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What are Autism Spectrum Disorders?

Autism spectrum disorders (ASDs) are a group of developmental disabilities caused by a problem with the brain. Scientists do not know yet exactly what causes this problem.

ASDs can impact a person's functioning at different levels, from very mildly to severely. There is usually nothing about how a person with an ASD looks that sets them apart from other people, but they may communicate, interact, behave, and learn in ways that are different from most people.

The thinking and learning abilities of people with ASDs can vary – from gifted to severely challenged. Autistic disorder is the most commonly known type of ASD, but there are others, including "pervasive developmental disorder-not otherwise specified" (PDD-NOS) and Asperger Syndrome.





What are Some of the Early Symptoms and Signs of Autism Spectrum Disorders?

People with ASDs may have problems with social, emotional, and communication skills. They might repeat certain behaviors and might not want change in their daily activities.

Many people with ASDs also have different ways of learning, paying attention, or reacting to things. ASDs begin during early childhood and last throughout a person's life.

A child or adult with an ASD might:

- Not play "pretend" games (pretend to "feed" a doll)
- Not point at objects to show interest (point at an airplane flying over)
- Not look at objects when another person points at them
- Have trouble relating to others or not have an interest in other people at all
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Prefer not to be held or cuddled or might cuddle only when they want to
- Appear to be unaware when other people talk to them but respond to other sounds
- Be very interested in people, but not know how to talk, play, or relate to them
- Repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- Have trouble expressing their needs using typical words or motions
- Repeat actions over and over again
- Have trouble adapting when a routine changes
- Have unusual reactions to the way things smell, taste, look, feel, or sound
- Lose skills they once had (for instance, stop saying words they were using)





What are Signs to Look for In Infants & Toddlers?

Today, it's really not possible to diagnose an infant younger than 18 months with autism. If you are concerned, however, you can always monitor and track your child's growth and development milestones. There are some very useful checklists as well as growth and development tables available at <http://www.cdc.gov/ncbddd/autism/ActEarly/ccp/downloadmaterials.html> for children of all ages. These milestones do not apply to just autism.

You should look to see if your infant is not meeting any of these normal milestones. It is important to remember, however, that all children and infants develop at a different pace. Just because your infant does not reach a certain milestone on the normal cycle does not mean your child has autism or any other condition, it just might mean you should consult your physician. Below are some of the red flags you should watch for in your infant to make sure he or she is developing at the right pace. If any of the following occur, it is a good idea to seek advice from your pediatrician or family physician:





By 18 Months of Age:

- Does not search for objects that are hidden while he or she watches
- Says no single words (“mama” or “dada”)
- Does not learn to use gestures, such as waving or shaking head
- Does not point to objects or pictures
- Experiences a dramatic loss of skills he or she once had



By 24 Months of Age:

- Cannot walk by 18 months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes Does not speak at least 15 words
- Does not use two-word sentences by age 2
- By 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon)
- Does not imitate actions or words by the end of this period
- Does not follow simple instructions by age 2
- Cannot push a wheeled toy by age 2
- Experiences a dramatic loss of skills he or she once had



CHAT – Checklist for Autism in Toddlers

The Checklist for Autism in Toddlers is a screening tool to be used by physicians during a child's 18 month developmental checkup. It is very quick and easy to administer. The CHAT is based on the identifiable behavioral characteristics of autism and other social-communication disorders.

The CHAT consists of two sections: the first nine items are questions asked to the parents, and the last five items are observations made by the primary health care worker. The key items look at behaviors which, if absent at 18 months, put a child at risk for a social-communication disorder. These behaviors are (a) joint attention, including pointing to show and gaze monitoring (e.g. looking to where a parent is pointing), and (b) pretend play (e.g. pretending to pour tea from a toy teapot).

Section A - Ask Parent:

Yes or No?

