# Autism Treatment Evaluation Checklist (ATEC)

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www.autism.org

Project/Purpose:				
Scores: I	II	III	IV	Total

This form is intended to measure the effects of treatment. Free scoring of this form is available on the Internet at: www.autism.org

Name of Child		☐ Male	Age
Last	First	Female	Date of Birth
Form completed by:	Relationship:		Today's Date

# Please circle the letters to indicate how true each phrase is:

#### I. Speech/Language/Communication: [N] Not true [S] Somewhat true [V] Very true N S V 1. Knows own name N S V 6. Can use 3 words at a time N S V 11. Speech tends to be meaningful/

- N S V 2. Responds to 'No' or 'Stop'
- N S V 3. Can follow some commands N S V 4. Can use one word at a time
- (No!, Eat, Water, etc.) N S V 5. Can use 2 words at a time (Don't want, Go home)

**IV. Health/Physical/Behavior:** 

N MI MO S 9. Hyperactive

**II. Sociability:** 

# (Want more milk) N S V 7. Knows 10 or more words N S V 8. Can use sentences with 4 or more words N S V 9. Explains what he/she wants

N S V 10. Asks meaningful questions

[N] Not descriptive [S] Somewhat descriptive

# [V] Very descriptive

relevant

N S V 13. Carries on fairly good

N S V 12. Often uses several successive

sentences

N S V 14. Has normal ability to com-

conversation

municate for his/her age

N S V 1. Seems to be in a shell – you	N S V 7. Shows no affection	N S V 14. Disagreeable/not compliant
cannot reach him/her N S V 2. Ignores other people	N S V 8. Fails to greet parents	N S V 15. Temper tantrums
N S V 3. Pays little or no attention when	N S V 9. Avoids contact with others	N S V 16. Lacks friends/companions
addressed	N S V 10. Does not imitate	N S V 17. Rarely smiles
N S V 4. Uncooperative and resistant	N S V 11. Dislikes being held/cuddled	N S V 18. Insensitive to other's feelings
N S V 5. No eye contact	N S V 12. Does not share or show	N S V 19. Indifferent to being liked
N S V 6. Prefers to be left alone	N S V 13. Does not wave 'bye bye'	N S V 20. Indifferent if parent(s) leave

# III. Sensory/Cognitive Awareness: [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

N S V 1. Responds to own name	N S V 7. Appropriate facial expression	N S V 13. Initiates activities
N S V 2. Responds to praise	N S V 8. Understands stories on T.V.	N S V 14. Dresses self
N S V 3. Looks at people and animals	N S V 9. Understands explanations	N S V 15. Curious, interested
N S V 4. Looks at pictures (and T.V.)	N S V 10. Aware of environment	N S V 16. Venturesome - explores
N S V 5. Does drawing, coloring, art	N S V 11. Aware of danger	N S V 17. "Tuned in" — Not spacey
N S V 6. Plays with toys appropriately	N S V 12. Shows imagination	N S V 18. Looks where others are looking

## Use this code: [N] Not a Problem [MI] Minor Problem

N MI MO S 1. Bed-wetting	N MI MO S 10. Lethargic
N MI MO S 2. Wets pants/diapers	N MI MO S 11. Hits or injures self
N MI MO S 3. Soils pants/diapers	N MI MO S 12. Hits or injures others
N MI MO S 4. Diarrhea	N MI MO S 13. Destructive
N MI MO S 5. Constipation	N MI MO S 14. Sound-sensitive
N MI MO S 6. Sleep problems	N MI MO S 15. Anxious/fearful
N MI MO S 7. Eats too much/too little	N MI MO S 16. Unhappy/crying
N MI MO S 8. Extremely limited diet	N MI MO S 17. Seizures
N MI MO S 9 Hyperactive	N MI MO S 18. Obsessive speech

## [MO] Moderate Problem [S] Serious Problem

Ν	MI	MO	S	19. Rigid routines
Ν	MI	MO	S	20. Shouts or screams
Ν	MI	MO	S	21. Demands sameness
Ν	MI	MO	S	22. Often agitated
Ν	MI	MO	S	23. Not sensitive to pain
Ν	MI	MO	$\mathbf{S}$	24. "Hooked" or fixated on
N	MI	MO	S	certain objects/topics 25. Repetitive movements (stimming, rocking, etc.)

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