



CALECSE

California Early Childhood
Special Education Network



**Funded by the California Department of Education (CDE),
Special Education Division**

Autism Assessment in Early Childhood
August 26, 2026



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About CalECSE

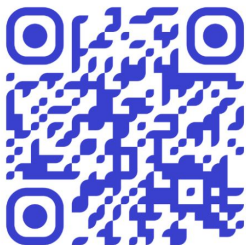


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Supporting Educators. Strengthening Partnerships. Improving Outcomes.

Explore. Learn. Connect.

Visit <https://www.calecse.org/> for no-cost trainings, communities of practice, practical tools, and resources.



California Early Childhood Special Education Network (CalECSE)

A CDE-funded technical assistance project supporting local education agencies (LEAs), Special Education Local Plan Areas (SELPA), county offices of education (COEs), and agency partners through:

- Professional learning
- Technical assistance
- Evidence-based resources
- Cross-agency collaboration

Mission

Strengthen early childhood systems to improve outcomes for young children with disabilities and their families.



CALECSE
California Early Childhood
Special Education Network

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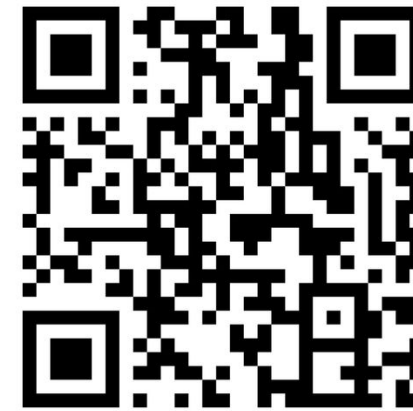


André Eng
Program Specialist,
Birth to Three



Tiny Steps to Golden Futures Symposium Registration is Open

Join us October 20–21, 2026, at
the Hyatt Regency San Francisco
Airport in Burlingame, California,
for two days of exceptional
professional learning,
inspiration, and collaboration.



Learn more at the CalECSE website:
<https://www.calecse.org/symposium2026>

Today's Presenters

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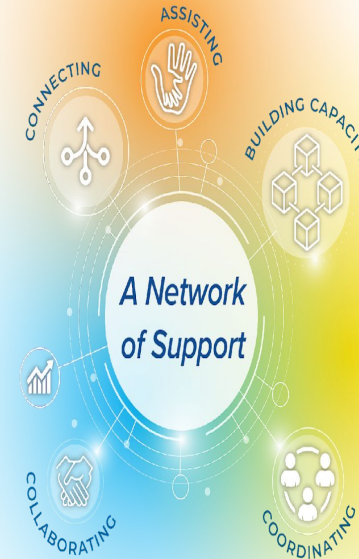
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Today's Agenda



- Medical Diagnosis and Educational Eligibility
- Current Perspectives and Research
- Understanding Neurotypical Child Development
- Intake Process
- Conducting a Comprehensive Assessment
 - Gathering Information from Home
 - Gathering Information from the Educational Setting
 - Naturalistic Observations
 - Play-Based Assessments
 - Standardized Assessments
 - Language Samples
- Data Analysis and Assessment Reports
- Questions

Medical Diagnosis and Educational Eligibility

What Is Autism Under the Medical Model?

Autism is a neurodevelopmental condition associated with differences in social communication and interaction and restricted or repetitive patterns of behavior, interests, or activities, including sensory differences. The diagnosis criteria is listed in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision (DSM-5-TR). Autism primarily manifests in differences in two areas:

Social Communication
(Social Reciprocity and
Using Verbal and
Nonverbal
Communication for Social
Purposes) and
Social Interaction

Preference for
Sameness and Routine,
Intense Interests,
Repetitive Behaviors, or
Neurodivergent Sensory
Processing

Three Key Areas of Challenge in Social Communication and Social Interaction for Clinical Diagnosis



1. Differences in social-emotional reciprocity.
2. Differences in nonverbal communicative behaviors used for social interaction.
3. Differences in developing, maintaining, and understanding relationships.

Restricted, Repetitive Patterns of Behavior or Interests



For a clinical diagnosis of autism at least two of these four are required:

- Stereotyped or repetitive motor movements, use of objects, or speech.
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.
- Highly restricted, fixated interests that are abnormal in intensity or focus.
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment.

Special Education Eligibility Criteria for Autism Under California Code of Regulations and Individuals with Disabilities Education Act (IDEA)



Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual response to sensory experiences.

Autism eligibility does not apply when the child's educational performance is adversely affected primarily because of an emotional disturbance. A child whose characteristics become apparent after age three may still be identified as having autism if the autism eligibility criteria are otherwise met.

Sources: California Code of Regulations (CCR), Title 5, Section 3030(a) and (b)(1):

<https://govt.westlaw.com/calregs/Document/I3042E4534C6911EC93A8000D3A7C4BC3>

Individuals with Disabilities Education Act Regulations (IDEA), Title 34 Code of Federal Regulations, Section 300.8(a) and (c)(1):

<https://sites.ed.gov/idea/regs/b/a/300.8>

Medical Diagnosis and Educational Eligibility: What Is the Difference?



Medical Diagnosis

- Determined by a qualified medical or psychological professional using clinical diagnostic criteria, such as the DSM-5-TR.
- Identifies whether a child meets diagnostic criteria for Autism Spectrum Disorder (ASD).
- May help families access medical, behavioral, and community-based services.
- A medical diagnosis does not automatically establish eligibility for special education services.

Sources: 34 CFR § 300.8, Child with a Disability: <https://sites.ed.gov/idea/regs/b/a/300.8>; IDEA, 34 CFR § 300.301, Initial Evaluations: <https://sites.ed.gov/idea/regs/b/d/300.301>; IDEA, 34 CFR § 300.304, Evaluation Procedures: <https://sites.ed.gov/idea/regs/b/d/300.304>; IDEA, 34 CFR § 300.306, Determination of Eligibility: <https://sites.ed.gov/idea/regs/b/d/300.306>

Educational Eligibility

- Determined by the individualized education program (IEP) team, including the parent, following a comprehensive educational evaluation.
- Considers whether the child meets eligibility criteria for a disability category, such as autism, and requires special education and related services.
- Uses multiple sources of information; no single assessment or measure may be used as the sole criterion for determining eligibility.
- A child does not need a medical diagnosis before being evaluated or found eligible for special education under the eligibility category of autism.

Schools May Be the First to Identify Concerns



For some young children, teachers, school psychologists, speech-language pathologists, and other school professionals may be among the first professionals to identify characteristics associated with autism.

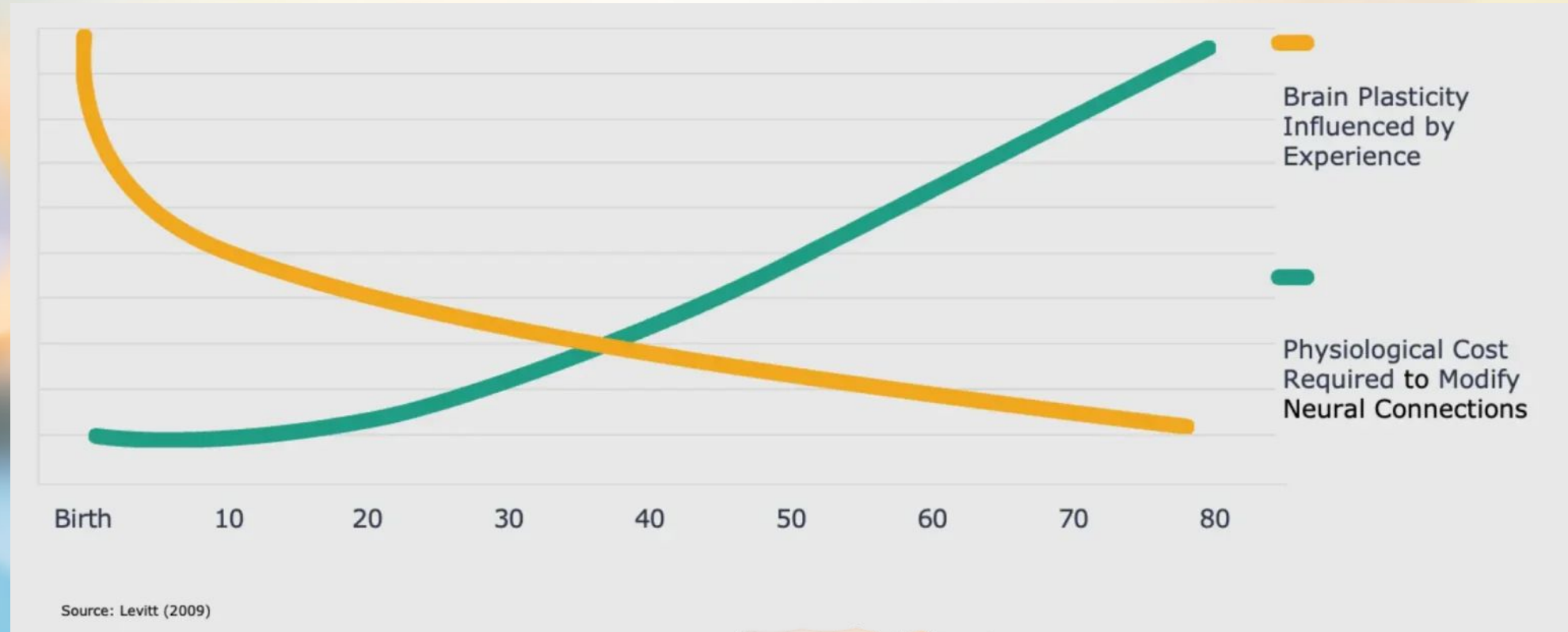
When autism is suspected, the local education agency (LEA) can initiate a comprehensive special education evaluation with parent consent; families do not need to obtain a medical diagnosis first.

