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(http://www.autism.com/index.php/fam_biomed_survey_analysis)

Diagnostic Checklist Form E-2 and Research Questionnaire Form E-3
(http://www.autism.com/index.php/pro_e2description)

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ATEC Survey Complete

Home (<http://www.autism.com/>) » Tools » ATEC Survey Complete (<https://twitter.com/#!/ariConference>)
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We are in the process of updating the ATEC forms. The email options are no longer active.
Be sure to print out these results for future reference.

Date: 6/28/2013 9:59:21 PM
Child's Name:A

TOTAL AND SUBSCALE SCORES

Total Score: **71**
I. Speech/Language/Communication: **19**
II. Sociability: **13**
III. Sensory/Cognitive Awareness: **20**
IV. Health/Physical/Behavior: **19**

I. Speech/Language/Communication

1. Knows own name: **Very true**
2. Responds to `No' or `Stop': **Very true**
3. Can follow some commands: **Very true**
4. Can use one word at a time: **Somewhat true**
5. Can use 2 words at a time: **Not true**
6. Can use 3 words at a time: **Not true**
7. Knows 10 or more words: **Somewhat true**
8. Can use sentences with 4 or more words: **Not true**
9. Explains what he/she wants: **Somewhat true**
10. Asks meaningful questions: **Not true**
11. Speech tends to be meaningful/relevant: **Not true**
12. Often uses several successive sentences: **Not true**
13. Carries on fairly good conversation: **Not true**
14. Has normal ability to communicate for his/her age: **Not true**

Total for Section I: **19**

**II. Sociability

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

Total for Section II: **13**

III. Sensory/Cognitive Awareness

1. Responds to own name: **Very descriptive**
2. Responds to praise: **Very descriptive**
3. Looks at people and animals: **Somewhat descriptive**
4. Looks at pictures (and T.V.): **Somewhat descriptive**
5. Does drawing, coloring, art: **Not descriptive**
6. Plays with toys appropriately: **Not descriptive**
7. Appropriate facial expression: **Somewhat descriptive**
8. Understands stories on T.V.: **Not descriptive**
9. Understands explanations: **Somewhat descriptive**
10. Aware of environment: **Somewhat descriptive**
11. Aware of danger: **Very descriptive**
12. Shows imagination: **Not descriptive**
13. Initiates activities: **Not descriptive**
14. Dresses self: **Somewhat descriptive**
15. Curious, interested: **Somewhat descriptive**

15. Curious, interested: **Somewhat descriptive**
16. Venturesome - explores: **Not descriptive**
17. Tuned in - Not spacey: **Very descriptive**
18. Looks where others are looking: **Somewhat descriptive**

Total for Section III: **20**

IV. Health/Physical/Behavior

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

Total for Section IV: **19**

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