**CAST QUESTIONNAIRE**

Child’s Name:

Date of Birth Sex:

Completed By: …………………………………................Parent/Teacher/Carer

Date of Completion:

**Please read the following questions carefully and circle the appropriate answer. All responses are confidential.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Does s/he join in playing games with other children easily? | Yes | No |
| 2. | Does s/he come up to you spontaneously for a chat? | Yes | No |
| 3. | Was s/he speaking by two years old? | Yes | No |
| 4. | Does s/he enjoy sports? | Yes | No |
| 5. | Is it important to him/her to fit in with the peer group? | Yes | No |
| 6. | Does s/he appear to notice unusual details that others miss? | Yes | No |
| 7. | Does s/he tend to take things literally? | Yes | No |
| 8. | When s/he was three years old did s/he spend a lot of time pretending (e.g. play-acting being a superhero, or holding teddies tea parties)? | Yes | No |
| 9. | Does s/he like to do things over and over again, in the same way all the time? | Yes | No |
| 10. | Does s/he find it easy to interact with other children? | Yes | No |
| 11. | Can s/he keep a two-way conversation going? | Yes | No |
| 12. | Can s/he read appropriately for his/her age? | Yes | No |
| 13. | Does s/he mostly have the same interests as his/her peers? | Yes | No |
| 14. | Does s/he have an interest which takes up so much time that s/he does little else? | Yes | No |
| 15. | Does s/he have friends, rather than just acquaintances? | Yes | No |
| 16. | Does s/he often bring you things s/he is interested in to show you? | Yes | No |
| 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 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, including Aspergers Syndrome | Yes | No |
|  | A physical disability | Yes | No |
|  | Other (please specify)………………………………………………………………………………………………………………………………………………………… | Yes | No |