Key takeaway:

Medical diagnosis $\neq$ educational eligibility. Neither is a prerequisite for the other.

Current Perspectives and Research

Why is Early Identification of Autism Important?



Source: Center on the Developing Child at Harvard University. Adapted from a graph created by Pat Levitt in collaboration with the Center on the Developing Child (2009). <https://developingchild.harvard.edu/key-concept/brain-architecture/>

Neurodiversity-Affirming Language



- Reframe to focus on differences versus disorder
- Shifting our language to be more affirming of neurodivergence:
 - Use of autism traits or characteristics (instead of “suffers from autism” or “autism symptoms”)
 - Use of nonspeaking (instead of “nonverbal”)
 - Describe support needs instead of terms such as “high-functioning” and “low-functioning”
 - Use neurotypical and neurodivergent instead of “normal” or “abnormal”
 - Avoid “special needs;” use “in need of support” or “learning difference”
 - Many adults in the autistic community identify as “autistic” but there are others who prefer identifying as “person with autism.” The neurodiversity paradigm does not endorse the use diagnostic terms such as ASD it is perceived as labeling the person with a disorder
 - Use identity-first or person-first language based on the individual’s or family’s preference

Resource on Neurodiversity



The Child Mind Institute website features an article explaining more about neurodiversity here:

<https://childmind.org/article/what-is-neurodiversity>

Read and Reflect



“When a flower doesn’t bloom, you fix the environment in which it grows, not the flower.”

—Alexander Den Heijer

Current Statistics

- Approximately 1 in 31 (3.2 percent) of eight-year-old children were identified with autism according to estimates from the Centers for Disease Control and Prevention's (CDC) Autism and Developmental Disabilities Monitoring Network.
- Autism occurs in every racial, ethnic, and socioeconomic group.
- Boys are three times more likely to be identified than girls.



Source: CDC (2025).

https://www.cdc.gov/autism/data-research/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/autism/data.htm

DSM-5-TR Updates Relevant to Gender Differences (1 of 2)



The DSM-5-TR was published in 2022. The diagnostic criteria for autism were not substantially changed; however, the accompanying text provides additional discussion of sex and gender differences in autism presentation.

1. Increased Recognition of Sex and Gender Differences in autism presentation

The DSM-5-TR expands its discussion of how females may present differently than males with autism, noting that:

- Girls may show fewer obvious restricted and repetitive behaviors.
- Girls may display more socially acceptable or camouflaging or masking of traits of autism
- Girls may have stronger social imitation skills, making symptoms less recognizable.

2. Acknowledgment of Camouflaging/Masking Traits of Autism

DSM-5-TR notes that these behaviors can make diagnosis more difficult and may lead to a later age of identification.

DSM-5-TR Updates Relevant to Gender Differences (2 of 2)



3. Clarification that Autism May Present Differently Across Genders

DSM-5-TR states that symptom presentation can differ by sex and gender, and that clinicians should consider:

- The more subtle manifestation common in girls
- Higher social motivation or desire for friendships in some females
- These differences may contribute to delayed or missed identification

A multimethod, multi-informant approach dramatically improves identification for girls.

Research across the last decade shows that girls—especially those with average language, social motivation, or masking skills—are routinely under-identified by all major standardized tools when used alone. (Lai et al. 2014; Ratto et al. 2018; Burrows et al. 2025)

Accurate identification requires clinicians who recognize the range of ways autism may present in girls and who integrate information from multiple sources, methods, and settings.

More on Girls and Autism



For more information about current research on autism and gender differences, including later identification of girls and the implications for assessment, view CalECSE's training on autism and gender differences. The slide deck is available here:

[https://www.calecse.org/uploads/materials/files/1768319145_Dec%203%202025%20Autism%20and%20Gender%20Differences%20CalECSE%20Compliant%20\(2\).pdf](https://www.calecse.org/uploads/materials/files/1768319145_Dec%203%202025%20Autism%20and%20Gender%20Differences%20CalECSE%20Compliant%20(2).pdf)

The prerecorded video of the training is available on Vimeo:

<https://vimeo.com/1147505668?fl=pl&fe=sh>

Understanding Neurotypical Child Development

Getting Started: Knowing Neurotypical Development

- Understanding neurotypical early childhood development is essential to conducting an autism assessment.
- CDC Developmental Milestones Checklist available at: https://www.cdc.gov/ncbddd/actearly/pdf/FULL-LIST-CD C_LTSAE-Checklists2021_Eng_FNL2_508.pdf
- The American Speech-Language-Hearing Association (ASHA) provides detailed communication milestones for hearing, speech, and language development from birth through age five. These milestones can be referenced alongside the CDC developmental milestones to provide additional information about a child's communication development. These were updated in 2023 and are available here: <https://www.asha.org/public/developmental-milestones/communication-milestones/>

Sources: CDC (2026); ASHA (2026).

MILESTONES MATTER: LET'S TALK ABOUT THEM!

MILESTONES AT 4 MONTHS  ✓ Begins to babble ✓ Responds to affection	MILESTONES AT 6 MONTHS  ✓ Likes to play with others ✓ Responds to own name	MILESTONES AT 9 MONTHS  ✓ Has favorite toys ✓ Understands "no"
MILESTONES AT 1 YEAR  ✓ Tries to say words you say ✓ Waves "bye-bye"	MILESTONES AT 2 YEARS  ✓ Begins to run ✓ Begins to sort shapes, colors	MILESTONES AT 3 YEARS  ✓ Knows name and age ✓ Climbs and runs well

Get free milestone checklists for these ages and more at www.cdc.gov/Milestones or by calling 800-CDC-INFO (800-232-4636).

Learn the Signs. Act Early.

Developed in partnership by the University of Missouri and the US Department of Health and Human Services, Centers for Disease Control and Prevention.



Students with Visual Impairments (VI) or who are Deaf or Hard of Hearing (DHH)



Students who are Deaf or Hard of Hearing (DHH) or who have visual impairments (VI) should receive assessments conducted by appropriately qualified specialists who understand how these disabilities may affect development and assessment performance (e.g., a teacher of students who are DHH or a teacher of students with visual impairments).

Senate Bill 210 language milestones (ages zero to five) developed for Deaf or Hard of Hearing students are available at:

<https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp>

Source: CDE (2026).

When Do Skills Typically Come In for Infants and Toddlers?

**By nine
months**

- Responds to name
- Range of facial expressions
- Smiles or laughs during games like peekaboo
- Joint attention

**By 15
months**

- Copies actions of other children
- Shows items to you
- Points to ask for something
- Looks at item when you name it
- Stacks two blocks

Be on the lookout
for the absence of
these skills

**By 18
months**

- Points to show you something of interest
- Follows one-step directions
- Looks at a few pages in a book with you
- Copies you

Developmental Milestones by Age Three

Socio-Emotional Development and Play

- Notices other children and joins them in play
- Parallel play should be moving into associative play. Access video sample of this here:

<https://www.youtube.com/watch?v=X3O7LI3NKq4&t=5s>

Speech and Language

- Talks in a conversation with at least two back-and-forth exchanges. Access video sample of this here:

<https://www.youtube.com/watch?v=yryiHkVtFmY&t=2s>

- Says what action is happening in a picture or book when asked, like “running,” “eating,” or “playing.” Access video sample of this here: <https://youtu.be/hIMxvZ4K6vA>

Cognitive

- Draws a circle when you show them.



