



AUTISM SOCIETY

Of Prince Edward Island

Pre-Diagnosis Kit

The Autism Society of PEI

Navigation Handout

There are many different programs and services on Prince Edward Island for both individuals and their families touched by Autism.

Please note:

Many programs require documentation of the disability in order to access the provided services. If your documentation is in a language other than English or French you may want to pursue getting it translated by a health care professional and signed off on to diminish wait times of translating the document.

A Provincial Health Card will be required as well to access services. After arriving to PEI, you may apply for the health card. Provincial Health Card information can be found at:

<https://www.princeedwardisland.ca/en/information/health-pei/pei-health-card>

1. Accessibility Supports Program

Funding based on a Needs Assessment done by a support worker. The amount allotted is based on the assessed need. For example, Respite care needs, incontinence supplies, safety locks, etc.

2. School Aged Funding

\$6,600 is allotted each year to every school aged individual who has been diagnosed with Autism. This funding supports community support workers to help with social skills, or funding for tutors. To access school age autism funding speak to your Accessibility supports worker.

3. Disability Tax Credit (Federal)

The Disability Tax Credit (DTC) is a non-refundable tax credit that assists persons with disabilities or their supporting persons reduce the amount of income tax they have to pay. Their website is: The Form can be located at:

<https://www.canada.ca/content/dam/cra-arc/formspubs/pbg/t2201/t2201-18e.pdf>

4. RDSP (Registered Disability Savings Plan)

If the individual qualifies for the DTC (Disability Tax Credit) they will also qualify for the RDSP. More information regarding RDSP's can be found at:

<https://www.canada.ca/en/employment-social-development/programs/disability/savings/rdsp.html>

Here are some additional Services provided through community organizations similar to the Autism Society. They include:

Stars For Life Foundation for Autism

Stars For Life work with students on the Autism Spectrum who are over the age of 18 with a focus on education, housing, day programming, and employment services. You can locate their website at:

<https://starsforlife.com/>

Serene View Ranch

Serene View Ranch is a team of health professionals dedicated to supporting mental health challenges, especially those that are trauma based. Their website can be found at:

<https://www.sereneviewranch.com/>

Sylvan Learning Centre

Sylvan Learning offers a variety of services including personalized tutoring, Test Prep, Academic Coaching and much more. Their website is located at:

<https://www.sylvanlearning.com/>

Project LifeSaver PEI INC

Project LifeSaver provides timely responses to save lives and reduce potential injury for adults and children who wander due to Alzheimer's, autism, and other related disorders or conditions. Their website is located at:

<https://www.projectlifesaverpei.ca/>

Triple P Parenting

Triple P uses simple, positive tips to help Islanders and caregivers face typical challenges or raising children and teens. The Positive Parenting Program offers various levels of support to parents including a stay positive public awareness campaign, large group parent seminars, parenting skills and supports along with intensive family interventions. More information about Triple P Parenting supports can be located at their website:

<https://www.princeedwardisland.ca/en/information/social-development-and-housing/triple-p-positive-parenting-program>

The Island Helpline (Canadian Mental Health)

1-800-218-2885 or visit their website at:

<https://www.theislandhelpline.com/>

PEI 211

Connect with Social, Government, and non-urgent free and confidential health services 24 hours a day 7 days a week. Text or Call 2-1-1 via phone or visit their webpage at:

<https://www.princeedwardisland.ca/en/information/211-pe>

Social ABC's

The Social ABC's program is a structured, evidence-based early intervention program for children identified as possibly having autism spectrum disorder (ASD), providing families with intervention support at the first signs of concern, even before diagnosis. Parents will play a major role in the program.

The website for Social ABC's is: <https://www.socialabcs.com/>

Mailing Address:
Box 3243
Charlottetown, PE
C1A 8W5

Toll Free Phone 1-888-360-8681
Phone: 902-566-4844
Fax 1-902-368-8057
E-mail Nathalie@autismsociety.pe.ca

Autism Society of PEI

Family Membership Form 2021-2022 (Dates April 1st, 2021-March 31st, 2022)

Date: _____

Individual or Family Name(s): _____

Mailing Address: _____

Email: _____

Home Number: _____ Work Number: _____

Name of Family Member on Autism Spectrum _____

Age: _____

Additional Family Member on Autism Spectrum: _____

Age: _____

Additional Family Member on Autism Spectrum: _____

Age: _____

Family Membership fee is \$30.00 per year and is inclusive of all members of the immediate family.

_____ Cheque payable to "Autism Society of PEI"

_____ Cash

_____ E-Transfer- Transfers sent to Nathalie@autismsociety.pe.ca

_____ Interac (We accept only debit tap at the Autism Society office for membership payments)

Additional Notes: Is there anything else the Autism Society can do to help you and your family?

Autism Society of PEI Photo Consent Form

Throughout the year, the Autism Society of PEI hosts many family events, fundraisers, volunteer activities, programs and supports.

Occasionally at these events, we will have photographers taking event photos. By signing below you are consenting to allow you and your family to be photographed at any Autism Society events throughout the 2021-2022 year.

I give my consent for my family to be photographed at Autism Society events and for these photo's to be used as promotional material through Autism Society promotional outlets.

Name(Signing on behalf of above family)

Date

An assessment will determine how **AccessAbility Supports** can help meet your individual needs

Help is available under five areas of support

My Personal Supports helps with personal daily living, which may include:

- life skills training in areas like meal preparation, budgeting, grocery shopping, recreational activities
- technical aids and assistive devices such as a wheel chair
- supports that enable an individual to be self-sufficient and live independently such as in-home supports or personal care workers

My Housing Supports helps with independent living, which may include:

- financial assistance to provide daily supervision and guidance in a community residential setting
- financial help for required home and vehicle modifications

My Community Supports helps increase active participation in the community and may include:

- assistance with finding or keeping a job including coaching, skills training and supports for youth transitioning from the education system to the workforce
- supports to enable active participation in the community such as day programming, personal aid or specialized transportation

My Caregiver Supports to help family members or caregivers may include:

- respite for caregivers to allow them time to have a break and recharge
- support to provide supervision for adults who are unable to safely be left home alone so that care givers can go to work or school

My Financial Supports helps with basic living expenses if needed and may include:

- assistance for basic needs such as food, clothing, shelter, household and personal supplies through what is called Assured Income

www.princeedwardisland.ca/accessability-supports



GOVERNMENT OF PRINCE EDWARD ISLAND
WWW.PRINCEEDWARDISLAND.CA
P.O. BOX 2000, CHARLOTTETOWN, PE
CANADA C1A 7N8

Questions? Call:



AccessAbility Supports

Formerly the disability support program, **AccessAbility Supports** will ensure more Islanders get the help they need to reach their full potential.

