

## Appendix A: Autism Spectrum Disorder Eligibility Guidance Chart for Infants and Toddlers

Chart is intended as a **supplement** to the *Determination of Eligibility for MMSE for Infants and Toddlers, Birth to Age Three ASD* Guidance document to assist with the analysis of data as it pertains to the evaluation of infants and toddlers. Fundamental to the evaluation of infants and toddlers birth to age 3 is: 1) a comprehensive understanding of age-appropriate development, 2) keen observational skills, 3) careful analysis of the data as compared to typically developing infants and toddlers, 4) consideration of alternative explanations for atypical behavior, and 5) an evaluation process that is analytical in nature rather than mechanical. Typical and marked atypical examples provided in this document are some of the most common ones and are not intended to be an all-inclusive list.

Rule	General Guidance	Examples of Typical Development	Examples of Marked Atypical Development	Thinking Points for Differential Decision-making
<p><b>R340.1715(1)</b>                      “ASD is considered a lifelong developmental disability...typically manifested before 36 months of age.”</p>	<ul style="list-style-type: none"> <li>Evaluators need to be mindful that the “lifelong” in the ASD definition as it is the condition that is lifelong, not necessarily the eligibility or adverse impact requiring special education.</li> <li>Evaluators are encouraged to focus on the infant or toddler’s current functioning and the preponderance of evidence demonstrating that the infant or toddler currently meets the eligibility requirements.</li> <li>IDEA regulation 300.304 clarifies that progress in the general curriculum for a preschool child is participation in age appropriate activities.</li> </ul>	Intentionally Left Blank	Intentionally Left Blank	Intentionally Left Blank

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	<p>Therefore, the functional equivalent of educational performance (i.e., academic, behavior, social) for an infant or toddler would be functional performance in such age-appropriate activities as communication, engagement in routines, emerging readiness skills, social engagement).</p> <ul style="list-style-type: none"> <li>It is critical for evaluators to understand and recognize typical child development and engagement in familiar and non-familiar routines in to differentiate typical development from atypical. As such, evaluators are strongly encouraged to observe typical infants and toddlers and review developmental inventories regularly.</li> </ul>			
<p>"ASD is characterized by..." (See 3 domains below)</p>	<ul style="list-style-type: none"> <li>ASD eligibility can only be recommended if criteria are met in all 3 domains.</li> </ul>	Intentionally Left Blank	Intentionally Left Blank	<ul style="list-style-type: none"> <li>To minimize confirmation bias, team members should consider and document indicators and contra-indicators for the ASD rule- required</li> </ul>

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				characteristics, including alternative explanations for observed deficits, such as other developmental disorders, environmental variables, and/or cultural factors.
<p><b>Domain 1:</b> (2)(a) Qualitative impairments in reciprocal social interactions, including at least 2 of the following 4 areas:</p>	<p>A “qualitative impairment” is:</p> <ul style="list-style-type: none"> <li>• identified as atypical or considerably different from other infants and toddlers the same age</li> <li>• evident across multiple environments and social partners</li> </ul>	<ul style="list-style-type: none"> <li>• It is critical for evaluators to understand and recognize the use of non-verbal behaviors in typically developing infants and toddlers.</li> <li>• Nonverbal behaviors change considerably during birth-3 development, so evaluators are encouraged to frequently observe typical infants and toddlers at these ages and/or utilize developmental inventories for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>• Areas (i)-(iv) should be viewed as resulting from a qualitative impairment in reciprocal social interaction as it relates to ASD and not merely delays or differences in these areas. Because typical infants and toddlers and infants and toddlers with other disabilities can present with deficits in reciprocal social interaction, alternative reasons for such deficits should be considered.</li> </ul>	<ul style="list-style-type: none"> <li>• It is critical for examiners to consider alternative explanations for deficits in reciprocal social interaction including the presence of other developmental disorders, environmental variables (e.g. neglect, exposure to trauma), and personal / cultural factors.</li> </ul>
<p><b>Area (i):</b> Marked impairment in the use of multiple</p>	<ul style="list-style-type: none"> <li>• Marked impairment for this area means: <ul style="list-style-type: none"> <li>– substantial and sustained difficulty in</li> </ul> </li> </ul>	<p><b>9-12 Months</b></p> <ul style="list-style-type: none"> <li>• Smiles in response to adult smile</li> </ul>	<p><b>9-12 Months</b></p> <ul style="list-style-type: none"> <li>• No smile in response to adult smile</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration should be given to the infant and toddler’s cultural environment and the expectations</li> </ul>

