

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