- ___ 1) Does your child enjoy being swung, bounced on your knee, etc?
- ___ 2) Does your child take an interest in other children?
- ___ 3) Does your child like climbing on things, such as up stairs?
- ___ 4) Does your child enjoy playing peek-a-boo/hide-and-seek?
- ___ *5) Does your child ever pretend, for example, to make a cup of tea using a toy cup and teapot, or pretend other things?
- ___ 6) Does your child ever use his/her index finger to point, to ask for something?
- ___ *7) Does your child ever use his/her index finger to point, to indicate interest in something?
- ___ 8) Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?
- ___ 9) Does your child ever bring objects over to you, to show you something?

Section B – Physician's observation

Yes or No?

- ___ i) During the appointment, has the child made eye contact with you?



___ *ii) Get child's attention, then point across the room at an interesting object and say "Oh look! There's a (name a toy)!" Watch child's face. Does the child look across to see what you are pointing at?

NOTE - to record yes on this item, ensure the child has not simply looked at your hand, but has actually looked at the object you are pointing at.

___ *iii) Get the child's attention, then give child a miniature toy cup and teapot and say "Can you make a cup of tea?" Does the child pretend to pour out the tea, drink it etc?

NOTE - if you can elicit an example of pretending in some other game, score a yes on this item

___ *iv) Say to the child "Where's the light?" or "Show me the light". Does the child point with his/her index finger at the light?

NOTE - Repeat this with "Where's the teddy?" or some other unreachable object, if child does not understand the word "light". To record yes on this item, the child must have looked up at your face around the time of pointing.

___ v) Can the child build a tower of bricks? (If so, how many?) (Number of bricks...)

* Indicates critical question most indicative of autistic characteristics

Baron-Cohen, S. et. al., "Psychological markers in the detection of autism in infancy in a large population," *The British Journal of Psychiatry*, 168, pp. 158-163, 1996.

Baron-Cohen, S. et. al., "Can autism be detected at 18 months? The needle, the haystack, and the CHAT," *The British Journal of Psychiatry*, 161, pp. 839-843, 1992.



What Should I do if I think my child has an ASD?

Talk with your child's doctor or nurse. If you or your doctor thinks there could be a problem, ask for a referral to see a developmental pediatrician or other specialist, or you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older).

To find out whom to speak to in your area, you can contact the National Information Center for Children and Youth with Disabilities (NICHCY) by logging onto www.nichcy.org or call **1-800-695-0285**. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families on their Autism Information Center Web page (www.cdc.gov/ncbddd/dd/aic/resources).



Right now, the main research-based treatment for ASDs is intensive structured teaching of skills, often called behavioral intervention. It is **very** important to begin this intervention as early as possible in order to help your child reach his or her full potential. Acting early can make a real difference!



What are the Different Types of Autism?

Not until the middle of the 20th century was there a name for a disorder that now appears to affect an estimated 3.4 every 1,000 children ages 3-10, a disorder that causes disruption in families and unfulfilled lives for many children. In 1943 Dr. Leo Kanner of the Johns Hopkins Hospital studied a group of 11 children and introduced the label early infantile autism into the English language.



At the same time a German scientist, Dr. Hans Asperger, described a milder form of the disorder that became known as Asperger syndrome. Thus these two disorders were described and are today listed in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR as two of the five pervasive developmental disorders (PDD), more often referred to today as autism spectrum disorders (ASD). All these disorders are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior.

ASD can often be reliably detected by age three, and in some cases as early as 18 months. Two Studies suggest that many children eventually may be accurately identified by the age of one year or even younger. The appearance of any of the warning signs of ASD is reason to have a child evaluated by a professional specializing in these disorders.



Parents are usually the first to notice unusual behaviors in their child. In some cases, the baby seemed "different" from birth, unresponsive to people or focusing intently on one item for long periods of time. The first signs of an ASD can also appear in children who seem to have been developing normally.

When an engaging, babbling toddler suddenly becomes silent, withdrawn, self-abusive, or indifferent to social overtures, something is wrong. Research has shown that parents are usually correct about noticing developmental problems, although they may not realize the specific nature or degree of the problem.



PDD, or ASD, range from a severe form, called autistic disorder, to a milder form, Asperger syndrome. If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called pervasive developmental disorder not otherwise specified (PDD-NOS).

Other rare, very severe disorders that are included in the autism spectrum disorders are Rett syndrome and childhood disintegrative disorder.