New or enhanced services include:

Support for **all disabilities** including *physical, intellectual, neurological, sensory and mental based on assessment*

A supports coordinator will navigate **all available support services** and develop a *personalized plan to meet individual needs*

Increased supports for **finding or keeping a job** including *coaching, skills training and supports for youth transitioning from the education system to the workforce*

Increased financial help for home and vehicle modifications required because of a disability - **\$10,000 every 10 years for home** (*was \$2,000 in a lifetime*) and **\$6,000 every 8 years for a vehicle** (*was \$2,000 in a lifetime*)

A new assessment tool for **children, youth and adults** will help us to better understand *how the disability affects activities of daily living*

New Community Connector positions will focus on *improving people's independence and more active participation in community living*



Easy Access

A single point of contact by calling

1-877-569-0546

toll-free makes it easier to access support



These improvements mean supports will be more personalized and focus on empowering individuals and their families.

Islanders currently participating in the Disability Support Program will be automatically enrolled for services through **AccessAbility Supports.**

Please call **1-877-569-0546** for more information or if you have questions.

PrinceEdwardIsland.ca/accessibility-supports

AccessAbility Supports

The Disability Support Program has expanded and is now called **AccessAbility Supports**. New supports offer more and better assistance to Islanders living with disabilities.

Disabilities may include physical, intellectual, neurological, sensory and mental disabilities.

New or Enhanced Supports

Our government wants to ensure Islanders living with disabilities can access the tools they need to reach their full potential and contribute to society as fully as possible. These improvements mean supports will be more personalized and focus on empowering individuals and their families.

Some of the new or enhanced supports include:

- support for all disabilities including physical, intellectual, neurological, sensory and mental, based on an assessment;
- a new assessment tool to help better understand how the disability affects activities of daily living to ensure appropriate support is provided;
- a supports coordinator to navigate all available support services and develop a personalized plan to meet individual needs;
- increased supports for finding or keeping a job including coaching and skills training;
- increased financial help for home and vehicle modifications required because of a disability - \$10,000 every 10 years for home (was \$2,000 in a lifetime) and \$6,000 every 8 years for a vehicle (was \$2,000 in a lifetime); and
- a single point of contact by calling a toll-free number for easier access to support.

How can I get support?

You will meet with a staff person who will conduct an assessment to determine how disability affects your daily life and how AccessAbility Supports can help meet your needs.

If you are a current disability support client, you will be automatically enrolled in AccessAbility Supports.

What type of support is available?

Help is available under five areas of support, as follows:

Personal Supports

Personal Supports help with personal daily living assistance such as:

- life skills training in areas like meal preparation, budgeting, grocery shopping, recreational activities;
- technical aids and assistive devices such as a wheel chair; and
- supports that enable an individual to be self-sufficient and live independently such as in-home supports or personal care workers.

Housing Supports

Housing Supports help with independent living and may include assistance such as:

- financial assistance for a caregiver to provide daily supervision and guidance in a community-based residential setting; and
- financial help for required home and vehicle modifications - \$10,000 every 10 years for home modifications and \$6,000 every eight years for a vehicle.

Community Supports

Community Supports help increase active participation in the community and may include:

- assistance with finding or keeping a job including coaching, skills training, and supports for youth transitioning from the education system to the workforce; and
- supports to enable active participate in the community such as day programming, personal aid or specialized transportation.

Caregiver Supports

Caregiver Supports help family members or caregivers and may include:

- respite for caregivers to allow for time for breaks to recharge; and
- support to provide supervision for adults who are unable to stay home alone safely so that caregivers can go to work or school.

Financial Supports

Financial Supports help with basic living expenses, if needed, and may include:

- assistance for basic needs such as food, clothing, shelter, household and personal supplies through what is called Assured Income.

Questions?

Call toll-free in Prince Edward Island:

1-877-569-0546

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October 8, 2020

Pediatric Psychology Services

Share this page:

Feedback

Psychological services can be an important part of the overall care for children and their families. If you have concerns regarding your toddler, preschool or kindergarten aged child's development, or if your child is experiencing behavioural or complex health issues, Pediatric Psychology Services may be appropriate. A comprehensive psychological assessment may assist in understanding your child's challenges in hopes of finding the right avenues for early intervention and/or consultation.

What services are offered?

- Comprehensive diagnostic assessments for children (referred prior to starting grade one) who are suspected of having Autism Spectrum Disorders;
- Psychological assessments for preschool children who are failing to meet developmental milestones and might present with complex health issues;
- Opportunities for parents of children assessed in the clinic to participate in [Triple P programs](#).

Will my child need a referral?

Your child must be referred by a Pediatrician before he or she can be seen.

If you have concerns about your child and think he or she should see a Psychologist in this clinic, talk to your Family Doctor or Pediatrician.

What can I expect if I am referred to this clinic?

Pediatric Psychology assessments include:

- Interview with parents;
- Assessment and observation of child;
- Review of various records, including pediatrics, speech language pathology, occupational therapy, etc.;
- Conceptualization, feedback to parents, and written documentation; and
- Recommendations regarding interventions, supports and referrals indicated.

How can I contact Pediatric Psychology Services?

Pediatric Psychology Services

Sherwood Business Centre (2nd floor)

161 St. Peters Road

Charlottetown, PE C1A7N8

Telephone: (902) 620-3789 (clinic administrative assistant)

Fax: (902) 620-3860

Email: peditricpsychology@ihis.org(link sends e-mail)

Published date:

August 22, 2017

New program to connect children waiting for autism assessments with interventions

A new Health PEI program will provide early intervention for children who are awaiting an autism assessment from a psychologist.

The [Social ABCs\(link is external\)](#) program is a structured, evidence-based early intervention program for children identified as possibly having autism spectrum disorder (ASD), providing families with intervention support at the first signs of concern, even before diagnosis. Parents will play a major role in the program.

Social ABCs is for children between the ages of 12 and 36 months. The program has been successful in other parts of Canada, where parents have seen a significant increase in positive affect-sharing and social communication in toddlers.

