

Infant and Toddler Autism Screening Guide

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The following Autism Screening Guide is intended to promote the implementation of autism screeners in early intervention settings in order to support service acquisition and awareness of developmental needs. The purpose of this guide is to equip service providers with the resources needed to implement best practices when it comes to early autism screening. This screening guide *is not* a measurement tool and *is not* intended to replace standardized and validated screeners. Best practice for autism screening is to use a combination of informal clinical observation (i.e., observation of early signs) and a formal validated autism screening measure. This guide will provide you with information about the early signs as well as support for choosing a screening tool. Autism screening is the first step in identifying individuals with elevated likelihood of autism, but it is important to recognize that a positive result on a screening tool *does not* equal a diagnosis. Please contact the Insp!re Lab at the University of Southern California at inspirelab@chan.usc.edu for questions or guidance.

Early screening for autism is important!

Where do I start?



What signs should I look for in children younger than 18 months?

Learn the early signs

See Table 1

What do I use to screen?

Review appropriate tools

See Table 2

Am I comfortable talking about screening with caregivers?

Learn strategies

See Table 3

Is screening in my scope of practice?

Understand your scope

See Table 4



I'm ready - time to screen!

Administer appropriate screening tool

Result: Negative

Monitor and re-screen in 3 months

See Table 4

Result: Positive

Recommend next steps

See Table 5



Table 1: Early signs of autism.

Note that there is no single behavioral sign; these may look different for every child and must be considered in light of other diagnoses and developmental trajectories. Additionally, indicators at each age are estimates.

Age	Social Communication	Sensory Regulation	Motor and Play
Indicators across age groups	- Limited eye contact or social engagement - Delayed communication (verbal and/or gestures)	- Engages in repetitive behaviors (<i>e.g.</i>, <i>flapping</i>, <i>rocking</i>, <i>spinning</i>) - Heightened or reduced reaction to sensory input	- Delayed gross and/or fine motor development - Differences in play preferences
6 months	- Limited social smile or eye contact⁷ - Few cooing or babbling noises⁷	Rarely explores toys by mouthing¹³	- Poor head control²² - Difficulty bringing hands to midline (<i>e.g.</i> <i>banging blocks together</i>)²² - Difficulty grasping a ball¹³
9 months	- Decreased sharing of expressions (<i>e.g.</i> <i>smiling at you while playing</i>)⁷ - Limited back and forth gestures (<i>e.g.</i> <i>giving and taking a toy</i>)⁷	Tendency to visually fixate on objects (<i>e.g.</i> <i>focusing on a toy despite interruptions, such as hearing their name called</i>)¹³	- Difficulty sitting without support²² - Poor functional release of objects (<i>e.g.</i> <i>dropping an item into a bin</i>)¹³
12 months	- Does not gesture to share attention with others (<i>e.g.</i> <i>pointing at something</i>)⁷ - Inconsistently/does not respond when name is called⁵	- Difficulty shifting attention from one thing to another (<i>e.g.</i> <i>not looking away from a toy when they hear a sound</i>)⁵ - Repetitive behaviors (<i>e.g.</i> <i>rubbing</i>, <i>wobbling</i>, or <i>spinning objects over and over</i>)²⁰ - Heightened response to sensory input (<i>e.g.</i> <i>upset at loud noises</i>, <i>does not enjoy foods with various textures</i>)³³	- Difficulty standing without support²² - Limited participation in nursery or social games (<i>e.g.</i> <i>peek-a-boo</i>)⁷
18 months	- Does not use and understand at least 10 words⁷ - Limited use of gestures and vocalizations together (<i>e.g.</i> <i>pointing and naming object</i>)⁷ - Does not look or point toward objects or people³⁷	Difficulty with emotional regulation, especially after transitions (<i>e.g.</i> <i>does not easily soothe when upset, such as when leaving a preferred toy</i>)²	- Delayed independent walking²¹ - Limited pretend play (<i>e.g.</i> <i>feeding a doll</i>)⁷ - Does not request help or share interest in toys with others (<i>e.g.</i> <i>offer parent a wind up toy to activate</i>)⁷
24 months	- Does not use and understand at least 50 words⁷ - Does not combine two words together (<i>e.g.</i> <i>imitating something they've heard</i>)⁷	Seeks sensory input (<i>e.g.</i> <i>spinning</i>, <i>chewing on non-edible objects/clothing</i>, <i>seeking rough play on playground</i>)	- Delayed independence in daily activities (<i>e.g.</i> <i>helps with dressing</i>, <i>drinks from a cup</i>)²¹ - Limited engagement in play with same-age peers⁷ - Limited symbolic play (<i>e.g.</i> <i>using a bin as a drum</i>)⁷

Table 2: Autism screeners.

Screening tools designed to identify autism likelihood in early childhood and the potential need for a formal evaluation.

Please note: Each tool has different recommendations and interpretations for screening results. Please take the time to familiarize yourself with the manual selected and how to interpret results.

