



Jercinovic Pediatrics

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Checklist for Autism in Toddlers

NAME: _____ AGE: _____ DATE: _____

PARENTS: PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does your child enjoy being swung, bounced on your knee, etc?
Yes _____ No _____

2. Does your child take an interest in other children?
Yes _____ No _____

3. Does your child like climbing on things, such as up stairs?
Yes _____ No _____

4. Does your child enjoy playing peek-a-boo/hide-and-seek?
Yes _____ No _____

5. Does your child ever PRETEND, for example, to make a cup of tea using a toy cup and teapot, or pretend other things?
Yes _____ No _____

6. Does your child ever use his/her index finger to point, to ASK for something?
Yes _____ No _____

7. Does your child ever use his/her index finger to point, to indicate INTEREST in something?
Yes _____ No _____

8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling or dropping them?
Yes _____ No _____

9. Does your child ever bring objects over to you (parent) to SHOW you something?
Yes _____ No _____

Completed on date: _____ By: _____ Relation: _____

Signature