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<p>nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.</p>	<p>the quality and functionality of using nonverbal behaviors to regulate communication with a social partner</p> <ul style="list-style-type: none"> <li>– difficulties are clearly evident and observed across multiple environments and people over time</li> <li>• Criterion is not intended to merely define the presence or absence of nonverbal behavior, but also the use of nonverbal behavior to regulate social communication, particularly where words fail.</li> </ul>	<ul style="list-style-type: none"> <li>• Engages in eye gaze frequently</li> <li>• Seeks out faces frequently</li> <li>• Gains attention by making physical contact (e.g., grabbing)</li> <li>• Requests objects by pointing</li> <li>• Reaches to be picked up</li> <li>• Initiates social game (e.g., puts blanket on head for peek-a-boo)</li> </ul> <p><b>12-18 Months</b></p> <ul style="list-style-type: none"> <li>• Responds to name when called</li> <li>• Uses eye contact / gaze to initiate, sustain, or terminate social interaction</li> <li>• Gives objects to adult to request help</li> <li>• Spontaneous use of or understanding of common gestures (e.g., following a point, pointing to show something, head nod)</li> </ul>	<ul style="list-style-type: none"> <li>• Infrequent or fleeting eye gaze/aversion</li> <li>• Infrequently looks at others' faces</li> <li>• Shows little/no pleasure in interaction/social play with adults</li> <li>• Rarely seeks out social interaction</li> <li>• May show pleasure in play actions (e.g., peek a boo) but not in the adult's smiles or laughs</li> </ul> <p><b>12-18 Months</b></p> <ul style="list-style-type: none"> <li>• Rarely responds to name</li> <li>• Has limited, fleeting or no eye contact or eye gaze to initiate, sustain, or terminate social interaction</li> <li>• Lacks spontaneous use of or understanding of common gestures (e.g., following a point, pointing to show something, head nod yes, wave bye, clap to show excitement)</li> </ul>	<p>regarding the use of nonverbal behaviors.</p>

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		<p>yes, wave bye, clap to show excitement)</p> <ul style="list-style-type: none"> <li>Points to objects upon request (e.g., show me your tummy)</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>Uses facial expressions and sounds to gain attention (e.g., makes funny faces, silly sounds)</li> <li>Developing representational gestures (e.g., shrugging shoulders, putting hands up to indicate 'what's that' or 'where did it go')</li> <li>Uses common gestures (e.g., blows kisses, gives 'high five')</li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>Imitates familiar actions (e.g., claps hands)</li> <li>Points to named people and objects</li> </ul>	<ul style="list-style-type: none"> <li>Does not follow a point or look to something pointed to across the room from a familiar adult</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>Does not use facial expressions or sounds / noises to gain attention from adult</li> <li>Lacks use of representational gestures (e.g., shrugging shoulders, putting hands up to indicate 'what's that' or 'where did it go')</li> <li>Lacks use of common gestures (e.g., blows kisses, gives 'high five')</li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>Does not imitate familiar actions (e.g., claps hands)</li> <li>Does not reach up to be picked up</li> <li>Does not point to named people and objects</li> </ul>	

