

# York ASD Partnership Autism Spectrum Disorder Indicators for School-Aged Children

January 2016



## INTRODUCTION

Autism Spectrum Disorder is characterized by a wide range of features. Some school-aged children and youth with characteristics of Autism Spectrum Disorder are not identified earlier because their features have not been recognized as being related to this disorder due to the subtle and wideranging nature of the features.

This document is **NOT** a diagnostic tool but may be used by parents or professionals to help them to explore if a child should be referred for follow-up. This document can be used to provide a focus for discussion by highlighting specific behaviours of concern. Follow-up may include assessment and/or intervention which may be obtained through Community Service Providers and/or In-School Teams.

The following list of characteristics and/or behaviours should be considered as indicators for a possible Autism Spectrum Disorder. Every child with ASD is unique and may show some or many of these features. Some of these characteristics are not unique to ASD and may be exhibited by children who do not have the disorder.

Child / Youth							
First name: La			):				
Date of birt	h:			M	🗌 F		
Person who completed this form							
Name:							
	p to child/youth (eg parent, school, agency etc):						
Address:							
Contact:	Phone #	Email:					
Date:							

# The features associated with ASD are typically grouped into the areas of Social, Communication and Behaviour.

#### Check the applicable features.

	SOCIAL					
May display:						
•	limited ability to develop and maintain friendships with peers over time despite a desire for friendship e.g. engages in solitary activities, seldom joins groups successfully					
•	easier interactions with adults than with peers					
•	limited ability to initiate, maintain and end a conversation appropriately e.g. often sustains a conversation on topic of his/her own interest, talks off-topic frequently, difficulty with conversational turn-taking, greetings					
•	rigid adherence to rules and routines; becomes very upset if rules are not followed e.g. supply teacher, change in schedules/timetables, peer games					
•	limited ability using and understanding non-verbal skills e.g. appears rude, displays flat affect, difficulty with unspoken social rules, interpreting facial expressions and gestures, may show emotions that are not appropriate to the situation, may violate rules of personal space/stand too close to others					
•	difficulty understanding that other people have different thoughts and feelings than student (perspective taking) or assumes that others understand their thoughts and feelings					
•	social naivety; e.g. bullied or bully, rejected, taken advantage of by others					
COMMUNICATION						
May display:						
•	use of complex words and phrases (good grammar skills/ strong vocabulary skills) however may not fully understand what they are expressing					
•	highly verbal skills e.g. may spend more time talking than listening					
•	peculiarities in speech e.g. jargon, unusual noises, atypical rhythm in speech, odd inflections, monotone pitch, speaking in an overly formal manner, lack the ability to modulate the volume of voice,					
•	echolalic speech (repeats phrases over and over again) e.g. repeats back words or phrases he/she has heard previously or in other contexts, mimics television, movie, and/or computer phrases,					
•	excessive or repetitive questioning					
•	difficulties answering questions, especially open-ended questions or why questions unless related to student's area of special interest					
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- difficulty understanding jokes, metaphors and sarcasm e.g. interprets speech
   literally and has difficulty understanding idioms and/or sarcasm
- difficulty expressing complex, feelings, emotions and/or thoughts

BEHAVIOUR					
May display:					
<ul> <li>self injurious behaviour or aggression to others e.g. skin picking, nail biting, pinching</li> </ul>					
• stereotypical and repetitive motor mannerisms e.g. hand or finger movements, posturing, grimacing					
<ul> <li>awkward and uncoordinated movements e.g. may overshoot when reaching for materials and drop things on floor; may "touch" others with enough force to hurt; may hold pencil with light grip so that pencil marks are too vague to read or with too much force so that paper tears, poor ball skills</li> </ul>					
unusual sensitivities to noise, light, touch, smell, taste, and/or movement					
• unusual or limited coping skills e.g. may be quick to run away, and/or hide					
<ul> <li>significant or unusual anxieties e.g. greater than expected distress/concern over other people touching their possessions, strong need to arrange, organize, or line up objects,</li> </ul>					
<ul> <li>unusual and often socially inappropriate personal habits such as picking at body parts, smelling inedible objects, and/or unusual personal hygiene</li> </ul>					
• poor self-regulation e.g. becomes very angry or frustrated quickly (student goes from calm to meltdown in seconds), difficulty calming him or herself					
highly developed memory e.g. bus routes, sports statistics					
<ul> <li>uneven profile of skills e.g. highly advanced in one area and very weak in other areas</li> </ul>					
unusual interests relative to peers					
intense interest in a few prescribed topics/activities, often at the exclusion of other topics/activities or more than would be expected in peers					

### **NEXT STEPS**

- For parents: Take this completed document to your family doctor or paediatrician and request further assessment.
- For professionals and/or community members: Review this completed document with parents and suggest consultation with family doctor or pediatrician
- For educators: Refer to your In-school Team and consult with Area/Regional Support Staff.

# For further information or additional resources, go to: www.yorkasdpartnership.org