

**AUTISM
SPECTRUM
DISORDER**

Autism Screening

Endorsement of any of these areas should warrant referral for evaluation

Children under 2 years of age



Inactive

Limp or floppy



Infrequent crying

Limited social response



No social gaze / smile

Limited engagement/awareness of others



Irritable

Inconsolable



Soothed only by motion

Limp/rigid when held



Unusual sensitivity to environmental stimuli (auditory, visual, tactile)

Limited functional communication



Limited understanding and/or use of specific gestures

Autism Screening

Endorsement of any of these areas should warrant referral for evaluation

Children over two years of age



Little consistency in using functional communication

Cannot consistently express needs/desires



Limited conversation skills

Significant distress over even minor changes

Significant time expended to achieve sensory feedback



Wedging self in tight

Slamming into objects

Spinning in circles



High pain tolerance

Any regression or loss of language skills

Engages others only to meet a particular need (ask mom to fix a toy)

Focused and repetitive interests limit creative play



Intense difficulty in understanding social interaction and safety rules

Visual processing of information is most developed

Self-injurious behavior



Repetitive movement of objects

Repetition of motor activity

INDICATORS OF AUTISM SPECTRUM DISORDER

While many of the behaviors typical of Autism Spectrum Disorder are also typical of earlier stages of normal development, it is the combination or pattern of behaviors and the intensity and persistence of the behaviors beyond the normal period that are associated with Autism Spectrum Disorder. The characteristics identified below are not an inclusive list, nor are the presence of the characteristics, in and of themselves an absolute indicator of Autism Spectrum Disorder. They are considered the "tip of the iceberg." The combination of behaviors in each category which have unusual intensity, and/or duration and which have been exhibited past the developmentally appropriate age for those behaviors may be indicators of an Autism Spectrum Disorder. It is critical for the evaluator/team to gather sufficient information to understand the underlying causes of the behavior.

For example, a child may repetitively line up objects. Additional information will assist the evaluator to determine whether this is done for sensory input, due to a skill deficit, that is a restricted interest, or due to some other reason. The behaviors of an Autism Spectrum Disorder are typically present during early development. For older children, the behaviors present in the early years may stay the same, change their form, be less intrusive, or be eliminated over time.

The following indicators have been developed from a combination of DSM characteristics, the Mid-Oregon Regional Program list of characteristics, characteristics listed in "The Screening and Diagnosis of Autism Spectrum Disorders," information from the Center for the Study of Autism, and other related documents.

Characteristics of Autism Spectrum Disorder

(A) The child exhibits impairments in communication

- No jabbering or imitative vocalizations (9-18 months)
- Use of gestures/pointing to make needs known is less frequent than attempting to satisfy own needs independently (11-19 months)
- No babbling by 12 months
- No single words by 16-20 months
- Use of pointing/reaching is more frequent as a function of requesting than commenting, enjoyment, accomplishment, joint interest (18 months)
- No 2-word spontaneous (not just echolalia) phrases by 24 months
- Echoes words and phrases and or uses idiosyncratic phrases more than appropriate or past the appropriate age (24-32 months)
- Babbling may develop and then stop
- Does not imitate sounds, gestures, or expressions
- May develop babbling but fails to use words to refer to people or objects
- Crying not related to needs
- Lack of joint attention
- Doesn't give objects when requested to do so
- Does not respond to his or her name
- May not attend to verbal stimuli
- Used to say a few words, but now doesn't
- Began developing language then suddenly stopped
- Delay in, or lack of, the development of spoken language
- Repeats sounds non-communicatively
- First words may be unusual, may repeat passage from movies, commercials, songs
- Does not volunteer information or initiate speech

(A) The child exhibits impairments in communication (continued)

- Inaccurate use of pronouns or pronoun reversal
- Unusual vocal quality and/or inflection (*tone, pitch, or rate*)
- Abnormal tone and rhythm in speech
- Stereotyped, repetitive use of speech
- Doesn't follow simple directions, or follow directions out of the usual setting or routine
- Doesn't relate needs
- Uses and interprets language literally
- When verbal, speech may seem rote or like an imitation of something heard
- Words used inconsistently and may not be related to needs
- May ask repetitive questions
- Difficulty understanding gestures and using compensatory non-verbal communication
- Lacks understanding and/or use of non-verbal expressions
- Limited range of communication functions
- Ability to perform some motor skills at a level higher than communication levels
- Difficulty with comprehension
- Difficulty with topic maintenance
- Inability to repair communication breakdowns
- May use age or above age appropriate speech and language when discussing preferred topics, but revert to below age level speech or language or even nonverbal methods to respond to topics of little or no interest
- May show pragmatic difficulty in speech despite adequate scores on standardized tests
- Phonology is variable within individual child, often disordered