Caregiver Report		
Screeners	Age (months)	Notes
First Years Inventory version 3.1 (FYI v.3.1) ²	6-16	● Description: A parent report measure to identify infants at elevated risk for autism. Assesses 7 domains: Communication, Imitation and play; Social attention and affective engagement; Sensory hyperresponsiveness; Sensory hyporesponsiveness; Self-regulation in daily routines; Sensory interests, repetitions, and seeking behaviors; Motor coordination and milestones ● Training: No training required ● Items: 69 items ● Time: 10-15 minutes ● Cost: Free upon approval for use, contact inspirelab@chan.usc.edu for access
Modified Checklist for Autism in Toddlers-Revised with Follow/up (M-CHAT-R/F) ²³	16-30	● Description: A parent report measure to assess for signs of autism followed by a clinician conducted interview if the child scores in the medium or high-risk range ● Training: No training required ● Items: 20 items ● Time: 5 - 10 minutes ● Cost: Free download at no cost: M-CHAT Access
Infant Toddler Checklist (ITC) ³²	6-24	● Description: A caregiver questionnaire to screen for social communication challenges. Assesses social-communication, language, symbolic development ● Training: No training requirements reported ● Items: 24 items ● Time: 5-10 minutes ● Cost: Free download at no cost: ITC Access
Clinical Observation		
Childhood Autism Rating Scale (CARS-2) ²⁶	24-72	● Description: A clinical observation supplemented by a caregiver questionnaire to assess level of autistic behaviors ● Training: No specific training; professional administering the tool must have a background in psychology or related fields (i.e., OT, SLP, special education) ● Items: 15 items ● Time: 10 minutes ● Cost: \$308 for kit and materials: CARS-2 Access
The Screening Tool for Autism in Two-Year Olds (STAT) ²⁹	24-36	● Description: An interactive, play-based tool that assesses imitation, play, requesting, and directing attention ● Training: Required; online training tutorial to receive STAT certificate ● Items: 12 items; additional assessment toys required ● Time: 20 minutes ● Cost: \$500 for test kit materials and training tutorial: STAT Training
Autism Observation Skill for Infants (AOSI) ⁴	6-18	● Description: A semi-structured observational and direct-assessment measure that engages the infant in interactive play-based activities ● Training: Formal training required ● Items: 21 items; additional assessment toys required ● Time: 20 minutes ● Cost: Free after training: AOSI Information and Training

Table 3: Navigating conversations about screening.

Consider different factors that may impact the conversation and prepare using the suggestions below.

Conversation Factors	Suggestions
Preparation	• Seek out continued education to increase awareness of diverse presentations of autism^{19, 16} • Continually learn how caregivers from diverse backgrounds may describe their concerns, including impacts related to stigma, awareness, and the language available to label observations²¹ • Reflect on autistic perspectives and how you can foster neurodivergent-affirming practice^{15, 28} • Know expected developmental milestones and educate families if questions arise¹⁶ • Schedule enough time for the caregivers to process information and ask questions²⁷ • Choose a time and place with minimal distractions and external stressors¹⁴
During the Talk	• If the caregivers have not yet identified concerns, start by sharing and asking open-ended questions such as “Have you noticed this?”³¹ • Acknowledge that caregivers are the expert in knowing their child¹¹ • Manage your arousal level and adjust your approach in-the-moment based on the family’s needs¹⁷ • Use non-threatening body language and an empathetic communication style¹⁷ • Share observations and information in a confident, caring, and neutral manner¹⁰ • Validate the caregivers’ feelings and experience while acknowledging strengths in their child’s development¹² • Reassure caregivers that they are not alone in the process and, if able, provide future contact information to reach you or another support member⁶ • Leave time for questions and consider scheduling another time to discuss¹
Following Up with Screening Results	• If further evaluation is recommended, acknowledge and prepare caregivers for potential length and next steps of diagnostic process^{19, 12} (see Table 5) • Provide information about funding sources and/or cost of evaluations³⁵ • Offer practical and positive outlooks on potential diagnosis by addressing stigma and suggesting community resources/family support services²¹

Table 4: Scope of practice regarding screening.

Screening for autism may be in your scope of practice. It is important that all healthcare professionals take the time to research and review their scope with respect for local policies. Some tools to start can be found below.

Therapeutic Professions That Can Screen	Governing Framework
1. Occupational Therapy 2. Speech Language Pathology 3. Physical Therapy 4. Early Intervention Specialist	1. Occupational Therapy Practice Framework 2. American Speech-Language-Hearing Association 3. Physical Therapy Scope and Guide to Practice 4. Early Start Personnel Manual (California)

Importance of routine and repeated screening:

- a) Screening increases early detection, which supports quicker access to intervention services if needed
- b) Screening results vary by individual and can change over time; please use your clinical judgment and note that repeated screening may increase detection of early signs as development changes

Table 5: Navigating action steps following screening.

It is important to support families as they seek further evaluation and/or treatment after a positive screening result, indicating a greater likelihood of autism. Considering that laws and support systems differ by state, please take time to familiarize yourself with your local and state policies.

Encourage families to share screening results with their pediatrician, psychiatrist, or neurologist	Provide families with information about local supports	Refer internally to additional services if needed
Tips to prepare for the visit: • Provide the family with copies of screening result to bring to the visit • Encourage families to write out a list of questions they want to ask by the end of the visit • Suggest that families bring another person to support them and/or help with their child during the visit • If concerns are dismissed, encourage the family to advocate for their child given that they are the expert (<i>e.g. ask for a second opinion and/or re-screen in 3 months</i>) If a formal autism evaluation is recommended, see more here: What Should an Evaluation for Autism Look Like?	If the child is younger than 3 years: • Find your state's early intervention information using the QR code below If the child is older than 3 years: • Local schools are required by law to complete requested assessments to determine a child's need for special education services and support. To access this service, a parent would need to send a letter to their local school requesting an evaluation. For more information, see the QR code below.	Consider if the child would benefit from any other services based on screening results and observation. Potential referrals could include: • Occupational Therapy • Speech Language Pathology • Physical Therapy • Developmental Psychology

Resources for more information on autism to share with families (English and Spanish). Please scan:



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