“Families, service providers, and community stakeholders have long advocated for this type of early intervention program on Prince Edward Island. We are happy to provide this support to Island families as we work together to ensure the best outcomes for children with ASD. We are one of the first provinces to offer this service pre-diagnosis, because we want to make sure there is no lag between when a child is identified, and when their family receives this help.”

- Health and Wellness Minister Ernie Hudson

The program was co-developed by Drs. Jessica Brian, clinician-investigator and co-lead of Toronto-based Holland Bloorview Kids Rehabilitation Hospital's Autism Research Centre, and Susan Bryson, Professor Emerita in the Department of Pediatrics and Neuroscience at Dalhousie University.

PEI has Canada's second highest prevalence of autism, affecting one in 59 residents according to Public Health Agency of Canada data. Nationally and globally, rates of autism are increasing.

Access to assessments with trained professionals has not increased at the same pace, meaning longer wait times.

Health PEI is in the process of hiring an additional psychologist to address these wait times, and in the meantime, the Social ABCs ensure young children get the support they need during a critical time in their development.

“Waiting for a diagnosis can be very stressful for families because early intervention has such a positive impact on learning, social skills and daily function for children on the spectrum,” said Minister of Education and Lifelong Learning Natalie Jameson. “We will continue to work across government, with service providers, community and families to improve autism services and supports.”

Health PEI expects to launch the program this summer. Recruitment is underway to hire a Social ABCs project lead and coach to begin working this spring. After they receive certified training, they will work with families to empower and educate them in providing interventions to their children.

For more information visit The Social ABC's Website is located at: <https://socialabcs.ca/>

Diagnosing Autism Spectrum Disorder in PEI

Autism Spectrum Disorder (ASD) presents itself in a variety of ways and ranges from mild to severe. In PEI, a child may be identified with signs of autism at a very young age through a Public Health Nursing screening program. Public Health Nursing offers pre-school health clinics throughout the province and can assess your child's development in areas such as vision and hearing, growth and nutrition, speech and communication, and personal/social development. Find more information at [Pre-School Health](#).

Because Autism Spectrum is a social-communication disorder, a child needing professional help developing speech and language abilities may be identified with signs of ASD through [Speech Language Pathology](#).

If you suspect your child may have ASD, you should mention this to the public health nurse during your child's screening clinic or to the speech language pathologist, if your child is receiving SLP services. This is also a concern you should discuss with a family doctor or nurse practitioner. Any of these experienced health professionals will be able to help you decide if your child should begin the process for diagnostic assessment.

What if my child is identified with signs of Autism Spectrum Disorder?

1. If your child is identified with signs of ASD, the process for diagnostic assessment begins. It's common for families to have to wait for a diagnostic assessment.
2. A family doctor or nurse practitioner must issue a referral for your child to access pediatrician services. Find more information at [Pediatrician Outpatient Services](#).
3. The pediatric office will contact you with an appointment and have you complete paperwork about your child to help the pediatrician better prepare for the appointment.
4. The pediatrician may refer your child for a diagnostic assessment from [Pediatric Psychology Services](#).
5. Pediatric Psychology Services provides free diagnostic assessments for children up to age 5. A referral from a pediatrician is required to access these services.

What if my child receives an autism diagnosis?

After receiving your child's autism diagnosis, an assessment may indicate that your child needs support with skill development. You can:

- Build a support team tailored to your child's needs – it might include health professionals, therapists, care providers, educators and support workers;
- Apply for autism funding and grants to help cover the costs of support that will help them reach their development goals;

- Reach out for community support through the [PEI Autism Society\(link is external\)](#) and the [PEI Association for Community Living\(link is external\)](#); and
- Connect to community services and programs through 211PEI online at: [https://pe.211.ca/\(link is external\)](https://pe.211.ca/) or by phone: 211

Published date:

May 4, 2021

Developmental Screening Tools

Screening tools are designed to help identify children who might have developmental delays. Screening tools do not provide conclusive evidence of developmental delays and do not result in diagnoses. A positive screening result should be followed up with your child's health care provider immediately if you think something is wrong.

Types of Screening Tools

There are many different developmental screening tools that may be administered by professionals, community service providers, and in some cases, parents. These include:

- Ages and Stages Questionnaires (ASQ)
- Communication and Symbolic Behavior Scales (CSBS)
- Parent's Evaluation of Development Status (PEDS)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Screening Tool for Autism in Toddlers and Young Children (STAT)
- Observation tools such as the Autism Diagnostic Observation Schedule (ADOS-G)
- The Childhood Autism Rating Scale (CARS)
- The Autism Diagnostic Interview – Revised (ADI-R)

This list is not exhaustive, and other tests are available.

Additional information about screening tools can be located at:

<https://autismcanada.org/autism-explained/screening-tools/>

First Concerns to Action Roadmap

If you have concerns about your child's development, early intervention is important. Learning the signs, examining your child's developmental milestones, and getting an evaluation and treatment as early as possible can make a lifetime of difference.

Follow the steps below to get started and find the support you need.

Step 1: Learn the Early Signs of Autism

How your child plays, acts, talks, and moves are important parts of his or her development. There are milestones that a child is expected to reach by certain ages.



▶ EARLY SIGNS OF AUTISM CAN INCLUDE:

No big smiles or other warm, joyful expressions by six months

No back-and-forth sharing of sounds, smiles or facial expressions by nine months

No babbling or response to name by 12 months

No back-and-forth gestures such as pointing, reaching or waving by 12 months

No words by 16 months

No meaningful, two-word phrases (not including imitating or repeating) by 24 months

Any loss of speech, babbling or social skills at any age

Step 2: Don't Wait - Screen Your Child

If you have any concerns, talk to your child's doctor and ask for a developmental screening.

You can visit [AutismSpeaks.org/Screen-Your-Child](https://www.autismspeaks.org/screen-your-child) and fill out the M-CHAT-R™, a screening tool for autism. No matter the result, talk to your child's doctor about your concerns.

Step 3: Start Intervention Right Away

If your child is under 3, he or she can receive a free evaluation and begin receiving support services and interventions, even without a formal diagnosis. **Contact your state's Early Intervention office for an evaluation.** Visit **Autism Speaks' Resource Guide** to find the contact information for **your state's Early Intervention office: AutismSpeaks.org/Resource-Guide.**

If your child is over 3, you should contact your school district and request an evaluation. Your child does not need a diagnosis of autism to receive an evaluation. This evaluation will determine if your child qualifies to begin receiving specialized services and supports through his or her local school.



