

## ASD DSM-V Observation Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Observer: \_\_\_\_\_

Date(s) Observed: \_\_\_\_\_

Setting: \_\_\_\_\_

Adult : Student Ratio: \_\_\_\_\_ : \_\_\_\_\_

In addition to displaying all three of the criteria under Social Communication and Interaction, the individual must also meet at least 2 of the Restricted and Repetitive Behaviors criteria to receive a diagnosis of Autism Spectrum Disorder. Please check if any of the following are observed:

<b>Social Communication and Interaction</b>	<b>Restrictive and Repetitive Behavior</b>
<p><b>All 3 Criteria (A,B, andC) must be displayed (currently or in the past) for diagnosis.</b></p> <p><b>A. Deficits in Social-Emotional Reciprocity</b></p> <p><input type="checkbox"/> Abnormal social approach</p> <p><input type="checkbox"/> Lacks back-and-forth reciprocity in conversation</p> <p><input type="checkbox"/> Reduced sharing of interests</p> <p><input type="checkbox"/> Reduced sharing of emotion of affect</p> <p><input type="checkbox"/> Failure to initiate interaction</p> <p><input type="checkbox"/> Failure to respond to interaction</p> <p><b>B. Deficits in Nonverbal Social Communication</b></p> <p><input type="checkbox"/> Poorly integrated verbal and nonverbal communication</p> <p><input type="checkbox"/> Abnormalities in eye contact</p> <p><input type="checkbox"/> Abnormalities in body language</p> <p><input type="checkbox"/> Deficits in understanding and using gestures</p> <p><input type="checkbox"/> Lacks facial expressions</p> <p><input type="checkbox"/> Lacks nonverbal communication</p> <p><b>C. Deficits in Relationship Skills</b></p> <p><input type="checkbox"/> Does not adjust behavior to social context</p> <p><input type="checkbox"/> Difficulties sharing imaginative play</p> <p><input type="checkbox"/> Difficulties making friends</p> <p><input type="checkbox"/> Not interested in relating to peers</p>	<p><b>At least 2 Criteria (A-D) must be displayed (currently or in the past) for diagnosis</b></p> <p><b>A. Stereotyped Patterns</b></p> <p><input type="checkbox"/> Repetitive motor movements</p> <p><input type="checkbox"/> Inappropriate repeated use of objects</p> <p><input type="checkbox"/> Echolalia</p> <p><input type="checkbox"/> Insistence on patterns or sorting of objects</p> <p><input type="checkbox"/> Idiosyncratic Phrases</p> <p><b>B. Rigidity</b></p> <p><input type="checkbox"/> Insistence on sameness</p> <p><input type="checkbox"/> Inflexible adherence to routine</p> <p><input type="checkbox"/> Ritualized patterns of behavior</p> <p><input type="checkbox"/> Extreme distress at small changes</p> <p><input type="checkbox"/> Trouble with transitions</p> <p><input type="checkbox"/> Rigid thinking</p> <p><b>C. Restricted Interests</b></p> <p><input type="checkbox"/> Abnormal fixation on specific interests</p> <p><input type="checkbox"/> Strong attachment to unusual objects</p> <p><input type="checkbox"/> Inflexible preoccupation with topics or interests</p> <p><b>D. Sensory Impairments</b></p> <p><input type="checkbox"/> Hyper-reactivity to sensory input</p> <p><input type="checkbox"/> Hypo-reactivity to sensory input</p> <p><input type="checkbox"/> Apparent indifference to pain/temperature</p> <p><input type="checkbox"/> Adverse response to specific sounds</p> <p><input type="checkbox"/> Adverse response to specific textures</p> <p><input type="checkbox"/> Excessive smelling or touching of objects</p> <p><input type="checkbox"/> Visual fascination with light or movement</p>
<p><b>Severity of Social Deficits:</b></p> <p><input type="checkbox"/> 3- Requiring very substantial support (i.e., Severe impairment, very limited social interaction, minimal social responses to others.)</p> <p><input type="checkbox"/> 2- Requiring substantial support (i.e., marked deficits despite support; limited initiation of social interaction, reduced social responses to others).</p> <p><input type="checkbox"/> 1- Requiring Support (i.e., deficits without support, trouble initiating, atypical or unsuccessful social responses to others, decreased interest in social interaction.)</p>	<p><b>Severity of Behavioral Deficits:</b></p> <p><input type="checkbox"/> 3- Requiring very substantial support (i.e., inflexible, extreme difficulty coping with change, restrictive/repetitive behavior markedly interferes with functioning in all spheres.)</p> <p><input type="checkbox"/> 2- Requiring substantial support (i.e., inflexible, difficulty coping with change, restrictive/repetitive behavior frequently interferes with functioning in some spheres.)</p> <p><input type="checkbox"/> 1- Requiring Support (i.e., inflexibility causes interference in one of more context, trouble switching tasks, organizing, and planning.)</p>