Sources: CDC (2026);
ASHA (2026).

Developmental Milestones by Age Four

Social-Emotional Development and Play

- Pretends to be something else during play (teacher, superhero).
Access video sample of this here:
<https://www.youtube.com/watch?v=sLTgWGGBAqo>
- Asks to go play with children if none are around, like “Can I play with Alex?”
- Comforts others who are hurt or sad, like hugging a crying friend
- Cooperative play with peers

Language

- Says sentences with four or more words. Access video sample of this here: <https://youtu.be/3J8tGSlybC4>
- Talks about at least one thing that happened during their day, like “I played soccer.”
- Answers simple questions like “What is a coat for?” or “What is a crayon for?” Access video sample of this here:
https://youtu.be/is_ZipdZDnM



Sources: CDC (2026);
ASHA (2026).

Developmental Milestones by Age Five

Social-Emotional Development and Play

- Cooperative play with peers, including rule-following and turn-taking.
- Sings, dances, or acts for you. Access sample video of this here: <https://youtu.be/05Xpy7N9I1M>

Language

- Keeps a conversation going with more than three back-and-forth exchanges. Access sample video of this here: <https://youtu.be/1qGgCOUu-cl>

Cognitive

- Counts to 10.
- Names some numbers between one and five when you point to them.
- Writes some letters in their name.
- Names some letters when you point to them.
- Uses words about time, like “yesterday,” “tomorrow,” “morning,” or “night”: <https://youtu.be/h1m6TKwzWxs>



Sources: CDC (2026);
ASHA (2026).

Six Stages of Social Play Development

A video from the Pathways Foundation on the six stages of play can be accessed here:

<https://www.youtube.com/watch?v=xWel4PemG54>

Source: Pathways Foundation (2026)

<https://pathways.org/kids-learn-play-6-stages-play-development>

6 Stages of Play

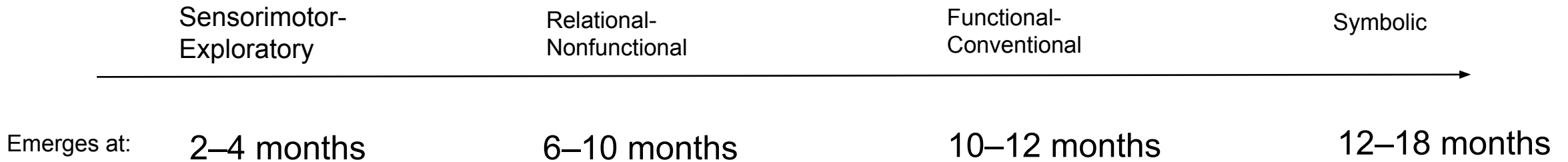
As a child grows they go through different stages of play development.

0-3 Months	Unoccupied Play	When baby is making movements with their arms, legs, hands, feet, etc. They are learning about and discovering how their body moves.	
0-2 Years	Solitary Play	When a child plays alone and are not interested in playing with others quite yet.	
2 Years	Spectator / Onlooker Behavior	When a child watches and observes other children playing but will not play with them.	
2+ Years	Parallel Play	When a child plays alongside or near to others but does not play with them.	
3-4 Years	Associate Play	When a child starts to interact with others during play, but there is not much cooperation required. <i>Ex: Kids playing on the playground, but doing different things.</i>	
4+ Years	Cooperative Play	When a child plays with others and has interest in both the activity and other children involved in playing.	

From Sensorimotor to Symbolic Play



Research has shown that symbolic play and early language development are closely correlated, with similarities in timing, content, and structure.



A no-cost, downloadable Stages of Play assessment tool from the website The Informed SLP is available at this link:

https://tislp-bucket-assets.s3.amazonaws.com/Stagesof_Play_Assessment_ab53ba385b.pdf

Source: Casby (2003).

Early Signs of Autism Video



A video from the Center for Autism and Related Disorders at the Kennedy Krieger Institute illustrates many of the early signs of Autism:

<https://www.youtube.com/watch?v=YtvP5A5OHpU>

Understanding Autistic Play Through a Neurodiversity-Affirming Lens



Autistic play may look different—not less meaningful.

- Children with autism may prefer solitary or parallel play, repetition, sensory exploration, focused interests, predictable play routines, or different forms of imaginative play.
- Repetitive or highly focused play can provide enjoyment, regulation, predictability, exploration, and opportunities for deep engagement.
- Differences from neurotypical play patterns should not automatically be interpreted as play “deficits.”
- Recent research centering autistic children's perspectives identifies enjoyment, social connection, meaningful materials and activities, autonomy, and agency as important features of autistic play.
- Autistic adults also describe value in both social and solitary play, including parallel play, intense engagement or “flow,” and solitary play as a way to recuperate.
- A neurodiversity-affirming approach asks educators to observe first, follow the child's interests, respect autonomy, join rather than redirect when appropriate, and expand opportunities for connection without requiring the child to play in a neurotypical way. This is consistent with emerging research calling for authentic play experiences that respect autistic children's preferences and agency.

Intake Process

Common Referral Sources for LEAs



- Regional center referral as part of the transition from Part C to Part B
- Parent or caregiver referral due to concerns about one or more areas of development; the child may or may not have a diagnosis
- Teacher referral, including referrals involving transitional kindergarten (TK) students
- Pediatrician referral
- Referral or request for assessment following a medical diagnosis

When in Doubt, Assess: The Threshold for Assessment Is Not Eligibility



A child does not need to have a medical diagnosis before an assessment is initiated. The purpose of the assessment is to determine whether the child has a disability and to identify the child's educational needs. IDEA specifically describes the initial evaluation as the process used to make those determinations.

- Assessment is the process used to determine whether the child is eligible. Do not ask the family to seek a medical evaluation first.
- **Provide an assessment plan promptly after a referral for assessment.** In California, when an assessment is to be conducted, the proposed assessment plan generally must be provided to the parent or guardian within 15 days of the referral, subject to the statutory exceptions for school breaks and agreed-upon extensions.

Key takeaway: You do not assess because you already know the child is eligible. You assess because there is a question about whether the child may have a disability and what their educational needs are.

Sources: California Education Code sections 56302, 56320, and 56321; 34 CFR sections 300.301 and 300.304.

California Education Code:

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?article=1.&chapter=4.&division=4.&lawCode=EDC&part=30.&title=2.

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=56320.

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=56321.

IDEA: <https://sites.ed.gov/idea/regs/b/d/300.301>; <https://sites.ed.gov/idea/regs/b/d/300.304>

Assess in All Areas of Suspected Disability



California *Education Code* section 56320(f) requires that:

“The pupil is assessed in all areas related to the suspected disability”

For a young child with suspected autism, this may require looking beyond autism-specific characteristics to consider areas such as:

- Health and development
- Hearing and vision
- Communication and language
- Social-emotional functioning
- Motor abilities
- Cognitive and preacademic functioning, as appropriate
- Adaptive and self-help skills
- Sensory processing

Source: California *Education Code* section 56320(f).

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=56320.

Ensuring Your Intake Process is Comprehensive

- A comprehensive intake process for referrals is essential to ensure the team is assessing in all areas of suspected disability.
- Intake process should include specific questions about behavior, sensory processing, language, socialization and play, self-care, motor skills, and so on.
- Ensure that the assessment plan reflects all areas of concern.
- If autism or an intellectual disability is suspected, a full assessment is warranted.
- Consider an occupational therapy (OT) or physical therapy (PT) assessment on initial assessment plan, if sensory or motor concerns are present.

Sample Intake Form

A sample intake form that can help determine all areas of suspected disability can be accessed on the CalECSE website here:

https://www.calecse.org/uploads/blogs/files/1755552364_PreSchool%20Initial%20Referral%20Intake%20Form.pdf



Conducting a Comprehensive Assessment

Components of a Comprehensive Early Childhood Autism Assessment

- ❑ Health and developmental history
- ❑ Hearing and vision screenings
- ❑ Parent or caregiver report
- ❑ Review and consideration of outside reports and diagnoses
- ❑ Preschool teacher or child care provider reports
- ❑ Naturalistic observations (preschool, home, park)
- ❑ Assessment observations
- ❑ Play-based assessment
- ❑ Standardized assessments
 - ❑ Speech and language
 - ❑ Cognitive assessment*
 - ❑ Preacademic skills
 - ❑ Adaptive behavior
 - ❑ Social–emotional and behavioral assessment, including autism-specific rating scales
 - ❑ Motor and sensory assessment
- ❑ Summary of findings
- ❑ Discussion of eligibility recommendations
- ❑ Statement of validity

**When assessing African American students, follow current CDE guidance regarding the Larry P. injunction and the use of standardized intelligence tests.*

Comprehensive Early Childhood Autism Evaluation: Looks at the Whole Child

Cognitive and Preacademic Skills



Speech and Language



Adaptive Skills



Motor and Sensory



Social–Emotional and Behavior



Gathering Information from the Home

Parents and Caregivers

Parents and caregivers know their children best and are essential partners in the assessment process.