Step 4: Learn About Services, Supports and Treatments

If your child is diagnosed with autism, contact Autism Speaks for support. Our **100 Day Kit** is a great resource created to help you make the best possible use of the 100 days following your child's diagnosis. It contains information and guidance from trusted experts and parents like you.

For a free copy of the 100 Day Kit and many other resources for newly diagnosed families, contact the **Autism Speaks Autism Response Team** or visit **AutismSpeaks.org**.



Have more questions?

Contact Autism Speaks Autism Response Team today for personalized assistance:

1-888 AUTISM2 (288-4762)

En Español: 1-888-772-9050

FamilyServices@AutismSpeaks.org



First Concern to Action Tool Kit



AUTISM SPEAKS® EARLY ACCESS TO CARE INITIATIVE



The First Concern to Action Tool Kit

is designed to provide you with specific resources and tools to help guide you on the journey from your first concern regarding your child's development to action. If you have a concern about how your child is communicating, interacting or behaving, you are probably wondering what to do next.

This kit can help you sort that out.

Autism Speaks does not provide medical or legal advice or services. Rather, Autism Speaks provides general information about autism as a service to the community. The information provided in this tool kit is not a recommendation, referral or endorsement of any resource, therapeutic method, or service provider and does not replace the advice of medical, legal or educational professionals. Autism Speaks has not validated and is not responsible for any information or services provided by third parties. You are urged to use independent judgment and request references when considering any resource associated with the provision of services related to autism.

First Concern to Action Tool Kit

It can be scary to think there might be something different going on with your child's development, but you are not alone. The purpose of this tool kit is to provide you with specific resources and tools to help guide you on the journey from your first concern to action. Not all concerns result in a diagnosis of autism or a specific developmental disability, but being proactive can make a world of difference. It is important to remember that you know your child best. If you are concerned at any time, voice it!

If you have a concern about how your child is communicating, interacting or behaving, you are probably wondering what to do next. The information provided in this tool kit can help you sort that out.

The *First Concern to Action Tool Kit* was developed to provide families of children under the age of five with:

An overview of early childhood development;

Guidance on what to do if you have a concern about your child's development;

Information about obtaining an evaluation for your child's development and treatment options, if needed.

The information here or on any website should not replace a conversation with a health care provider and an observation by an expert in child development. Your child is special and deserves the opportunity and assistance to reach his or her full potential.

Here are four things you can do right now if you have a concern:

1. Don't wait. If you ever have concerns, talk to your health care provider. A health care provider can be a pediatrician, family doctor, community health care worker, specialist or a trusted, knowledgeable professional in your community.

2. Be prepared for your conversation with your health care provider. See what other children the same age are doing and note how your child is different. Take notes about your child's development based on the milestones included in this kit. Prepare in advance for your visit with your health care provider.

3. Start the intervention process right away. Your child can receive a free evaluation without a formal diagnosis by contacting Early Intervention services through your state. You can find the contact information on the Autism Speaks website.

4. Contact the Autism Speaks Autism Response Team for assistance.

Call: 1-888-288-4762 (In Spanish: 1-888-772-9050)

Email: familyservices@autismspeaks.org

Text: ART to 30644

About Autism



Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by differences in the way a person interacts with other people or communicates using language or gestures (like eye contact or pointing). People with autism may also behave in unusual ways, such as getting upset when things change, staring at toys or waving their arms. When a child has challenges in these areas, he or she should be evaluated for autism. Autism appears to have its roots in very early brain development and the reasons why some children have autism and others do not are not well understood.

Many strides have been made in understanding autism in recent years. Studies demonstrate that signs of autism emerge as early as six to 12 months. We now have effective tools for screening children for autism risk as early as one year of age. Diagnosis can be made by age two. Despite these advances however, the average age of diagnosis is typically after age four. A later diagnosis may delay the start of the services and supports that can help teach a child better ways of communicating, interacting, playing and learning.

Earlier diagnoses and interventions have been shown to improve outcomes for children with autism. That is why it is so important to learn about child development, so that you are able to recognize areas of concern if they arise and act on them right away.

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Section I: Understanding Your Child's Development

What should I know about my child's development?

Every child develops differently, particularly in the first five years of his or her life. However, there are certain milestones that a typically developing child is expected to reach by certain ages. The following list will help you determine if your child is achieving these milestones.



By 3-4 Months

- Watches faces with interest and follows moving objects
- Recognizes familiar objects and people
- Smiles at the sound of your voice
- Turns head toward sounds

By 7 Months

- Responds to other people's emotions
- Enjoys face-to-face play
- Can find partially hidden objects
- Explores with hands and mouth
- Struggles for out of reach objects
- Responds to own name
- Uses voice to express joy and displeasure
- Babbles chains of sounds

By 12 Months/1 Year

- Enjoys imitating people and tries to imitate sounds
- Enjoys simple social games, such as "gonna get you!"
- Explores objects and finds hidden objects
- Responds to "no"
- Uses simple gestures, such as pointing to an object
- Babbles with changes in tone
- May use single words ("dada", "mama", "uh-oh!")
- Turns to person speaking when his/her name is called

Find developmental milestone checklists for your child's age at [cdc.gov/milestones.com](https://www.cdc.gov/milestones.com).

By 24 Months/2 Years

- Imitates behavior of others
- Becomes excited about company of other children
- Understands several words
- Finds deeply hidden objects
- Points to named pictures and objects
- Begins to sort by shapes and colors
- Begins simple make-believe play
- Recognizes names of familiar people and objects
- Follows simple instructions
- Combines two words to communicate with others, such as “more cookie?”

By 3 Years

- Expresses affection openly and has a wide range of emotion
- Makes mechanical toys work
- Plays make-believe
- Sorts objects by shape and color and matches objects to pictures
- Follows a two- or three-part command
- Uses simple phrases to communicate with others, such as “go outside, swing?”
- Uses pronouns (I, you, me) and some plurals (cars, dogs)
- Shows interest in group play

By 4 Years

- Cooperates with other children
- Is increasingly inventive in fantasy play
- Names some colors
- Understands counting
- Speaks in sentences of five to six words
- Tells stories
- Speaks clearly enough for strangers to understand
- Follows three-part commands
- Understands “same” and “different”

By 5 Years

- Wants to be like his/her friends
- Likes to sing, dance and act
- Is able to distinguish fantasy from reality
- Shows increased independence
- Can count 10 or more objects and correctly name at least four colors
- Speaks in sentences of more than five words and tells longer stories



When should I be concerned?