(B) The child exhibits impairments in social interaction

- Absent or delayed social smile (1-4 months) Difficult to engage in baby games (5-12 months)
- No anticipatory social responses (6-10 months) Does not observe peers with curiosity (6-9 months)
- Lack of parallel play (20-24 months)
- Lack of associative play (36-42 months) Lack of cooperative play (42-48 months)
- Does not quiet when held
- Fails to respond to mother's attention and crib toys in typical ways
- Eye contact may be avoided or fleeting
- Does not show distress when primary caregiver leaves the room
- Does not extend toys to other people
- Does not differentiate strangers from family
- Imitation does not develop
- Does not seek comfort when distressed
- Does not initiate
- Doesn't use his/her index finger to point, to ask for something
- Lack of spontaneous seeking to share enjoyment, interests, achievements with other people
- Laughs, giggles, cries inappropriately
- Lack of varied spontaneous make-believe play or social imitative play appropriate to developmental level
- Is not interested in other children/people
- Difficulty shifting attention appropriately
- Impairment in the ability to initiate or sustain a conversation or social interaction with others or to match their topic to the social context
- Initiates conversations with a narrow range of topics, may monopolize conversations

(B) The child exhibits impairments in social interaction (continued)

- Social interaction limited to a narrow range of interest and activities
- Difficulty shifting to other topics
- Difficulty sustaining conversation on other topics
- Failure to develop peer relationships appropriate to developmental level/may seek out social interaction but in an odd manner
- May be socially awkward
- Lack of social or emotional reciprocity
- May appear withdrawn, aloof, standoffish
- Interacts or relates to adults and peers in mechanical ways
- Joint attention difficulties-problems attending simultaneously to both adult and the environment
- Impaired awareness of the feelings of others and/or unaware of their impact on others
- Difficulty shifting point of view/perspective
- Shows more interest in objects than in people
- Prefers to follow own agenda
- Prefers to do things for self and does not request assistance or may not tolerate help

(C) The child exhibits patterns of behavior, interests, and/or activities that are restricted, repetitive, or stereotypic.

- Repetitive, unusual manipulation or use of toys, objects
- Compulsive adherence to routines, rituals
- Spins objects or self
- Physically overactive or passive
- Lines things up
- Has odd movement patterns
- Loss of previously acquired skills
- Seeks repetitive stimulation
- May show interest in certain play repertoire but not be imaginative or flexible in a variety of play activities
- Pretend play absent, unimaginative, or repetitive
- Prefers concrete repetitive play to the exclusion of varied, spontaneous play (24-32 months)
- Overly attached or preoccupied with certain objects, activities, people
- Preoccupied with parts of objects
- Gets stuck on doing the same things over and over-exclusively focuses on an idea or activity until it is completed, can't get it out of his/her head
- May show emerging interest and ability with early pre-academic skills (letters and numbers) but have difficulty learning self-care skills
- May demonstrate exceptional memory for routes, locations, routines, but be inflexible and unable to tolerate change from what is usual
- Difficulties with sequencing and planning
- Difficulty shifting attention
- Generalizing from a "learned" context to a "novel" context is difficult
- Ability to perform some difficult play or academic tasks more readily than easier ones
- Upset by changes in the environment
- Unusual interest in textures, surfaces
- Literal thought process

(D) The child exhibits unusual responses to sensory information

- Inappropriate or no response to sound
- Reduced startle response
- Lack of response to auditory stimuli
- May be described as an extremely undemanding, baby who seldom cried or as a difficult to soothe baby
- Child reacts negatively and defensively to ordinary stimuli
- Shows unusual response or fascination to visual stimuli
- Low stimulus modulation (difficulty modifying incoming stimuli and easily overwhelmed)
- Less sensitive to pain yet sensitive to other sensitive stimuli
- Avert gaze, reacting painfully to light yet gazing for long periods at a visual display
- Apparent insensitivity to pain
- Resistant to being cuddled, touched or seeks out "bear hugs," deep pressure activities
- May express distress with soft touch (hair, teeth, face), clothing,
- Eats specific foods, refuses to eat what most people eat, or has unusual eating behaviors such as will only eat one food for a period of time and then shifts to something else
- Transition between food textures may have been difficult
- Under or oversensitive to certain textures, sounds, tastes, smells
- Difficulty with response to textures Repetitive motor mannerisms Persistent rocking
- Seeks out "movement" activities
- May crave stimuli-especially proprioceptive and vestibular
- Toe walks
- No understanding of danger
- May show unusual fear
- May have unusual sleep patterns
- Attention may be unusually long for self-initiated activity but very short for social interaction or specific skill development

