

Video-Referenced Rating of Reciprocal Social Behavior

18-30 Month Version 2.3

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Child's Name _____

Child's Date of Birth: ___ / ___ / ___

Please fill in today's date: ___ / ___ / ___

This form filled out by: *Mother* *Father* *Day Care Provider* *Other* _____ (← Please circle one)

Instructions for Section I:

You are about to view a brief video segment that shows the social behaviors of a child who has not yet begun to talk (other than a few simple words). Then you will complete a series of questions, some of which ask you to compare your child's behavior to the child in the video.

	<u>In comparison to the child in the video,</u>	Not at all	Some-what but less than child in video	About the same as child in video	More than child in video
1)	Is your child able to express feelings by changes in facial expression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Is it typical for your child to be "on the same wavelength" with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Is your child able to pretend (engage in make-believe play)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Does your child have a sense of humor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Does your child try to involve others in play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Does your child respond positively to adults who are trying to hold his/her attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Does your child look at you (making eye contact) when you are playing together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	When you approach your child to play with him or her, does he/she seem happy to include you or glad that you are involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Does your child seem interested in whether you are paying attention to what he or she is doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Is your child able to let you know what he or she DOESN'T want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Is your child able to let you know what he or she DOES want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Does your child cooperate with an adult's request for help (e.g., clean-up, picking up toys)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	Does your child <u>understand</u> simple verbal requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for Section II and Appendix Items :

For each question, please check the box that best describes your child's behavior over the last Month. Note that the headings for the answers are different from Section I:

		Not TRUE	Some- times TRUE	Often TRUE	Almost Always TRUE
14)	Reacts to changes in other's tone of voice and facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Avoids eye contact or has unusual eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Seems obsessed with certain sensory interests (e.g., mouthing or spinning objects for prolonged periods of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	Is able to imitate others' actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Has more difficulty than other children his/her age with changes in his/her routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Avoids starting social interactions with peers or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Seems odd or weird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	Avoids people who try to be emotionally close to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	Has an unusually narrow range of things that he/she is interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	Behaves in ways which seem strange or bizarre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Seems uncoordinated for his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	Wanders aimlessly from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	Seems overly sensitive to sounds, textures, or smells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)	Focuses his/her attention on the same thing that others are looking at or listening to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)	Has overly serious facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)	Has repetitive, odd behaviors such as hand flapping or rocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)	Seems to interact with people as if they are objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31)	Concentrates too much on parts of toys rather than using the whole toy for its intended purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32)	Is emotionally distant, doesn't show his/her feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33)	Stares or gazes off into space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34)	When seeing a spinning object (e.g. a fan or mobile), may stare at it for more than five minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35)	Is interested in what people around him/her are doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36)	Shows unusual responses to being held / cuddled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37)	Is capable of expressing joy by smiling or facial gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not TRUE	Some-times TRUE	Often TRUE	Almost Always TRUE
38)	When offered a stuffed animal, will try to interact or pretend with it (hug it, pet it, or feed it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39)	Responds to his/her name being called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40)	Seems to prefer to be by himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41)	Has strange ways of playing with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42)	Indicates, by pointing, when he/she wants something or is interested in something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43)	Has unusual sleep patterns/ wakes up repeatedly in middle of night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44)	Can assemble a puzzle with 8 or more inter-locking pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45)	Seems eager to explore new play materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46)	Seems inquisitive or fascinated by complicated toys or materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47)	Is content to play with the same toy for hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48)	Able to perform simple construction tasks, such as placing four different shapes into the correct place in an inset (wooden) puzzle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49)	Please estimate approx. total # of words your child uses TO COMMUNICATE with you/anyone: _____				
50)	In the space provided, please write the most sophisticated sentence your child has spoken in the past 2 months—if he/she ONLY speaks in phrases, please write the most sophisticated phrase your child has spoken in the past 2 months: _____ _____				

Appendix Items:

		Not TRUE	Some-times TRUE	Often TRUE	Almost Always TRUE
1)	Tends to withdraw or isolate him/her self when you attempt to play with him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>