One of the most important things you can do as a parent or caregiver is to learn the early signs of a developmental disability and become familiar with these milestones.

Here is a list of some “red flags” that may suggest a risk for a developmental delay or possible neurodevelopmental disorder such as autism:

- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles or other facial expressions by nine months
- No babbling by 12 months
- No back-and-forth gestures such as pointing, showing, reaching or waving by 12 months
- No words by 16 months
- No meaningful two-word phrases (not including imitating or repeating) by 24 months
- Any loss of speech, babbling or social skills at any age
- No response to name by 12 months

If your child is showing any of these or is not meeting any of the milestones by the age listed, don't panic. Reach out to your pediatrician or family health care provider and let him or her know about your concern. To prepare for talking with your child's health care provider, note what milestones your child has or has not yet reached compared to other children his or her age. Before or during the visit, ask for a general developmental screening. If you are worried that it could be autism, you can also fill out an autism screener (one is provided at the end of this tool kit) and bring the results to your health care provider visit.



Another very useful resource is the Autism Speaks Video Glossary, a tool designed to help parents and professionals learn more about the early red flags and symptoms of autism. The glossary contains over one hundred video clips and is available free of charge. If you have access to the internet, please visit autismspeaks.org/what-autism/video-glossary to learn more.



Section II: Talking to Your Health Care Provider

How do I talk to my health care provider about my concerns?

Call your health care provider and tell him or her that you would like to make an appointment because you are concerned about your child's development.

Bring the milestones checklist with you and include specific examples. If you or the health care provider thinks there might be a delay, ask for a general developmental screening and an autism-specific screening. If either of you are still concerned, ask for a referral to a specialist who can do a more in-depth evaluation. While you wait for the referral, you can also call your state's public Early Intervention office to find out if your child qualifies for services.

You should maintain a trusting relationship with your health care provider. If you have questions, ask him or her. Bring the M-CHAT-R and any notes with you at the visit so he or she can more fully understand your concerns.



What typically happens during this visit?

Your health care provider will conduct a developmental screening. The American Academy of Pediatrics has published recommendations on what happens during these "well child visits." These well child visits, even if your child is not sick, are necessary.

A developmental screening is conducted to see if your child is learning basic skills when he or she should or if there might be delays. The health care provider might ask you some questions or talk and play with your child during an exam to see how he or she learns, speaks, behaves and moves. If your child shows delays in a particular area of development, it does not mean that he or she will meet the criteria for a particular diagnosis. This screening simply provides a useful way to identify the potential risk of developing differently.

According to the American Academy of Pediatrics, all children should be formally screened for developmental delays and disabilities during regular well-child health care provider visits at nine months, 18 months and 24 or 30 months. Under the Affordable Care Act, many types of health insurance must cover free autism screening at 18 months and 24 months of age. Additional screening might be needed if a child is at high risk for developmental problems due to preterm birth, low birth weight or other reasons.

There are many types of formal screening tools for developmental delays. Some will be questions for you to answer and others will be answered based upon what your health care provider observes. Some examples of general developmental screeners are the Communication and Symbolic Behavior Scales (CSBS), the Parents' Evaluation of Developmental Status (PEDS) and the Ages and Stages Questionnaire (ASQ). The [Easter Seals has an online ASQ](#) that you can take.

You may also be asked to have your child's hearing tested with an audiology exam. Hearing loss can affect a child's ability to develop communication and social skills. A hearing test is usually a part of the screening process and if hearing loss is found, autism may be ruled out.

What is an autism screening?

The American Academy of Pediatrics (AAP) recommends that all children receive autism screening at 18 and 24 months of age. The Modified Checklist of Autism in Toddlers (M-CHAT-R) is one of the AAP's recommended tools. The M-CHAT-R™ is a scientifically validated checklist of questions used for screening children between 16 and 30 months of age to assess their risk for autism spectrum disorder.

The M-CHAT-R is called a "screener" because it is designed to identify those children who need to be referred for a full evaluation. There is a possibility that your child may screen positive on the M-CHAT-R but will not be diagnosed with ASD. This is why it is important to follow up with your health care provider.

How do I prepare for the visit to my child's health care provider?

Before you go to your appointment, fill out the M-CHAT-R found at the end of this tool kit and bring it to your health care provider. There is also a list of general questions about your concerns that you can complete and bring with you. Your health care provider will ask about these concerns and it may help determine next steps by thinking specifically about these concerns.

If the M-CHAT-R screener indicates your child has some signs of autism, it will be important to complete the second step of the screening, the M-CHAT-R Follow-Up Interview. The health care provider will need to ask you some additional questions in person to do this. Not all children who show signs of autism after the first step will have autism. For some children, this screener also picks up other developmental delays, like talking late, that also need to be sorted out to see if extra help is needed.



It is important to remember that you know your child best. If you are still concerned after your visit with your health care provider, you may follow up independently even without a referral and get a second opinion. You can do so by contacting your state or local Early Intervention agency. If your child is over the age of three, you can contact your local school district and request a formal evaluation.

Section III: Getting a Formal Evaluation

What if my health care provider indicates that I need a follow-up visit with a specialist?

Your health care provider is simply telling you that your child needs a more formal evaluation to learn more about how he or she is learning to talk, interact, act, play, learn and move. This will be a much longer visit. It is typically done by a specialist in the area of child development, but may involve several different specialists.

What sort of specialist?

There are many routes to a formal evaluation.

- You can obtain an evaluation by public Early Intervention and public education offices. The contact information for these offices changes depending on where you live and can be found on the [Autism Speaks website](#).
- You can obtain a developmental health assessment by a pediatrician, psychologist, neurologist or other specialist. This may or may not be covered by insurance, so be sure to check with your insurance provider. Get a referral from your primary care provider to be safe.
- You may also be referred to a private health specialist like a speech therapist, occupational therapist or physical therapist who can evaluate your child.

Many parents choose to follow multiple routes at the same time. For the most part, information in this tool kit pertains to evaluations that are provided by the public health and education systems.



What are my rights?