From the Oregon Department of Education's Technical Assistance Paper

CHILD'S NAME: _____

DOB: _____ DATE COMPLETED: _____

CHECKLIST COMPLETED BY: _____

RELATIONSHIP TO CHILD: _____

BEHAVIORAL INDICATORS WHEN CONSIDERING AUTISM IN YOUNG CHILDREN

Language and Communication

- Has flat or limited facial expressions
- Does not use gestures
- Rarely initiates communication
- Fails to imitate actions or sounds
- May have little or no speech, or may be quite verbal
- Repeats or echoes words or phrases
- Uses unusual vocal intonation/rhythm
- Seems not to understand word meanings
- Understands and uses words literally

Relating

To People

- o Is unresponsive
- o Has not social smile
- o Does not communicate with the eyes
- o Eye contact is limited/fleeting
- o Seems content when left alone
- o Seeks social contact in unusual ways
- o Does not play turn-taking games
- o Uses adult's hand as a tool

To the Environment

- o Play is repetitive
- o Is upset by or resists changes
- o Develop rigid routines
- o Drifts aimlessly about
- o Exhibits strong and inflexible interests

Responses to Stimuli

- Sometime seems deaf
- Exhibits panic related to specific sounds
- Is oversensitive to sounds
- Plays with light and reflections
- Flicks fingers before eyes
- Pulls away when touched
- Strongly avoids certain clothes, foods, etc.
- Is attracted to specific patterns/textures/odors
- Is very inactive or active
- May whirl, spin, bang head, bite wrist
- May jump up and down and/or flap hands
- Exhibits unusual or no response to pain

Developmental Discrepancies

- Skills are either very good or very delayed
- Learns skills out of normal sequence, for example:
 - o Reads, but doesn't understand meaning
 - o Draws detailed pictures, but cannot button coat
 - o Is very good with puzzles, pegs, etc., but is very poor at following directions
 - o Walks at normal age, but cannot communicate
 - o Echoed speech is fluent, while self-generated speech is dysfluent
 - o Can do things sometimes, but not at other times.

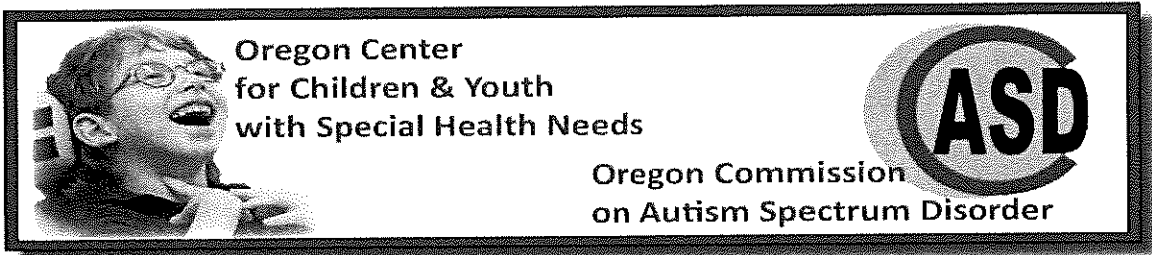
PLEASE CIRCLE THOSE INDICATORS YOU FEEL APPLY

Child's Name: _____

DOB: _____ DATE Completed: _____

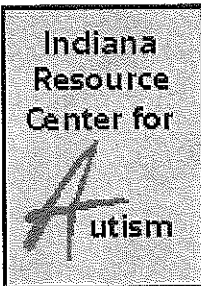
CHECKLIST COMPLETED BY: _____

RELATIONSHIP TO CHILD: _____



DSM V Checklist for Autism Spectrum Disorder

- Yes
 No
- A. Deficits in use or understanding of social communication and social interaction in multiple contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:**
- Yes
 No
1. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.
- Yes
 No
2. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction.
- Yes
 No
3. Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people
- Yes
 No
- B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by 2 of the following:**
- Yes
 No
1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases)
- Yes
 No
2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes)
- Yes
 No
3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)
- Yes
 No
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).



