
	1						5
	0						0

Part 2: CUMULATIVE PROFILE

Add totals of all Categories A+B+C+D+E. Result: _____ (%)

PROFILE: Part 2 0-15% *Normal developmental range*
 16-36% *Developmental variance is evidenced. Be concerned. Seek professional advice.*

37-100% A Pervasive Developmental Disorder (PDD) may exist. Seek formal Health/neuropsychological evaluation and therapies.

Our Mission: Cherishing Each Child With Commitment Toward Brain Development and Learning
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