

PDD Rating Scale

Name of Client: _____

Date: _____

Person doing the rating: _____

Instructions: Please circle the number that **best describes** how this child compares to peers in his/her age group in the following areas:

	<u>He/she exhibits this feature:</u>		
	Much less than Average	Somewhat less than Average	About Average or Above Average
A. <u>Social Interaction:</u>			
1. Uses eye contact with others.	2	1	0
2. Communicates emotions in his/her facial expression	2	1	0
3. Uses and understands body posture and gestures as part of communication.	2	1	0
4. Has friendships expected of children his/her age.	2	1	0
5. Likes to share interests, achievements, or objects with others.	2	1	0
6. Can notice and empathize with another person's distress, feelings or needs.	2	1	0
7. Participates in typical recreation/play of children his/her age (ex. Hide-and-go-seek, dolls, "house", sports, etc.)	2	1	0
B. <u>Communication:</u>			
1. Has age-expected spoken language and/or gesturing.	2	1	0
2. Has age-expected ability to initiate a conversation with others.	2	1	0
3. Has age-expected ability to maintain a conversation with others.	2	1	0
4. Has (had) pretend or make-believe play expected for age.	2	1	0

C. Interests/Behaviors:

1. Has wide range of interests typical for children/teens his/her age.	2	1	0
2. Can easily adjust to changes in normal routines/rituals/schedules.	2	1	0

Please note how often this child has exhibited these features:

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
D. <u>Other:</u>			
1. Repeats phrases or sayings over and over.	0	1	2
2. Mixes up pronouns (ex: I, you, she, he).	0	1	2
3. Uses his/her own words or unusual language.	0	1	2
4. Is preoccupied with one or more interests/or objects (ex. Dinosaurs) instead of having a wide range of interests.	0	1	2
5. Has unusual movements such as flapping of hands, clapping, rocking, finger twisting or flicking, or abnormal postures.	0	1	2
6. Is preoccupied with parts of objects (ex. Buttons, body parts)	0	1	2
7. Is fascinated with movements (spinning wheels, revolving objects, opening/closing of doors).	0	1	2
8. Has over- or under-sensitivity to touch/texture/clothing.	0	1	2
9. Has over- or under-sensitivity to lights/visual stimuli.	0	1	2
10. Has over- or under-sensitivity to tastes.	0	1	2
11. Has over-or under-sensitivity to sounds.	0	1	2
12. Has over- or under-sensitivity to smell.	0	1	2

Total _____ /50