Diagnostic Criteria for Autism Spectrum Disorder

The following criterion is from the 2013 Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, DSM-5™. See the DSM-5™ for details and examples.

DSM 5™ 299.0 (F84.0)

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect, to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communicative behaviors used for social interaction; ranging for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to lack of facial expressions and nonverbal communication.
 3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior [Level 3 – “Requiring very substantial support,” Level 2 – “Requiring substantial support,” Level 1 – “Requiring support.”]

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g.; simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking pattern, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior [Level 3 – “Requiring very substantial support,” Level 2 – “Requiring substantial support,” Level 1 – “Requiring support.”]

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

With or without accompanying intellectual impairment

With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor

(**Coding note:** Use additional code(s) to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder

(**Coding note:** Use additional code(s) to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp.119.120, for definition) (**Coding note:** Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorders to indicate the presence of the co-morbid catatonia.)

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

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JESSE EARLY CHILDHOOD/PRESCHOOL PROGRAM
AUTISM OBSERVATION CHECKLIST

Student Name: _____ Date(s): _____

School/Teacher: _____ Observer/Title: _____

Time: (Start) _____ (End) _____

<u>Teacher Response</u>	<u>Student Response</u>	<u>Lesson Format</u>
<input type="checkbox"/> Lecture	<input type="checkbox"/> Listening	<input type="checkbox"/> Individualized
<input type="checkbox"/> Discussion	<input type="checkbox"/> Looking	<input type="checkbox"/> Small Group
<input type="checkbox"/> Visual Instruction	<input type="checkbox"/> Writing	<input type="checkbox"/> Large Group
<input type="checkbox"/> Tutorial Support	<input type="checkbox"/> Discussing	
<input type="checkbox"/> Structured Play		
<input type="checkbox"/> Unstructured Play		
<input type="checkbox"/> Other: _____		

LESSON CONTENT AREA(S):

COMMENTS:

ATTENTION:

- stares into space or appears to daydream
- lets eyes wander away from stimulus presented
- acts as if he/she is attending but does not make appropriate response
- requires several repetitions of directions
- Interferes with other student's learning.
- Has difficulty working independently
- Begins task but does not complete tasks
- Is slow getting started on a task
- Does not know how to start working
- Does not ask for help
- Looks to others to know what to do
- Other: _____

COMMENTS:

FOLLOWING DIRECTIONS:

- Does not listen to group directions
- Does not listen to individual directions
- Does not attempt to read directions
- Does not appear to understand directions
- Gets easily frustrated
- Obsessed with a specific topic or object
- Is restless or hyperactive
- Plays with things inappropriately
- Plays with things continuously
- Gets out of seat
- Wiggles and squirms
- Flaps or rocks
- Is slow moving/always last
- Always tries to be first
- Cries Easily
- Tantrums
- Seems overly anxious or fearful
- Resists change
- Screams/bites/hits
- Fails to interact with peers
- Fails to initiate interactions with peers
- Needs excessive reassurance
- Inflexible to change in routine or order
- Is withdrawn/appears shy
- Has poor motor skills
- Has an odd gait
- Is not interested in participating in group for any activities

Other: _____

COMMENTS:

SELF IMAGE/EMOTIONAL

- Prefers to be alone
- Makes "I can't" or self-critical statements before attempting a task
- Can not read body cues of others
- Other: _____

COMMENTS:

RECOMMENDATIONS/ADDITIONAL OBSERVATIONS and STRATEGIES/INTERVENTIONS BEING IMPLEMENTED:

Diagnostic Criteria for Autism Spectrum Disorder

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DSM 5 299.0(F84.0)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

- 1) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect, to failure to initiate or respond to social interactions.

- 2) Deficits in nonverbal communicative behaviors used for social interaction; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to lack of facial expressions and nonverbal communication.

- 3) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (Level 3 – “Requiring very substantial support,” Level 2 – “Requiring substantial support,” Level 1 – “Requiring support”)

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g.; simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking pattern, greeting rituals, need to take same route or eat same food every day.)

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g. strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests.

4. Hyper – or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g.; apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (Level 3 – “Requiring very substantial support, “Level 2 – “Requiring substantial support, “ Level 1 – Requiring support.”)

___ B. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in late life).

___ C. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

___ D. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general development level.