

Your Name

Child's Name

Sex  Male  Female

Age

DOB (MM/DD/YYYY) Form

completed by and relationship

ATEC User  Mother/Father  Professional  Investigator  Practitioner  Other

Your email address

Your phone

Please indicate how true each phrase is:

I. Speech/Language/Communication: Not true; Somewhat true; Very True

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

Please indicate how true each phrase is:

II. Sociability: Not descriptive; Somewhat descriptive; Very descriptive

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

Please indicate how true each phrase is:

III. Sensory/Cognitive Awareness: Not descriptive; Somewhat descriptive; Very descriptive

	Not descriptive	Somewhat	Very descriptive
1. Responds to own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Looks at people and animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Looks at pictures (and T.V.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does drawing, coloring, art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Plays with toys appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appropriate facial expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understands stories on T.V.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Understands explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Aware of environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Aware of danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Shows imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Initiates activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Dresses self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Curious, interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Venturesome - explores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. "Tuned in" — Not spacey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Looks where others are looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how true each phrase is:

IV. Health/Physical/Behavior: Not a Problem; Minor Problem; Moderate Problem; Serious Problem

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

Thank you for completing the ATEC.

Please save a copy with your last name as the file name and then upload it to the Gift of Hope application website.