

Social Communication Observation Tool

Child's Name _____ DOB _____

Completed by _____ Date _____

Relationship to child:

- Parent Child Care Provider Medical Provider OT PT SLP
 Teacher School Psychologist Other _____

Please check all items that apply

Communication	
Delay in, or total lack of, the development of spoken language	Comments
<input type="checkbox"/> Delay in speaking first words <input type="checkbox"/> Delay in combining words <input type="checkbox"/> Delay in current language ability (quantity or quality)	
Difficulty holding conversation	Comments
<input type="checkbox"/> Does not make small talk (just to be friendly) <input type="checkbox"/> Rarely/never initiates conversation <input type="checkbox"/> Difficulty sustaining conversation <input type="checkbox"/> Difficulty discussing topics chosen by another person <input type="checkbox"/> Says inappropriate things <input type="checkbox"/> Doesn't understand sarcasm/humor	
Unusual or repetitive language	Comments
<input type="checkbox"/> Repeats what others say often (e.g., movies, people, etc.) <input type="checkbox"/> Uses incorrect pronouns (e.g., she instead of I) <input type="checkbox"/> Speaks in an overly formal way <input type="checkbox"/> Unusual volume, rate, or pitch	
Play that is not developmentally appropriate	Comments
<input type="checkbox"/> Doesn't imitate (e.g., vacuuming, phone, etc.) <input type="checkbox"/> No/limited pretend play (e.g., doll, action figure, etc.) <input type="checkbox"/> No imaginary play (e.g., pretending an object is another, etc.)	
Restricted, Repetitive, Stereotyped Behaviors/Movements	
Interests that are narrow in focus, intense, or unusual	Comments
<input type="checkbox"/> Nonfunctional play with toys (e.g., lining up toys) <input type="checkbox"/> Repeatedly watching individual scenes in movies <input type="checkbox"/> So focused on one thing to the exclusion of others	
Unreasonable insistence on sameness/routines	Comments
<input type="checkbox"/> Rituals/routines that need to be done in a particular way/order <input type="checkbox"/> Difficulty with minor change in routine <input type="checkbox"/> Upset if objects are rearranged <input type="checkbox"/> Difficulty with transitions	
Repetitive motor mannerisms	Comments
<input type="checkbox"/> Hand flapping or wringing <input type="checkbox"/> Toe walking <input type="checkbox"/> Head banging	

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Preoccupation with parts of objects	Comments
<input type="checkbox"/> Playing with parts of toys (e.g., doors, wheels, strings)	
Social Skills	
Lack of social or emotional reciprocity	Comments
<input type="checkbox"/> Doesn't respond to his/her name <input type="checkbox"/> Doesn't enjoy/seek out social games (e.g., peek-a-boo) <input type="checkbox"/> Limited empathy towards others' feelings	
Difficulty using nonverbal behaviors to regulate social interaction	Comments
<input type="checkbox"/> Inconsistent eye contact (unusual quality or coordination) <input type="checkbox"/> Doesn't nod for yes or shake head for no <input type="checkbox"/> Doesn't direct facial expressions towards others <input type="checkbox"/> Doesn't read others' facial expressions (e.g., feelings) <input type="checkbox"/> Doesn't go to others to be comforted when hurt <input type="checkbox"/> Doesn't recognize personal space	
Little sharing of pleasure, achievements, or interests with others	Comments
<input type="checkbox"/> Doesn't point to indicate wants (e.g., bottle, toys, etc.) <input type="checkbox"/> Doesn't point to indicate interests (e.g., plane, dog, etc.) <input type="checkbox"/> Doesn't share things with others <input type="checkbox"/> Isn't interested in praise or compliments	
Failure to develop age-appropriate peer relationships	Comments
<input type="checkbox"/> Limited/unusual response to peer initiation <input type="checkbox"/> Limited/unusual initiation of interactions with peers <input type="checkbox"/> Prefers to be alone <input type="checkbox"/> Gets along only with much older/younger children	
Associated Concerns	
Unusual sensory interests	Comments
<input type="checkbox"/> Strong sensory preferences (e.g., food textures) <input type="checkbox"/> Sensory seeking behavior (e.g., excessive smelling or touching) <input type="checkbox"/> Sensory interests rather than toys/games direct activities	
Unusual responses to sensory input	Comments
<input type="checkbox"/> Indifference to pain, heat, or cold <input type="checkbox"/> Sensitivity to lights or sounds <input type="checkbox"/> Irritated by clothing or tactile input	
Delayed motor skills	Comments
<input type="checkbox"/> Delayed gross motor (e.g., odd gait, poor balance, etc.) <input type="checkbox"/> Delayed fine motor (e.g., handwriting, buttoning clothes, etc.)	
Additional Comments	

(Adapted from a tool created by Maureen Turner, Psy.D. & the Lewis County Autism Coalition)