Unfortunately, it is common for families to have to wait weeks or months before seeing a specialist. While you are waiting for an appointment with a specialist, there are some things that you may want to know.

The following piece is “time critical” as Early Intervention services through the public education or health system are only available until age three in most states.

If your child is under the age of 36 months:

- He or she is entitled to an evaluation through your state’s office of Early Intervention, also referred to as “Birth to Three” or “Part C.”
- Federal law requires the local Early Intervention agency to perform a free assessment to determine if any child has a disability.
- The agency is required to complete an initial evaluation **no later than 45 days** after receiving written consent from you to assess your child.

If your child is 36 months or older:

- He or she can receive an evaluation through the school district.
- Federal law requires the local education agency to perform a free assessment to determine if any child between 36 months and 21 years of age has a disability.
- The initial evaluation must be completed **no later than 60 days** after receiving written consent from you to assess your child.

What does the typical evaluation through the Early Intervention system look like?

Once your child is referred, your Early Intervention office will assign an initial service coordinator to work with you and your family. He or she will talk with you regarding your concerns about your child’s development.

The coordinator will also review your family’s rights, make sure you understand them and help you arrange for your child’s evaluation. If your child’s evaluation shows that he or she is eligible for the state’s Early Intervention program, your initial service coordinator will set up a meeting to work on your Individualized Family Service Plan (IFSP), a written plan for providing Early Intervention services to your child. The job of your initial service coordinator is to help you with all the steps leading up to your first IFSP meeting.

The IFSP is a very important document and you, as a parent, are an important member of the team that develops it. At your IFSP meeting, you may want to be prepared to discuss how you describe your child to others, what you need help with and what you’d like more information about.

What are the costs?

Evaluations and assessments by the state Early Intervention or public education department are provided at no cost to parents. They are funded by the state and federal government. In terms of services for your child, whether or not you will have to pay for certain services depends on the policies of your state. Services that must be provided at no cost to families include: Child Find services, evaluations and assessments, development and review of the Individualized Family Service Plan (IFSP), as well as service coordination.

Depending on your state's policies, you may have to pay for certain other services. You may be charged a "sliding-scale" fee, meaning the fees are based on what you earn. Check with the Early Intervention representative in your area or state. Some services may be covered by your health insurance or by Medicaid. Every effort is made to provide services to all infants and toddlers who need help, regardless of family income. Services cannot be denied to a child just because his or her family is not able to pay for them.

What sort of assessments will my child receive?

Your health care provider may also provide referrals for an evaluation or additional testing, which may or may not be covered by insurance. Here are some important points to remember:

- An audiological assessment (hearing test) referral should be made for all concerns regarding speech, language or hearing difficulties. This is usually done by an audiologist.
- A cognitive evaluation (or developmental assessment) using standardized tests that measure both verbal and nonverbal abilities should be performed by a psychologist or other

professional experienced in testing children.

- A medical and neurological evaluation may need to be conducted to assess such issues as acquired brain injury, seizure disorder, self-injury and sleep or eating disturbances.
- A speech-language-communication evaluation should be performed on all children who have communication difficulties. This is done by a speech-language pathologist or psychologist.
- An evaluation of sensorimotor skills by a physical or occupational therapist should be considered when a child demonstrates difficulties in how he or she moves or in sensory responses, as part of the diagnostic, cognitive, medical or speech evaluation.
- If your health care provider sends you to a specialist for a diagnostic assessment of autism, you will receive a written report of the results of your child's evaluation. This should also include information on your child's strengths and weaknesses, as well as general level of developmental functioning.

What can I do while I'm waiting?

Fortunately, there are a number of actions you can take while you wait for a formal evaluation or services. Below is a list of suggested activities:

1. Be persistent.

You may try calling the office or clinic again to see if an appointment opens up sooner. If there is a research study in your area that offers diagnosis and evaluation services, consider participating.

2. Learn more about developmental delays and services and treatments available to help your child.

This will help you develop a list of questions for the specialist and prepare you to take action if your child is diagnosed with autism or another developmental disability.

3. Know what to expect.

Your child may have to complete one or more cognitive or “thinking skills” tests and you will be asked questions about your child’s behavior and development. In addition, you will probably fill out one or more “checklists.” In all, the evaluation will take at least several hours and more than one appointment to complete.

4. Gather information.

It is recommended to you put together a folder with your child’s medical records and any previous developmental or behavioral evaluations your child has received. Bring your notes on your own observations of your child’s behavior in different places and with different people.

5. Arrange to bring someone with you.

Many parents find the process emotional. Rather than go it alone, consider who you can ask to come with you to help you take notes on what is said and make sure your questions get answered.

6. Prepare to get your child’s intervention started.

Even if your child is not diagnosed with autism, the evaluation may reveal developmental delays that would benefit from intervention. The professionals conducting your child’s evaluation can provide you with phone numbers and guidance. You can also find contact information for local services in the Autism Speaks Resource Guide at autismspeaks.org/resource-guide.

What is joint attention? It is the shared focus by two people on the same object. It can happen when an adult and a child are looking at the same object and includes a shared interest or back-and-forth engaged social interaction. Research has shown that improved joint attention during infancy is an important part of later communication skills.

7. Playtime is important, as all children learn through play.

Playtime is particularly important because it encourages something called joint attention. During play time:

Use objects or interests that will motivate your child. This may be Thomas the Tank Engine, a specific activity or a topic of interest. Children are more likely to respond if the activity includes something he or she is interested in.

Face to face is best. Get down on your child’s level. This encourages communication because it’s easier for him or her to connect with you.

Follow your child’s lead. Play with what your child is interested in. Notice your child’s cues. Look to see where your child is looking and try playing with that toy. Use your child’s preferences to help motivate him or her to play and interact.

Imitate your child. Try making sounds after your child does and playing how your child plays. Most children will also start to imitate you after you spend some time imitating them, which is great for learning!

Take turns with your child. This back-and-forth will help your child learn to interact socially. This will also serve as a foundation that will help your child start to watch and learn from you.

Use simple language. If your child isn’t speaking yet, try speaking to your child using single words to help him or her understand. If your child uses some words, try speaking in short phrases. This will help him or her understand you.

Continuously check to ensure that the routine is motivating to your child. The more he or she is engaged and motivated, the more rewarding this time will be for both of you.

Don’t be discouraged if these strategies don’t work right away! Many children require very specialized treatment in order to maximize their learning. Once you are able to connect with a professional, he or she can provide you with advice specific to your child.

