

## Tip Sheets

### Autism Spectrum Disorder

Autism is a neurodevelopmental disorder. The Centers for Disease Control and Prevention (CDC) reports that approximately 1 in 36 children in the U.S. are diagnosed with an autism spectrum disorder (ASD). There is no medical detection for autism. Early intervention, however, affords the best opportunity to support healthy development and deliver benefits across the lifespan.

Here are some additional ASD facts and statistics from the CDC:

- Black and Hispanic children are less likely to be identified with ASD than White children. These differences suggest that Black and Hispanic children may face socioeconomic or other barriers that lead to a lack of or delayed access to evaluation, diagnosis, and services.
- ASD is about four times more common among boys than among girls.
- Most children were still being diagnosed after age four, though autism can be reliably diagnosed as early as age two.
- 38.6% of children with ASD have intelligence quotient (IQ) scores in the average to above average range (i.e. IQ >85).
  - 37.9% have an intellectual disability (IQ <70).
  - 23.5% are in the borderline range (IQ 71–85).

It is described as an uneven profile of development with a pattern of:

- Qualitative impairments in understanding social relationships,
- Deficits in communication development, and
- Unusual patterns of behavior, interest and activities.

### AUTISM AS A SPECTRUM DISORDER

Considered to be a life-long disability, autism is described as a behavioral disorder in which the number of characteristics and symptoms vary in severity along a spectrum from mild to severe, from one child to the next.

### Affected Areas of Development

- **Communication Skills:** The way a child communicates, understands and uses language.
- **Social Skills:** How a child interacts socially with others.
- **Sensory and Behavioral Skills:** How a child understands and responds to his/her environment and the world around him/her.

### Challenges Relating to People, Objects & Events

- Unusual attachment to certain objects
- May not seek cuddling or physical attention
- Difficulty with imitation skills
- Difficulty with reciprocal social interaction
- Absent or unusual social play
- Difficulty interacting with other children
- Preference for being alone
- Aloof manner
- Difficulty expressing needs
- Uses gestures or pointing instead of words
- Difficulty making and keeping friends

## Sustained Repetitive and Unusual Play

- Uneven gross/fine motor skills
- Unresponsive to verbal cues
- Little to no eye contact
- Insistence on sameness or resistance to change in routine
- Noticeable physical over- or under-activity
- Displays extreme distress for no obvious reason

## Speech and Language Absence or Delays

- Inappropriate laughing/giggling
- Echolalia (repetition of words/phrases in place of normal language); unusual use of speech
- Abnormalities in nonverbal communication such as eye contact, facial expressions, body postures and gestures to initiate social interaction
- Abnormalities in production of speech (volume, pitch, stress, rhythm and/or pacing)
- Abnormalities in sound of speech (monotone, high pitch and/or inflection)

## Strategies for Meeting Sensory and Behavioral Needs

- Keep loud noises to a minimum; many children have strong reactions to noise.
- Be aware of visual distractions and environmental distractions such as bright lights, buzzing fluorescent bulbs, etc.
- Provide headphones or other methods to muffle loud sounds.
- Use structure and routine.
- Ensure opportunities for getting away from sensory overload.
- Organize the environment with visual cues such as picture schedules, prompts, etc.
- Incorporate relaxation techniques and massage (Check with parent/therapist before using these strategies).

## Strategies for Supporting Social Skills

- Plan for transitions between settings/events.
- Practice taking another person's perspective (role plays, dramatic play, etc.).
- Support the child in entering a play situation, get him/her going and monitor when further support may be needed. Allow for independence when appropriate.
- Offer social scripts for play scenarios, transitions, new events, etc.
- Occasionally provide opportunities for quiet time or individual activities.
- Use repetition to teach social skills.
- Promote new learning in small steps.

## Strategies for Meeting Communication and Language Needs

- Try alternative communication strategies as directed by therapists or special educators.
- Use picture/story boards and visual schedules/calendars. Visual prompts are often very effective.
- Repetition is essential.
- Label baskets, bins, etc. with pictures and text.
- Use a child's interests as a teaching strategy.
- Use concrete visual methods to teach numbers and math concepts.

For more information, visit [www.inclusivechildcare.org](http://www.inclusivechildcare.org).

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