Involve and support parents and caregivers:

- Interview them
- Communicate in the family's primary language and provide Interpretation or translation services when needed
- Use culturally responsive practices
- Invite them to participate in the assessment when appropriate
- Ask about their concerns, priorities, and goals for their child

Parents and Caregivers, Continued



More ways to support parents and caregivers:

- Listen carefully to their observations and perspectives
- Use these early interactions with the school system as opportunities to build trust
- Explain the assessment process clearly and step by step
- Avoid unnecessary use acronyms and jargon
- Be kind, patient, and respectful.
- Communicate openly about areas being considered in the assessment, including autism or intellectual disability

Health and Developmental History Sample

A sample of a comprehensive
Health and Developmental
screening form can be found here:

https://drive.google.com/file/d/1O0TOwBwX03cTwEUbhKmDD3n_W9JatH1I/view



Developmental History: Signs of Possible Autism

By 9 months

- Does not respond to their name.
- Does not show facial expressions, such as happy, sad, angry, or surprised.

By 12 months

- Does not play simple interactive games, such as pat-a-cake.
- Uses few or no gestures, such as waving goodbye.

By 15 months

- Does not share interests with others, such as showing an object they like.

By 18 months

- Does not point to show something interesting.

Other signs may include

- Avoids or does not maintain eye contact.
- Repeats words or phrases (echolalia).
- Lines up toys or objects and becomes upset when the order changes.
- Plays with toys the same way each time.
- Has unusual reactions to sounds, smells, tastes, sights, or textures.



Source: Centers for Disease Control and Prevention (2026), Signs and Symptoms of Autism Spectrum Disorder.

<https://www.cdc.gov/autism/signs-symptoms/index.html>

Gathering Parent and Caregiver Input



Parent and caregiver input is an essential part of a comprehensive autism assessment. Use open-ended questions and structured tools to understand the child's development and behavior across settings and over time. These questions are also available on a Google form here: <https://docs.google.com/document/d/1I1DrNKWa5OvjClvmD4bWx4HJSRx6TQIWZw3Lax2gTZ0/edit?tab=t.0/copy>

Questions to Consider

- **Social connection:** How does your child show interest in you or other people? How do they respond when others try to join their play?
- **Communication:** How does your child let you know what they want or need? How do they share interests, enjoyment, or experiences with you?
- **Nonverbal communication:** How does your child use eye gaze, gestures, facial expressions, or pointing to communicate?
- **Play:** What does your child enjoy playing with? How do they use toys? Do they engage in pretend or imaginative play?
- **Peer interactions:** What happens when your child is around other children? Do they initiate, respond, imitate, or join play?
- **Repetitive behaviors and interests:** Are there movements, routines, objects, topics, or activities your child seeks out repeatedly?
- **Flexibility:** How does your child respond to changes in routines, transitions, or unexpected events?
- **Sensory experiences:** Are there sounds, textures, foods, movements, lights, or other sensory experiences your child strongly seeks or avoids?
- **Developmental history:** When did you first notice differences or concerns? Have any skills changed or been lost?
- **Strengths:** What does your child enjoy? When do you see them most engaged, comfortable, and successful?

Structured Tools for Gathering Parent Information



- Consider standardized parent or caregiver measures as one component of a comprehensive assessment, such as:
 - Social Communication Questionnaire (SCQ)
 - Social Responsiveness Scale, Second Edition (SRS-2)
 - Autism Spectrum Rating Scales (ASRS)
- Important note: The SCQ is designed for children older than age four with a mental age greater than two years, so it is not appropriate for all children in an early childhood assessment population.

Gathering Information from the Educational Setting

Teacher and early childhood staff input is an essential part of a comprehensive autism assessment. Use open-ended questions and structured tools to understand how the child communicates, plays, interacts, and participates in everyday classroom activities, routines, and transitions. Gather information about the child's strengths and support needs across different activities, settings, and times of day.

Assessment Tip: Ask teachers to provide specific examples of what they observe, including when and where behaviors occur, rather than relying only on general descriptions such as “does not socialize” or “has difficulty with transitions.” This can help the assessment team understand the child's functioning across naturally occurring early childhood activities.

Questions for Teachers and School Staff



These questions are also available on a Google form here:

<https://docs.google.com/document/d/1Qp13fDwk-FijOrdvjvcbwB4DGQ8rePvD5pFVJWVMIAo/edit?tab=t.0>

Questions to Consider

- **Social connection:** How does the child show interest in adults and other children? How do they respond when others initiate interaction?
- **Communication:** How does the child communicate wants, needs, interests, or experiences? How do they initiate and respond to communication?
- **Nonverbal communication:** How does the child use eye gaze, gestures, facial expressions, body language, or pointing to communicate with others?
- **Play:** How does the child use toys and classroom materials? Do they imitate others or engage in functional, pretend, or imaginative play?
- **Peer interactions:** How does the child interact with peers during free play, centers, outdoor play, and other less-structured activities? Do they initiate, respond, imitate, or join play?
- **Repetitive behaviors and interests:** Are there movements, routines, objects, topics, or activities the child seeks out or engages in repeatedly?
- **Flexibility and transitions:** How does the child respond to transitions, changes in routines, new activities, or unexpected events?
- **Sensory experiences:** Are there sounds, textures, movements, lights, foods, or other sensory experiences the child seeks or avoids? How does this affect classroom participation?
- **Classroom participation:** How does the child participate during group activities, centers, meals, outdoor play, and classroom routines? When is additional adult support needed?
- **Strengths:** What activities, materials, people, or environments help the child feel most engaged, comfortable, and successful?

Naturalistic Observations

Consider observations during:

- Preschool or transitional kindergarten
- Child care
- Home or community settings, when appropriate
- Indoor and outdoor play
- Structured and unstructured activities
- Routines and transitions

Sources:

IDEA, 34 CFR § 300.304, Evaluation Procedures:

<https://sites.ed.gov/idea/regs/b/d/300.304>

IDEA, 34 CFR § 300.305, Additional Requirements for Evaluations and Reevaluations:

<https://sites.ed.gov/idea/regs/b/d/300.305>

CDE, *California Early Childhood Educator Competencies*, Observation, Screening, Assessment, and Documentation:

<https://www.cde.ca.gov/sp/cd/re/documents/ececompetencies2011.pdf>

Why Naturalistic Observation Matters

IDEA requires evaluations to use a variety of assessment tools.

For preschool children, evaluation information helps determine the child's ability to participate in appropriate activities.

IDEA also specifically identifies classroom-based observations and observations by teachers and related service providers as sources of evaluation data.

This is particularly useful in an early childhood autism assessment because many of the characteristics being evaluated—social reciprocity, joint attention, play, communication, flexibility, sensory responses, and peer interaction—are best understood by examining how the child functions during everyday activities rather than relying solely on standardized testing.

Naturalistic Observations



Observe:

- Play skills
- Social interactions and reciprocity
- Verbal and nonverbal communication
- Joint attention
- Repetitive behaviors or interests
- Flexibility and transitions
- Sensory responses
- Problem-solving skills
- Self-care skills
- Motor skills
- Attention and engagement
- Participation in routines and activities
- Participation in classroom and playground activities

Autism Traits that May Be Noted During Observations

- Repetitive motor movements
- Evidence of gestalt language processing
- Atypical use of toys or repetitive play actions
- Frequent or prolonged periods of dysregulation
- Reduced eye contact
- Limited or no response when name is called
- Avoidance of or extreme reactions to sounds, lights, textures, tastes, or smells
- Reduced use of nonverbal communication (e.g., limited nodding, pointing or following a distal point, smiles, clapping, demonstrative gestures)
- Difficulty with flexibility (rigid play, need to direct play)
- Difficulty with transitions
- Seeking out particular sensations such as sounds, sensations, touches, or textures

Key Things to Watch For in Naturalistic Observations and Assessments

A video demonstrating joint attention can be accessed here:
<https://www.youtube.com/watch?v=1Ab4vLMMAbY>

A video demonstrating the difference between neurotypical and neurodivergent play can be accessed here:
<https://www.youtube.com/watch?v=1Q2CzTJh7nl>

Limited joint attention and limited social engagement in play can be characteristics of autism.

Observation Use in an Assessment Report



- Observe child's play in natural setting (e.g., preschool/outdoor play)
- Some of the time should ideally be without direct adult support, true child-directed time
- Narrative observations in assessment reports are one method of showing educational impact and how a child is able to participate in age-appropriate activities. See sample on this Google doc:
<https://docs.google.com/document/d/1FR9RKbrgbyOM2zxoU6Zng06NiGg9nf0QFegutOmhb-8/edit?usp=sharing>)

Play-Based Assessments

Play-Based Assessments

Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)

Age range: 12 months through Adulthood

Publication date: 2012

Four modules, plus Toddler Module

Assessor presents various activities (e.g., Free Play, Response to Name, Response to Joint Attention)

Overall Autism, Autism Spectrum or Non-Spectrum Classification Given

- Assessor Scores in Language and Communication, Reciprocal Social Interaction, Play, Stereotyped and Restricted Interests, Abnormal Behaviors

Must be highly trained; snapshot in time; girls can be missed; takes practice to administer and score.



Preschool Language Scales, 5th Edition (PLS-5)

Age range: Birth through 7 years, 11 months

Publication date: 2011

Partially play based.

Has pragmatic-focused elements.

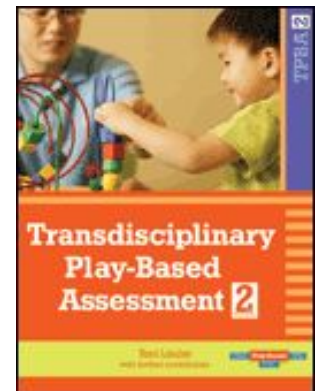


Transdisciplinary Play-Based Assessment, 2nd Edition (TPBA-2)

Age range: Birth through 6 years

Publication date: 2008

Requires a multidisciplinary team and is complex to score. Last updated in 2008; scoring does not align with revised CDC milestones.



Autism Diagnostic Observation Schedule (ADOS-2) and Under-Identification of Autistic Girls in Early Childhood



ADOS-2 and the Risk of Missing Girls (Toddler Module, Modules 1 and 2)

- **Male-based item calibration:** ADOS-2 was normed primarily on male samples, raising concerns that Modules 1–2 may be less sensitive to early-childhood female presentations.
- **Girls show subtler scores:** Based on studies, girls with autism often display more typical eye contact, gestures, pretend play, and social imitation, which may result in lower ADOS-2 Social Affect scores—even when autism is present.
- **Evidence of sex-related item bias:** Large item-response studies of the ADOS-2 (including Modules 1 and 2) reveal differential item functioning on some behaviors (e.g., hand mannerisms), meaning those items may be less likely to be scored as atypical in girls, potentially reducing total scores.

Sources: Kalb et al. (2022); Ronkin et al. (2022); Burrows et al. (2025); Krapf (2022).

ADOS-2 and Under-Identification of Autistic Girls in Early Childhood, Continued



- **Toddler module findings:** Although some toddler items show statistical invariance, researchers emphasize the clinical risk: girls often demonstrate strengths in pretend play and social engagement during the structured ADOS-2 session, masking core symptoms.
- **Camouflaging in young girls:** Even in early childhood, some girls with diagnosed autism demonstrate social compensation that lowers ADOS-2 scores, especially in Modules 1–2 where interaction is heavily scaffolded.
- **Clinical implication:** ADOS-2 results for girls—particularly those with higher social interest or subtler restricted behaviors—should be interpreted alongside **developmental history, caregiver report, and real-world observations**, not in isolation.

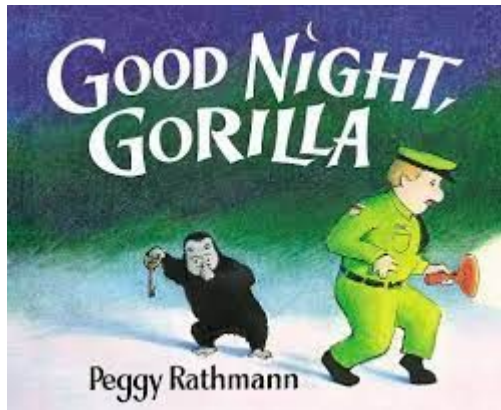
Informal Play-Based Assessment

A video from CalECSE discussing the benefits of play-based assessment in early childhood evaluations:

<https://www.youtube.com/watch?v=loj0tWEJgrY>



Preschool Play Kit Ideas



Getting Started with Informal Play-Based Assessment

Use age-appropriate toys and materials to elicit play, social communication, language, problem-solving skills, and other developmental skills.

- **Free play:** Cause-and-effect toys, blocks, and cars
- **Pretend play:** Baby dolls, toy phones, animals, pretend food, cups, and plates
- **Joint attention:** Bubbles, a jack-in-the-box, and balloons
- **Interactive play:** A blanket or ball
- **Language sample:** Wordless books
- **Sensory play:** Sensory toys and play dough
- **Problem-solving activities:** Block puzzles



Play-Based Assessment: Setting Up the Room

- Send the caregiver an email or have a phone call ahead of time to let them know what you will be doing and how involved you want them to be.
- Provide a seat for the parent or caregiver.
- Turn off computers, hide cell phones and tablets, or lower your screen if possible.
- Just put a few toys out to start: a couple on the table and a couple on the floor
- Put out a mix of different types of toys:
 - concrete tasks (e.g., simple block puzzle)
 - cause/effect
 - figurines
- Follow the child's lead. Allow adequate wait time for the child to explore and initiate



Play-Based Assessment: Possible Sequence

Free play: Offer cause-and-effect toys, blocks, and cars. Allow the child time to explore and play without adult direction.

Join the child's play: Enter the child's play and observe their response. Call the child's name and note the response. Use a point or gesture to direct the child's attention to a pretend-play area.

Pretend play: Invite the child to engage in reciprocal pretend play using materials such as a baby doll, play kitchen, or toy animals.

Create opportunities for joint attention: Use motivating activities such as bubbles, balloons, a stomp rocket, or a jack-in-the-box. Observe how the child initiates and responds to joint attention.

Look at a book together: Use a wordless or age-appropriate book to observe language, communication, shared attention, and engagement.

Play an interactive game: Use activities such as peekaboo or rolling a ball back and forth to observe shared enjoyment, social reciprocity, anticipation, and turn-taking.

Offer sensory materials: Provide materials such as play dough, kinetic sand, sensory toys, or windup toys. Reduce adult interaction briefly and observe whether and how the child initiates interaction or seeks attention. Note sensory-seeking or sensory-avoidant responses and repetitive behaviors.



Tips and Tricks



This is an assessment to see what the child naturally initiates and responds to—you should not be working hard to engage.



Wait time. Pause. Silence. Follow the Child's Lead. Watch and allow for awkward pauses—that is where you will get the good information.

Collecting Data: Decide What Works Best for the Referral Reason



- Use CalECSE's Play-Based Observational Notes form to track potentially neurotypical and neurodivergent social communication and play:
https://www.calecse.org/uploads/blogs/files/1714089055_Assessment%20Practices%20-%20Play-Based%20Assessment%20Observational%20Notes.pdf
- Use CalECSE's Developmental Skills Checklist:
[https://www.calecse.org/uploads/blogs/files/1755552344_Play-Based%20Assessment%20Observed%20Skill%20Checklist%20Ages%20Two%20to%20Five%20\(2\).pdf](https://www.calecse.org/uploads/blogs/files/1755552344_Play-Based%20Assessment%20Observed%20Skill%20Checklist%20Ages%20Two%20to%20Five%20(2).pdf)
- Use a Developmental Checklist like CDC's which can be accessed here:
https://www.cdc.gov/ncbddd/actearly/pdf/FULL-LIST-CDC_LTSAE-Checklists2021_Eng_FN_L2_508.pdf
- Use ASHA's Communication Checklists:
<https://www.asha.org/public/developmental-milestones/communication-milestones/>
- Use the Informed SLP's Stages of Play Assessment Sheet:
https://tislp-bucket-assets.s3.amazonaws.com/Stagesof_Play_Assessment_ab53ba385b.pdf

What Else Are We Looking At?

- Which toys does the child choose?
- Does the child show or bring toys to you?
- Does the child try to involve you or others in play?
- Does the child initiate or respond to joint attention?
- Does the child respond to their name?
- Does the child share enjoyment with others, such as smiling or looking toward an adult during an enjoyable activity?
- How does the child use toys and play materials?
- Does the child incorporate another person's ideas into play?
- Does the child imitate actions, sounds, or words?
- Does the child point or use other gestures to share interest?
- Does the child request continuation of an enjoyable activity, such as bubbles or balloons? How do they communicate the request?
- Does the child engage in interactive games, such as peekaboo or rolling a ball back and forth?
- Does the child seek help when needed? How do they communicate that they need assistance?

**Sample video of
play-based
assessment:**

<https://www.youtube.com/watch?v=mnw-3gOKir0>

How Autism May Present in Boys' Play in Early Childhood

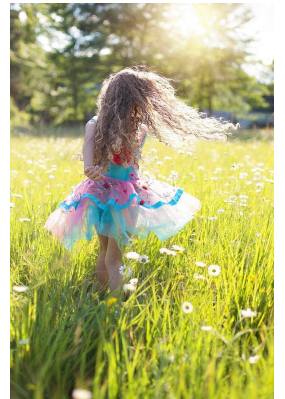
- Stereotypical restricted interests reported
- Interest in parts of objects versus girls
- Repetitive motor movements (e.g., hand-flapping, pacing, jumping)
- Engagement in solitary play, less peer interactions
- Repetitive play more stereotypical of autism (e.g., lining up objects, driving a car back and forth in front of eyes)
- Less likely to show pretend play



Source: Hendrickx (2015).

Versus How Autism May Present in Girls' Play in Early Childhood

- Restricted interests more “socially acceptable” (e.g., “collections” and displaying/organizing toys, intense interest in animals/stuffies/character)
- May share interests—converse with others
- Repetitive movements might look socially appropriate (twirling)
- Social motivation for friendships
- Nonverbal communication may look neurotypical (more frequent eye contact, gesture use, social smiles)
- Conversational skills (but speech can be overly verbose/formal, repetitive questioning, monopolizing conversations, frequent interruptions of others)
- May be called “bossy” by peers (e.g., difficulty sharing items)
- May show pretend play and ability to imitate
- Repetitive play schemes that look imaginative
- May move quickly between peers on the playground
- Can appear “shy” or to experience anxiety



Source: Hendrickx (2015).

Incorporating Your Session Notes into a Report



A sample of report write-up for a play-based assessment session is available on this Google doc:

https://docs.google.com/document/d/1qoMPpovf6AP1gd_8YdT3qH2Qh-A-VpVxMS0cBWpvSqw/edit?tab=t.0

Including Play-Based Assessments in Reports and Conclusions

Play-based assessment blank chart that can be copied via Google doc accompanies CalECSE Play-Based Assessment Observational Notes Form for reports can be accessed here:

<https://docs.google.com/document/u/4/d/1sVn9QnpzylyWhSZmWvRH58jB65dGZULAMrhgrZ18baY/copy>

Three samples of speech and language write-ups of play-based assessments for reports can be accessed here:

https://docs.google.com/document/d/1o4q44qENi0Xmnz7f3RVvFNDpX_B-aIhNSBuu0FJkY-U/edit?usp=sharing

Why Should Speech-Language Pathologists (SLPs) Use Play-Based Assessments?



SLPs often assess children before other specialists, so it is important to become familiar with developmental milestones in other areas, including play. This is best recognized through holistic observation rather than standardized testing.

This is your time to collect a language sample, when the child is relaxed and using spontaneous language.

Standardized testing does not always capture all aspects of a child's language or elicit the targeted skill.

What can be learned about language from play-based assessments?

- For what purposes the child uses language
- How the child uses language and communication to problem-solve
- How the child uses gestures or other nonverbal communication strategies
- How intelligible the child's spontaneous speech and language are, including whether intelligibility decreases with more complex utterances
- Level of receptive language
- The child's social responsiveness and how the child initiates social interactions
- Expressive language, including syntax and morphology
- Whether the child's language indicates a gestalt language learning style

Standardized Assessments

Possible Challenges of Using Standardized Assessments with Children with Autism



Consider limiting factors to conducting valid standardized assessments

- Language impairments: verbally loaded assessments may not be valid
- Limited engagement with non-preferred tasks
- Limited joint attention (limited ability to look at what you are looking at and share attention)
- Limited ability to respond when spoken to
- Difficulty with change in routine (testing in an unknown setting, with unfamiliar person, or disruption to normal schedule may cause distress or performance that may not accurately reflect the child's abilities)
- Inability to point to indicate answers affects scoring

Standardized Assessments with Supports

Create a supportive setting:

- Have parent or teacher prepare the child about change to routine
- Use preferred interests to build rapport
- Test in a familiar setting: child's school or home
- Use a visual schedule of subtests and breaks
- Provide a quiet setting, with access to breaks (find out what the child's preferred break activities are ahead of time) and show the child how they can request a break during testing.
- Use token boards or preferred activities, if this has worked for the child in the past: consult with parents, providers, and teachers about individualized supports might work best for the child.
- Use multiple shortened sessions, if needed.



For cognitive testing: consider using a nonverbal assessment depending on language skills.

Developmental Assessments

Bayley Scales of Infant and Toddler Development (Bayley-4)

Age Range: 16 Days through 3 years 6 months
Publication Date: 2019

Developmental Assessment of Young Children, Second Edition (DAYC-2)

Age range: Birth through 5 years, 11 months
Publication date: 2012

Battelle Developmental Inventory (Battelle-3)

Age Range: Birth through 7 years 11 months
Publication date: 2020
Academic Assessment portion for 3 years 6 months through 7 years 11 months



Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV)

Age range: 2 years, 6 months through 7 years, 7 months

Publication date: 2012

Kaufman Assessment Battery for Children, Second Edition, Normative Update (KABC-II NU)

Age range: 3 through 18 years

Publication date: 2018

Cognitive Assessment of Young Children (CAYC)

Age range: 2 months through 5 years, 11 months

Publication date: 2010

Differential Ability Scales, Second Edition (DAS-II), Early Years Battery

Age range: 2 years, 6 months through 6 years, 11 months

Publication date: 2007

Larry P. consideration: When assessing African American students, follow current guidance regarding the *Larry P.* injunction and the prohibition on the use of standardized intelligence tests for special education identification and placement. Select appropriate alternative assessment methods when applicable.

Preacademic Assessments

Wechsler Individual Achievement Test, Fourth Edition (WIAT-4)

Age range: 4 years through 50 years, 11 months

Publication date: 2020



Kaufman Test of Educational Achievement, Third Edition (KTEA-3)

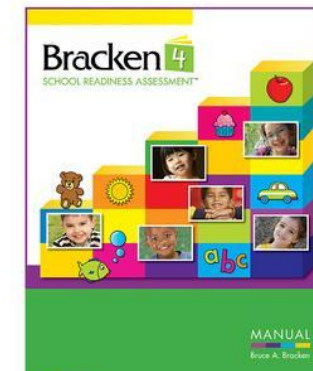
Age range: 4 years through 25 years, 11 months

Publication date: 2014

Bracken Basic Concept Scale, Fourth Edition: Receptive (BBCS-4:R)

Age range: 3 years through 7 years, 11 months

Publication date: 2022



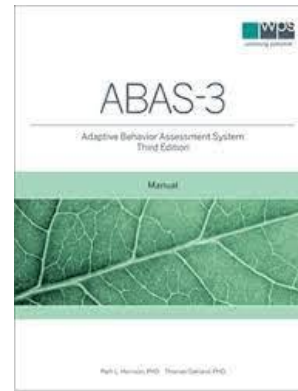
Adaptive Behavior

Adaptive Behavior Assessment System, Third Edition (ABAS-III) for Infant and Preschool

Parent and teacher scales

Age range: Birth through 5 years

Publication date: 2015



Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)

Parent and teacher scales

Age Range: Birth through 90 years (Parent), 3 years through 21 years 11 months (Teacher)

Publication date: 2016

Assessment tip: examine item responses in the social and communication domains closely

Autism Specific Rating Scales and Assessment Tools



Autism Spectrum Rating Scales (ASRS)

Parent and teacher forms

Age range: 2 through 5 years

Publication date: 2009

Measures: Autism-specific characteristics; provides a Total Score and DSM-5 Scale Score

Social Responsiveness Scale, Second Edition (SRS-2)

Parent and teacher forms

Age range: 2 years, 6 months through 4 years, 6 months
(Preschool Form)

Publication date: 2012

Measures: Social functioning associated with autism

Social Communication Questionnaire (SCQ)

Parent or caregiver questionnaire; Lifetime and Current forms

Age range: 4 years and older

Publication date: 2003

Measures: Autism-specific screening measure that gathers information about communication, social interaction, and restricted or repetitive behaviors across the child's developmental history



What Is New for Early Childhood Autism Assessment?



The Behavior Assessment System for Children, Fourth Edition (BASC-4) released in 2026 includes updated norms, revised content, and new data designed to reflect current research and population trends.

Updates Relevant to Autism Assessment

- Updated norms and new data were collected for BASC-4
- The Teacher Rating Scales (TRS) and Parent Rating Scales (PRS) continue to provide autism-relevant information across settings
- The Autism Probability Index can contribute information about patterns associated with autism and is included on the preschool scales
- Autism-related profiles may include elevations in areas such as Atypicality, Withdrawal, Attention Problems, and Developmental Social Disorders, along with lower scores in areas such as Functional Communication.
- BASC-4 development included a focus on neuroaffirming language, accessibility, equity, and clinical precision

Source: Pearson (2026), *BASC-4: A Comprehensive System of Behavioral and Emotional Assessment, Training Handout*.

More on the BASC-4 Update

BASC-4

Preschool Parent and Teacher Rating Scales

Age range: Begins at age 2

Publication date: 2026

Measures: Behavioral, emotional, and adaptive functioning; includes autism-relevant scales and the Autism Probability Index

Updates: New norms, updated items and content, updated clinical data, and English and Spanish parent and teacher forms

Note: A separate BASC-4 Autism Narrow Band is expected in 2027.



Source: Pearson (2026).

Expressive and Receptive Language Tests



Receptive One-Word Picture Vocabulary Test, Fourth Edition (ROWPVT-4)

Age range: 2 years through 70 years and older

Publication date: 2010

Expressive One-Word Picture Vocabulary Test, Fourth Edition (EOWPVT-4)

Age range: 2 years through 70 years and older

Publication date: 2010

Peabody Picture Vocabulary Test, Fifth Edition (PPVT-5)

Age range: 2 years, 6 months through 90 years and older

Publication date: 2018

Clinical Evaluation of Language Fundamentals Preschool, Third Edition (CELF Preschool-3)

Age range: 3 years through 6 years, 11 months

Publication date: 2020

Expressive and Receptive Language, Continued

Receptive-Expressive Emergent Language Test, Fourth Edition (REEL-4)

Age range: Birth through 36 months

Publication date: 2020

Communication Matrix

Age range: All ages

Publication date: 2013

The communication matrix can be found here:

<https://communicationmatrix.org/>



Pragmatic Assessments



SRS-2

Parent and teacher forms

Age range: 2 years, 6 months through 4 years, 6 months
(Preschool Form)

Publication date: 2012

Measures: Social awareness, social cognition, social communication, social motivation, and restricted interests and repetitive behavior

CELF Preschool-3

Age range: 3 years through 6 years, 11 months

Publication date: 2020

Includes a Descriptive Pragmatics Profile to gather information about social communication skills

PLS-5

Age range: Birth through 7 years, 11 months

Publication date: 2011

Includes items addressing social communication and pragmatic language skills

Language Samples

Single Measure Protocols

- Mean Length of Utterance (MLU) and Brown's Morphemes
- Developmental Sentence Scoring (DSS)
- Index of Productive Syntax (IPSyn)
- Sentence Diversity
- Lexical Diversity Measures

Comprehensive Analysis Systems

- Edmonton Narrative Normative Inventory (ENNI)
- Sampling Utterances of Grammatical Analysis Revised (SUGAR)
- Systematic Analysis of Language Transcripts (SALT)
- Computerized Language Analysis (CLAN)

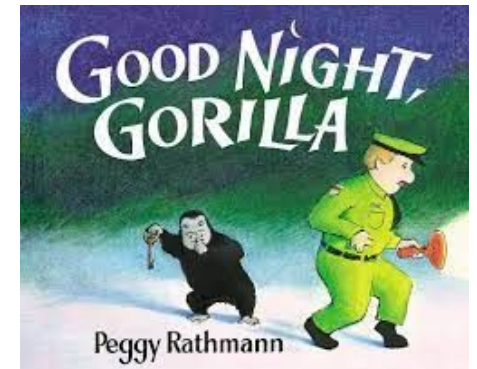
Methods of Language Sample Elicitation

- Open-ended play
- Elicited description
- Conversation
- Interview
- Narrative elicitation
 - Story retelling
 - Story generation with pictures
- Exposition
- Persuasion



Eliciting a Language Sample

- Audio- or video-record the sample
- Use open-ended toys
- Follow the child's lead
- Use conversation and play until age four
- Can introduce narrative tasks at age four
- Allow adequate wait time and pauses
- Be encouraging and express interest
- Use a relaxed rate of speech
- Avoid asking questions when the speaker knows you already have the answer (quizzing)



Eliciting a Language Sample, Continued

Limit “yes/no,” and “who,” “what,” “when,” and “where” questions.
Instead ask:

How...?

Why...?

What
happened
next?

Tell me
about...

I wonder...

Planning Your Language Sample



Select an analysis tool before collecting the language sample.

Match the elicitation protocol to the selected analysis tool.

Plan for an appropriate sample length.

Talk with parents and caregivers ahead of time to:

- Learn about the child's interests.
- Prepare the child and family for what to expect.
- Provide guidance about the language-sampling process.

For children through age five, use play and conversation to elicit language samples.

Beginning around age four, consider using narrative tasks, when developmentally appropriate.

Consider the complexity of different elicitation contexts:

- Conversation
- Narration
- Exposition
- Persuasion

Language Impairments and Differences You May See



- gestalt language processing
- articulation errors
- selective mutism
- developmental language disorder
- social communication challenges

Gestalt Language Processing (GLP)

Nice toss,
Chase!

Are you OK?

Christmas
Lights?

Gestalt Language Processing, Continued



Many children with autism are gestalt language learners, as opposed to analytic language learners. This could look like:

- using phrases that may appear out of context (delayed echolalia).
- using rich or varied intonation, sometimes with a sing-song quality.
- repeating long scripts; some scripts may be difficult to understand.
- using pronouns inconsistently, particularly first- and second-person pronouns, as well as function words such as prepositions.
- understanding and using individual words, often nouns and verbs, more readily than function words.
- combining words to create novel phrases does not rule out gestalt language processing.

Gestalt Language Processing: Assessment Tips



- Provide adequate wait time and follow the child's lead.
- When expanding on the child's communication, consider matching their prosody.
- Acknowledge and respond to the child's communication when appropriate. Use contextual clues and caregiver input to help determine the intended meaning.
- Use short, one- to three-word phrases, along with gestures, visuals, and other contextual supports, to communicate, join the child's play, or provide directions.
- Remember that a child's use of a word within a gestalt does not necessarily indicate that they understand or use that word independently.
- Standardized language assessment may still provide valuable information about the child's receptive and expressive language skills. Interpret results within the context of the child's communication style and alongside other assessment data.

Data Analysis and Assessment Reports

California Special Education Eligibility Criteria for Autism: Making the Recommendation



Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual response to sensory experiences.

For preschool-age children, educational performance includes participation in age-appropriate activities

Source: California Code of Regulations (CCR), Title 5, Section 3030(a) and (b)(1):

<https://govt.westlaw.com/calregs/Document/I3042E4534C6911EC93A8000D3A7C4BC3>

Eligibility Is Determined By the IEP Team Using Multiple Sources Across Settings



Do not use any single measure or assessment as the sole criterion for determining eligibility.

Determining Special Education Eligibility: The Three-Prong Test



To determine eligibility for special education under autism, the IEP team considers three key questions:

1. Does the child meet eligibility criteria?

Does assessment information demonstrate that the child meets the criteria?

2. Is there an adverse effect on educational performance?

In early childhood, educational performance includes the child's **participation in age-appropriate activities**, such as:

- Play and social interactions
- Communication, including social communication
- Participation and engagement in preschool activities and routines
- Interactions with peers and adults
- Self-care and independence
- Ability to communicate wants and needs

3. Does the child require special education?

Does the child require specially designed instruction as a result of their disability?

