

## The Childhood Autism Spectrum Test (CAST)

Child's Name: ..... Age: ..... Sex: Male / Female

Birth Order: ..... Twin or Single Birth: .....

Parent/Guardian: .....

Parent(s) occupation: .....

Age parent(s) left full-time education: .....

Address: .....

.....

.....

Tel.No: ..... School: .....

**Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.**

- |  |     |    |
|--|-----|----|
| 1. Does s/he join in playing games with other children easily?   | Yes | No |
| 2. Does s/he come up to you spontaneously for a chat?  | Yes | No |
| 3. Was s/he speaking by 2 years old?   | Yes | No |
| 4. Does s/he enjoy sports?   | Yes | No |
| 5. Is it important to him/her to fit in with the peer group?   | Yes | No |
| 6. Does s/he appear to notice unusual details that others miss?  | Yes | No |
| 7. Does s/he tend to take things literally?  | Yes | No |
| 8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)? | Yes | No |
| 9. Does s/he like to do things over and over again, in the same way all the time?  | Yes | No |
| 10. Does s/he find it easy to interact with other children?  | Yes | No |
| 11. Can s/he keep a two-way conversation going?  | Yes | No |

|  |     |    |
|--|-----|----|
| 12. Can s/he read appropriately for his/her age?                                       | Yes | No |
| 13. Does s/he mostly have the same interests as his/her peers?                         | Yes | No |
| 14. Does s/he have an interest which takes up so much time that s/he does little else? | Yes | No |
| 15. Does s/he have friends, rather than just acquaintances?                            | Yes | No |
| 16. Does s/he often bring you things s/he is interested in to show you?                | Yes | No |
| 17. Does s/he enjoy joking around?   | Yes | No |
| 18. Does s/he have difficulty understanding the rules for polite behaviour?            | Yes | No |
| 19. Does s/he appear to have an unusual memory for details?                            | Yes | No |
| 20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?           | Yes | No |
| 21. Are people important to him/her?   | Yes | No |
| 22. Can s/he dress him/herself?  | Yes | No |
| 23. Is s/he good at turn-taking in conversation?                                       | Yes | No |
| 24. Does s/he play imaginatively with other children, and engage in role-play?         | Yes | No |
| 25. Does s/he often do or say things that are tactless or socially inappropriate?      | Yes | No |
| 26. Can s/he count to 50 without leaving out any numbers?                              | Yes | No |
| 27. Does s/he make normal eye-contact?   | Yes | No |
| 28. Does s/he have any unusual and repetitive movements?                               | Yes | No |
| 29. Is his/her social behaviour very one-sided and always on his/her own terms?        | Yes | No |
| 30. Does s/he sometimes say "you" or "s/he" when s/he means "I"?                       | Yes | No |

- |  |     |    |
|--|-----|----|
| 31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?             | Yes | No |
| 32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?                                      | Yes | No |
| 33. Can s/he ride a bicycle (even if with stabilisers)?  | Yes | No |
| 34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems?                            | Yes | No |
| 35. Does s/he care how s/he is perceived by the rest of the group?   | Yes | No |
| 36. Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about? | Yes | No |
| 37. Does s/he have odd or unusual phrases?   | Yes | No |

**SPECIAL NEEDS SECTION**  
**Please complete as appropriate**

- |  |     |    |
|--|-----|----|
| 38. Have teachers/health visitors ever expressed any concerns about his/her development? | Yes | No |
|--|-----|----|

If Yes, please specify.....

39. Has s/he ever been diagnosed with any of the following?:

- |  |     |    |
|--|-----|----|
| Language delay                                       | Yes | No |
| Hyperactivity/Attention Deficit Disorder (ADHD)      | Yes | No |
| Hearing or visual difficulties                       | Yes | No |
| Autism Spectrum Condition, incl. Asperger's Syndrome | Yes | No |
| A physical disability                                | Yes | No |
| Other (please specify)                               | Yes | No |

## DEVELOPMENTAL NEEDS ASSESSMENT

Please mark with a check any if the items that are a significant problem for your child.

### Communication

- Not speaking as well as other children of the same age
- Not understanding other people's facial expressions, body language or emotions
- Your child cannot communicate their needs or wants
- Can't follow commands

### Emotional/Behavioral

- Is often nervous or fearful
- Can't handle loud noise
- Aggressive behavior like hitting, biting, or throwing objects
- Self harm like head banging, scratching or biting his or herself
- Hyperactivity
- Unsafe behavior like running off in a parking lot

### Self Care/Day to Day Tasks/Health

- Abnormal eating habits
- Inability to take care of himself as well as other children the same age. i.e. bathing, teeth brushing and dressing
- Not yet toilet trained
- Sleeping problems

### Family Issues:

Please mark with a check any of the items that are a significant problem for you or other family members.

- Child's issues are leading to family not being able to participate in activities they enjoy
- Child's issues are negatively influencing siblings
- Child's issues are leading to work issues for parents
- We are having a hard time paying for medical appointments and medication