Section IV: What if My Health Care Provider Says “Autism”?

The first time you hear “autism” will likely be a devastating moment. The more you read and understand about autism, the more you will be prepared for what to do next. In May of 2013, the American Psychiatric Association redefined the criteria for how someone is diagnosed with autism. While the details may have changed, the nature of autism spectrum disorders is still the same. The new definition describes a range of conditions which include problems in social communication and the presence of stereotyped, repetitive behaviors. These behaviors can be hand flapping or “stimming” or lining up objects in an unusual way. For someone to be diagnosed with autism, he or she must show problems in both social communication AND repetitive behaviors. These behaviors may have been seen in the past or may be part of current symptoms.

Step 1: Act early

If your child has been recently diagnosed with autism, you are probably feeling very overwhelmed. But there are many resources out there for you and your family and those resources and supports are growing every day! The Autism Speaks 100 Day Kit is a good place to start. The 100 Day Kit was created to help you make the best possible use of the first 100 days following your child’s diagnosis. It contains information and advice collected from trusted and respected experts on autism and parents like you.

For a free copy of the 100 Day Kit, contact the Autism Speaks Autism Response Team:

Call: 1-888-288-4762 (in Spanish: 1-888-772-9050)

Email: familyservices@autismspeaks.org

Text ART to 30644

The Autism Response Team (ART) is specially trained to connect people with autism, their families and caregivers to information, tools and resources. ART can connect you with local services and provide tools and resources to help guide you in the right direction. The Autism Response Team is always happy to help!

Why is it important to act early?

Early attention to improving the core behavioral symptoms of autism will give your child – and the rest of your family – several important benefits. Among other benefits, a good Early Intervention program will:

1. Build on his or her strengths to teach new skills and improve areas of weaknesses

Early intervention is a way to teach your child some things that he or she may need extra help learning. For example, using words to talk, playing with other children or dealing with changes.

2. Provide you with information that will help you better understand your child’s behavior and needs

3. Offer resources, support and training that will enable you to work and play with your child more effectively

4. Improve the outcome for your child

If your child receives a diagnosis, reach out for services as soon as you can. It is never too early to act on your concerns or to reach out for help!

Step 2: Access Early Interventions services

Early Intervention services can vary widely from state to state and region to region. However, all services should address your child's unique needs and should not be limited to what is currently available or customary in your region.

Early intensive behavioral intervention involves a child's entire family working closely with a team of professionals. In some early intervention programs, therapists come into the home to deliver services. These services can include parent training with the parent leading therapy sessions under the supervision of the therapist. Other programs deliver therapy in a specialized center, classroom or preschool. Depending on your child's needs, his or her early intervention services may include, among others:

- Family training, counseling and home visits
- Speech, occupational and physical therapy
- Audiology services (hearing impairment services)
- Psychological and medical services
- Social work services
- Assistive technology devices and services
- Adaptive equipment
- Nutrition services
- Health services needed to benefit from other services

What early intervention therapies are currently available and do they help?

Scientific studies have demonstrated that early intensive behavioral intervention improves learning, communication and social skills in young children with autism. While the outcomes of early intervention vary, all children benefit.

Researchers have developed a number of effective early intervention models. They vary in details, but all good early intervention programs share certain features. They include:

- Structured therapeutic activities for at least 20 hours per week
- Highly trained therapists and/or teachers delivering the intervention
- Specific and well-defined learning objectives – and regular evaluation and recording of the child's progress in meeting these objectives
- A focus on the core areas affected by autism, including social skills, language and communication, imitation, play skills, daily living and motor skills
- Opportunities for your child to interact with typically developing peers
- Active engagement of parents, both in decision-making and the delivery of treatment
- Therapists' respect for perspectives of your child and your family
- A multidisciplinary team that can include a physician, speech-language pathologist, occupational therapist, physical therapist and other professionals

Objective scientific studies have confirmed the benefits of two methods of comprehensive behavioral early intervention: the Lovaas Model based on [Applied Behavior Analysis \(ABA\)](#) and the [Early Start Denver Model](#). Parents and therapists also report success with other commonly used behavioral therapies, including [Floortime](#), [Pivotal Response Therapy](#) and [Verbal Behavior Therapy](#). For more information, see the "[Treatment and Therapies](#)" chapter of the [100 Day Kit](#) or the treatment section of the [Autism Video Glossary](#).

Step 3: Monitor progress

Develop a plan with your Early Intervention specialist focused on your child's current level of skill and where you want your child to be in the next month to a year. Determine the best way to track whether or not he or she is moving in the right direction. Intervention for autism needs to be flexible and individualized. Each child with autism is unique and special and should not be treated the same. Some interventions are focused on particular skill sets like joint attention; others cover multiple developmental domains. The important part of early intervention therapies is that they are evidence-based. You can learn more about the latest research on behavioral interventions on the Autism Speaks website.

What can I do when my child is not getting intervention services?

Some of the strategies or skills that are taught in the clinic by your child's therapist may be able to be repeated at home. This time shouldn't be used to replace what is happening by a trained behavioral therapist, speech or occupational therapist or other expert. However, it is important that skills be taught in natural environments and incorporated into daily activities. Talk to your therapist or Early Intervention specialist about ways you can work together with your child. Research has shown that this extra time will likely improve the outcome and definitely give you the opportunity to take part in your child's therapy.

Based on researcher recommendations, the Association for Children and Families has put together a guide to help parents facilitate development every day. This guide can be found atacf.hhs.gov/ecd/ASD. The major themes include:

1. Engaging your child in play through joint attention
2. Using your child's interests in activities
3. Using a shared agenda in daily routines
4. Using visual cues
5. Sharing objects and books
6. Teaching your child to play with others
7. Using predictable routines and predictable spaces for your child



Section V: Other Things to Know



What if it isn't autism? What now?

It is impossible to list all the things it “could be” here. This is why it is important to get a full workup, including an audiology exam. Don't be afraid to keep asking questions and checking back with your health care provider. Don't give up on getting your child help.

You know your child better than anyone. If your health care provider does not respond to your concerns, seek additional help. What you see may not be autism, but if you are concerned, it is worth pursuing.

In May 2013, a new diagnosis emerged from the Diagnostic and Statistical Manual of Mental Disorders or DSM-5. This is the standard set of criteria used to diagnose autism. It is called “Social Communication Disorder.”

