

Pervasive Developmental Disorder Test

Child's Information

Name:	
Date of Birth:	
Date of Screening:	

Instructions: Respond to each question based on your observations with "Yes," "No," or "Sometimes."

Section 1: Social Interaction	Yes	No	Sometimes
1. Enjoys being cuddled / hugged?			
2. Makes eye contact?			
3. Plays pretend games?			
4. Responds to their name?			
5. Interested in playing with others?			
Section 2: Communication	Yes	No	Sometimes
1. Uses gestures to communicate?			
2. Initiates conversations?			
3. Repeats words / phrases (echolalia)?			
4. Follows simple instructions?			
5. Expresses needs verbally / gestures?			

Section 3: Behavior Patterns	Yes	No	Sometimes
1. Has intense interests / fixations?			
2. Engages in repetitive movements?			
3. Insists on sameness, upset by changes?			
4. Unusual sensory sensitivities?			
5. Plays with toys in unusual ways?			
Section 4: Overall Development	Yes	No	Sometimes
1. Delays in speech / language development?			
2. Difficulty understanding social cues / emotions?			
3. Difficulties with motor skills / coordination?			
4. Shows imaginative play / creativity?			

Additional Observations:

Next Steps: If concerns are noted, consider seeking further evaluation from a healthcare professional.

Signature of Parent / Caregiver:

Date: