Part A. Questions for parents

1.	Does your child like to be surrounded, "jumped" on the road?	Yes/No
2.	Is your child interested in other children?	Yes/No
3.	Whether your child likes to climb on different things, for example. stairs	Yes/No
4.	Does your child like to play "ku ku" (cover your face with your hands	Yes/No
	and uncovered, say, "what about"), hide?	
5.	Does your child ever imagine, for example, using toy bowls, boiling tea,	Yes/No
	producing food or playing other imaginary games?	
6.	Does your child show what he wants with his / her own finger?	Yes/No
7.	Do your children show what is interesting to him with their finger?	Yes/No
8.	Can your child play properly with small toys (carts, pads), and not just	Yes/No
	hang or throw them?	
9.	Does your child bring you things to show you?	Yes/No

Part B. Doctor's observation

1.	Have the children made eye contact with you during the visit?	Yes/No
2.	"Catch" the child's attention and then show him something at the other end	Yes/No
	of the room, saying, "Look, it's (name the item). Did the child look at	
	what you showed?	
3.	"Catch" the child's attention, then give him a small toy cup and a teapot	Yes/No
	saying "please give me some tea". Does the child try to "add" tea, "drink"	
	from a cup or the like?	
4.	Ask your child: "Where is the lamp?" Or "Show me the lamp". Does the	Yes/No
	child point his / her finger to the lamp?	
5.	Can a child build a tower from the pads? If so, out of the way?(number of	Yes/No
	pads)	

Source: Ivoškuvienė, R., Balčiūnaitė, J. Education of Autistic Children, ŠU, 2002. Attachment No. 1