The goal of this new diagnosis is to more accurately recognize individuals who have significant problems using verbal and nonverbal communication for social purposes that lead to impairments in their ability to effectively communicate – and limit their function in daily life. The main difference between SCD and autism is that individuals with SCD do not exhibit restricted or repetitive behaviors involving their bodies or other objects.

The symptoms must be seen early in life, but may not become evident until someone is older. If your child has problems communicating socially, it may be too soon to tell if your child has autism or SCD. You should talk to your health care provider about the difference and what it means.

Most importantly, continue to keep track of milestones, impairments in functioning and behaviors that are of concern to you. This will be helpful in obtaining an accurate diagnosis and documenting progress.

Do children or adults diagnosed with autism ever move “off the spectrum”?

Growing evidence suggests that a small minority of people with autism progress to the point where they no longer meet the criteria for a diagnosis. Various theories exist as to why this happens. They include the possibility of an initial misdiagnosis, the possibility that some children mature out of certain forms of autism and the possibility that successful treatment can, in some instances, produce outcomes that no longer meet the criteria for an autism diagnosis.

We do know that significant improvement in autism symptoms is most often reported with intensive early intervention. We also know that with proper supports in place, people with autism are able to live fulfilling lives, as independently as possible. As autism awareness continues to grow, the amount of interventions and resources available for individuals on the spectrum is increasing at a rapid rate. Coupled with the great strides being made in autism research, these new resources are allowing people with autism of all ages to see positive outcomes in all areas of life. And you can be sure there is much more to come!

Visit autismspeaks.org for more helpful tips, tools and resources for you and your family.

Information to Bring to Your Health Care Provider

Answer the questions below to help you discuss your concerns. You should also fill out the M-CHAT-R so you can discuss the results with your child's health care provider. Bring all of these things with you to the appointment.

What are your concerns?

When do you see these concerns?

Has anyone ever told you he/she has concerns about your child? If so, what has he/she said?

Does your child exhibit any unusual behaviors? If so, what are they?

Do you think your child hears well? If not, explain.

How many words does your child have? Do you understand what he/she says?

Does your child have any medical problems? If so, what are they?

Modified Checklist for Autism in Toddlers Revised (M-CHAT-R)

The M-CHAT-R is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The AAP has endorsed its use at 18 and 24 months of age. This completed form should be brought to your health care provider.

The questions can be scored in less than 2 minutes using instructions found on www.mchatscreen.com.

A trained professional can discuss the responses and guide you to find the right resources. These 20 questions should be accompanied by a follow-up interview which will clarify some of the responses.

How to Score the M-CHAT-R

Please score 1 point if you answered “NO” to all questions EXCEPT 2, 5, and 12 or if you answered “YES” to questions 2, 5, or 12.

If your total score is 0 – 2, and your child is younger than 24 months, screen again after second birthday.

If your total score is 3 or higher, your child needs a follow-up interview with your provider or health care professional.

Even if your total score is less than 3, and you still have concerns about your child, bring this completed form and your questions to your provider for a more in-depth evaluation or referral.

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you’ve seen it once or twice), please answer as if he or she does not do it.

- | | | |
|--|------------|-----------|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 2. Does your child take an interest in other children? | Yes | No |
| 3. Does your child like climbing on things, such as up stairs? | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes | No |
| 6. Does your child ever use his or her index finger to point, to ask for something? | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 8. Can your child play properly with toys (e.g., cars or bricks) without just mouthing, fiddling or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes | No |
| 10. Does your child look you in the eye for more than a second or two? | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes | No |
| 12. Does your child smile in response to your face or your smile? | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes | No |
| 14. Does your child respond to his/her name when you call? | Yes | No |
| 15. If you point at a toy across the room, does your child look at it? | Yes | No |
| 16. Does your child walk? | Yes | No |
| 17. Does your child look at things you are looking at? | Yes | No |
| 18. Does your child make unusual finger movements near his/her face? | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes | No |
| 20. Have you ever wondered if your child is deaf? | Yes | No |
| 21. Does your child understand what people say? | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |

Sample Letter to Health Care Provider

Dear health care provider:

I have concerns about my child's development and have filled out the M-CHAT-R, or Modified Checklist for Autism in Toddlers. The M-CHAT-R is a screening tool endorsed by the American Academy of Pediatrics (AAP) to be administered at 18 and 24 months.

Because no screening tool is perfect, research recommends that the original 23 questions include an M-CHAT-R Follow-Up Interview. As a screener, it identifies some indication of autism and the interview is an important next step. This interview will help us sort out if we should consider a more in-depth developmental evaluation. Whether my child has autism, another developmental disability or is considered to be developing typically, I have some concerns and trust you to help me sort them out. My family wants to do all we can to support our child's development.

A guide to administering the M-CHAT-R Follow-Up Interview can be found at mchatscreen.com. I am happy to answer any of the questions that need further discussion. For your convenience, I am bringing the Follow-Up Interview diagram with me to help you clarify the questions that are of concern. Only those questions which indicate a flag for concern need further query.

Thank you for your time with my family.

**Have more questions or need assistance?
Please contact the Autism Response Team for
information, resources and tools.**

TOLL FREE: 888-AUTISM2 (288-4762)

EN ESPAÑOL: 888-772-9050

Email: FAMILYSERVICES@AUTISMSPEAKS.ORG

WWW.AUTISMSPEAKS.ORG

Text Art to 30644

**Autism Speaks would like to sincerely thank the following
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NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Learn the Signs. Act Early.





Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the life span, for the needs of individuals with autism and their families. We do this through advocacy and support; increasing understanding and acceptance of people with autism; and advancing research into cause and better interventions for autism spectrum disorder and related conditions.

**To find resources, join a fundraising walk or make a donation,
go to www.AutismSpeaks.org.**

THE PEI HELPING TREE

The PEI Helping Tree is designed to inform Islanders of the many helping resources available on Prince Edward Island. If you or someone you care about is experiencing a problem in any of the areas listed, follow the arrows on the flow chart to find resources that may help. There are times in everyone's lives when we need to reach out to others - sometimes it's just a matter of knowing how to contact them. Note: unless indicated, you need to dial 902 for all local calls. **If you are still uncertain of where to turn, please call the Island Helpline at 1-800-218-2885, toll free 24/7. Emergency Call 9-1-1**