Impairments in Verbal and Nonverbal Communication in an Early Childhood Context



Verbal

- Atypical prosody (intonation differences: sing-song, flat)
- Evidence of gestalt language acquisition (e.g., echolalia, scripting)
- Repeating certain sounds apparently out of context
- Unusual rate and volume of speech
- Scripting, stereotyped speech
- Limited or no initiating or responding to verbal interactions
- Difficulty sustaining back-and-forth flow of conversation
- Limited or no asking or responding to questions
- Limited or no reciprocity in play or conversation
- Monologuing: talks primarily about preferred topic or returns conversation or play to preferred topics, one-sided conversation with frequent interruptions
- Limited or no response to name
- Nonspeaking
- Significant language impairments

Nonverbal

- Limited or no response to social smiles
- Limited or no response to greetings
- Limited or no joint attention
- Limited or no eye contact
- Limited or no nonverbal gestures (nodding, shaking head, clapping, pointing)
- Limited facial expressions or flat affect
- Using others' hands as tools, leading another person by the hand or arm
- Difficulty with personal space
- Difficulty reading social cues

Impairment in Social Interaction in an Early Childhood Context



- **Relationships**

- Limited interest in peers or adults
- Limited play with peers or adults
- Difficulties with peers because of rigidity/need to direct play
- Limited showing of affection, even with caregivers
- Not joining and sustaining play with peers for at least several minutes by age three
- Low reciprocity/one-sided interactions

- **Play**

- Limited functional play with toys (e.g., rolls cars in front of eyes, lines items up)
- No or limited pretend play
- Limited parallel or associative play
- Rigid, repetitive or scripted play scenarios

- **Participation in Age-Appropriate Social Situations**

- Difficulty in social situations (birthday parties, group games, extended family dinners)
- Object-focused when in a room, rather than people-focused
- No or limited ability to join or sustain age-appropriate group activities (circle time at preschool, presented activities at preschool such as daily art project)
- Limited or no response when spoken to even if child has the verbal skills
- On the perimeter of playground and preference to play alone or moving quickly between peers

Multi-Disciplinary Report Template



An example of a multi-disciplinary assessment report is provided here:
[https://docs.google.com/document /
d/1iQ9ICSN3UFDU9dkraBJC4Z
Wa08-wU6w-mbdxLo7qJ_s/edit?t
ab=t.0](https://docs.google.com/document/d/1iQ9ICSN3UFDU9dkraBJC4ZWa08-wU6w-mbdxLo7qJ_s/edit?t=ab=t.0)

Resources for Families



- Refer families to their local regional center through the Department of Developmental Services website, if they are not connected yet: <https://www.dds.ca.gov/rc/listings/>. Families with children who have developmental disability can qualify for support from Regional Centers after age three including respite care, summer programming, and more.
- Connect families with their local Family Resource Network, who can help provide resources and support: <https://frcnca.org/>
- The Child Mind Institute website has general information about autism here: <https://childmind.org/topics/autism/>.
- Encourage families to share assessment findings with their pediatrician.

Questions



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https://docs.google.com/forms/d/e/1FAIpQLSf2mTRqNCNqmfQp_1UzwO7hQvJoqUrlgGkoG0-qqUBXMYqAwA/viewform?usp=preview



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References (1 of 5)

Alfieri, Louis, Patricia J. Brooks, Naomi J. Aldrich, and Harriet R. Tenenbaum. 2011. “Does Discovery-Based Instruction Enhance Learning? A Meta-Analytic Review.” *Journal of Educational Psychology* 103 (1): 1–18.

American Psychiatric Association. 2022. *Diagnostic and Statistical Manual of Mental Disorders*. Fifth edition, text revision (DSM-5-TR).

American Speech-Language-Hearing Association. “Communication Milestones.”
<https://www.asha.org/public/developmental-milestones/communication-milestones/>

Burrows, C. A., et al. 2025. “Sex-Related Measurement Bias in Autism Spectrum Disorder Symptoms in the Baby Siblings Research Consortium.” *JAMA Network Open* 8 (8): e2525887.

California Code of Regulations, Title 5, Section 3030. “Eligibility Criteria.” <https://govt.westlaw.com/calregs/>

California Department of Education. *California Early Childhood Educator Competencies: Observation, Screening, Assessment, and Documentation*. <https://www.cde.ca.gov/sp/cd/re/ececomps.asp>

California Department of Education. 2022. *Special Education Assessment of African American Students Memorandum*.



References (2 of 5)

California Department of Education. "Senate Bill 210 Language Development Milestones."

<https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp>

Casby, M. W. 2003. "Developmental Assessment of Play: A Model for Early Intervention." *Communication Disorders Quarterly* 24 (4): 175–183.

Centers for Disease Control and Prevention. "Data and Statistics on Autism Spectrum Disorder."

<https://www.cdc.gov/autism/data-research/index.html>

Centers for Disease Control and Prevention. "Developmental Milestones." <https://www.cdc.gov/ncbddd/actearly/>

Centers for Disease Control and Prevention. "Signs and Symptoms of Autism Spectrum Disorder."

<https://www.cdc.gov/autism/signs-symptoms/index.html>

Greenspan, Stanley I., and Serena Wieder. 1997. "Developmental Patterns and Outcomes in Infants and Children with Disorders in Relating and Communicating: A Chart Review of 200 Cases of Children with Autistic Spectrum Diagnoses." *Journal of Developmental and Learning Disorders* 1 (1): 87–142.

Hendrickx, Sarah. 2015. *Women and Girls on the Autism Spectrum*. London: Jessica Kingsley Publishers.



References (3 of 5)

Individuals with Disabilities Education Act Regulations. Title 34 Code of Federal Regulations, Section 300.8. “Child With a Disability.”

<https://sites.ed.gov/idea/regs/b/a/300.8>

Individuals with Disabilities Education Act Regulations. Title 34 Code of Federal Regulations, Section 300.301. “Initial Evaluations.”

<https://sites.ed.gov/idea/regs/b/d/300.301>

Individuals with Disabilities Education Act Regulations. Title 34 Code of Federal Regulations, Section 300.304. “Evaluation

Procedures.” <https://sites.ed.gov/idea/regs/b/d/300.304>

Individuals with Disabilities Education Act Regulations. Title 34 Code of Federal Regulations, Section 300.305. “Additional

Requirements for Evaluations and Reevaluations.” <https://sites.ed.gov/idea/regs/b/d/300.305>

Individuals with Disabilities Education Act Regulations. Title 34 Code of Federal Regulations, Section 300.306. “Determination of

Eligibility.” <https://sites.ed.gov/idea/regs/b/d/300.306>

The Informed SLP. 2025. *Stages of Play Assessment*.

https://tisl-p-bucket-assets.s3.amazonaws.com/Stagesof_Play_Assessment_ab53ba385b.pdf

Kalb, L. G., et al. 2022. “Analysis of Race and Sex Bias in the Autism Diagnostic Observation Schedule (ADOS-2).” *JAMA Network Open* 5 (4): e229498.



References (4 of 5)

Krapf, H. 2022. *Gender Differences in Children and Adolescents with ASD: Parent-Reported and Clinician Observations of Autism Symptoms, Cognitive Performance, Daily Living Skills, Social/Emotional Functioning, and Diagnostic Profile*. Doctoral dissertation, University of North Carolina at Chapel Hill.

Lidz, Carol S. 2002. *Early Childhood Assessment*. Hoboken, NJ: John Wiley & Sons.

Miller, J. F., and R. S. Chapman. 2000. *SALT: Systematic Analysis of Language Transcripts, Research Version 9*. Language Analysis Laboratory, Waisman Center, University of Wisconsin–Madison.

O’Keeffe, C., and S. McNally. 2025. “‘Like It’s Making My Heart Run’: A Strengths-Based Understanding of the Play of Autistic Children.” *Autism* 29 (6): 1469–1482. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12089676/>

Pathways.org. “The Six Stages of Play Development.” <https://pathways.org/kids-learn-play-6-stages-play-development>

Pearson. 2026. *BASC-4: A Comprehensive System of Behavioral and Emotional Assessment*. Training handout.

Pritchard-Rowe, E., C. de Lemos, K. Howard, and J. Gibson. 2024. “Diversity in Autistic Play: Autistic Adults’ Experiences.” *Autism in Adulthood* 6 (2): 218–228. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11317800/>

References (5 of 5)

Ratto, A. B., et al. 2018. “What About the Girls? Sex-Based Differences in Autistic Traits and Adaptive Skills.” *Journal of Autism and Developmental Disorders* 48 (5): 1698–1711.

Ronkin, E., et al. 2022. “Sex Differences in Social Communication Behaviors in Toddlers with Suspected Autism Spectrum Disorder as Assessed by the ADOS-2 Toddler Module.” *Autism* 26 (5): 1282–1295.