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<p><b>Area (ii):</b> Failure to develop peer relationships appropriate to developmental level</p>	<ul style="list-style-type: none"> <li>The phrasing of this characteristic is extremely important to consider. It recognizes that there are incremental developmental stages in peer-to-peer social reciprocity. Therefore, evaluators should be keenly aware of these stages of development</li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>Shows interest in babies / young children (e.g., staring, smiling)</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>Engages in parallel play (plays adjacent to partner and appears interested in the others' play but does not enter it) <ul style="list-style-type: none"> <li>Demonstrates shared interest, rough and tumble play</li> <li>Demonstrates enthusiasm for interaction with peers</li> </ul> </li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>Enters play or social circles fluidly <ul style="list-style-type: none"> <li>Demonstrates some flexibility in rules / expectations of play</li> <li>Initiates and sustains interactions with peers</li> <li>Demonstrates understanding of social cues or the communication intent of others</li> </ul> </li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>Appears uninterested in babies /young children</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>Preference for solitary play (i.e. does not appear interested in the play of those around) <ul style="list-style-type: none"> <li>Does not appear to enjoy rough and tumble play</li> <li>Low interest in same-age peers</li> </ul> </li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>Disrupts ongoing activities when entering play or social circles <ul style="list-style-type: none"> <li>May insist on controlling the play when engaging with others</li> <li>Lacks initiation or sustained interactions with others</li> <li>Misinterprets social cues or the</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Examine alternative explanations for a perceived "failure to develop peer relationships appropriate to developmental level", such as, a lack of opportunity to engage in peer interaction, cultural factors, and possible cognitive impairment. <ul style="list-style-type: none"> <li>Differentiate immature play from lack of social interactions or opportunities.</li> <li>Consider infant or toddler's attempts to imitate peers and show interest and/or attempts to interact. This may demonstrate the desire to engage with others.</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>• Demonstrates spontaneous engagement in conversation or activity with peers</li> </ul>	<p>communication intent of others</p> <ul style="list-style-type: none"> <li>• Tolerant of peers but no spontaneous engagement in conversation or activity with peers</li> </ul>	
<p><b>Area (iii):</b> Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., a lack of showing, bringing, or pointing out objects of interest)</p>	<ul style="list-style-type: none"> <li>• “Marked impairment” in this area means: substantial lack of spontaneous (i.e., without prompting) sharing and showing, often referred to as joint attention*</li> <li>• Observational data on spontaneous seeking to share may include, but is not limited to: <ul style="list-style-type: none"> <li>– How the infant or toddler draws the attention of others to his or her completed tasks</li> <li>– How the infant or toddler attempts to initiate social interaction</li> <li>– How the infant or toddler socially directs</li> </ul> </li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>• Alerts adult to an object by means of eye gaze or point <ul style="list-style-type: none"> <li>• Looks in the direction of an object when adult looks that way or points in that direction</li> <li>• Looks to adult when accomplishes something (e.g., takes a step)</li> </ul> </li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Alerts adult to an object or situation by means of back and forth (object to adult) eye gaze or pointing <ul style="list-style-type: none"> <li>• Gives or shows object / toy as if to share excitement (not just to make it work)</li> </ul> </li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>• Looks at objects without attempts to alert adult to look at the same <ul style="list-style-type: none"> <li>• Limited looks in the direction of others’ points or gaze</li> <li>• Does not seek out others’ during accomplishments or excitement of objects</li> </ul> </li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Few attempts to alert adult to an object or situation by means of back and forth (object to adult) eye gaze or pointing <ul style="list-style-type: none"> <li>• Brings objects to adult to get it to work but not for a shared experience</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Examine alternative explanations for impairment in spontaneous showing and sharing, e.g., access to materials, engagement with important adults in the environment, previous trauma, or general neglect.</li> </ul>

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	<p>their smile or smiles in response to another</p> <ul style="list-style-type: none"> <li>- How the infant or toddler points out objects of interest to share enjoyment</li> <li>- When observing, look for joint attention and if necessary create opportunities to observe interactions between the infant or toddler and others in the natural environment. Look for this sequence: an infant or toddler sees an item/event, then looks to the other person to see if partner is looking at the same item/event, and then looks back at the item/event. They are sharing the experience.</li> </ul> <p>*Joint attention is defined as the shared focus or experience of two or more individuals on an object or activity (Oates &amp; Grayson</p>	<p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Looks at an object while adult is looking at the object and shows awareness the adult is also looking at the object (triadic attention) <ul style="list-style-type: none"> <li>• Shows / shares an accomplishment with enthusiasm as if to seek the same excitement (e.g., completed puzzle)</li> <li>• Responds to others</li> <li>• Demonstrates sharing of enjoyment, interests, or achievements (i.e., not just focusing on one's own interest)</li> </ul> </li> </ul>	<p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Fails to look at an object while adult is looking at the object with awareness the adult is also looking at the object (triadic attention) <ul style="list-style-type: none"> <li>• Limited attempts to show or share achievements (e.g., completion of a puzzle) or interest with familiar adults</li> <li>• Inconsistent or lack of response to others' sharing of enjoyment, interests, or achievements (e.g., shifting to one's own interest rather than responding to the interests of others)</li> </ul> </li> </ul>	



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	<p>(2004). This typically begins to develop around two months of age with dyadic (i.e., two persons) exchanges using looks, noises, and mouth movements. Lack of joint attention is often the result of deficits in understanding others' perspectives.</p>			
<p><b>Area (iv):</b> Marked impairment in the areas of social or emotional reciprocity</p>	<ul style="list-style-type: none"> <li>• "Reciprocity" is defined as the mutual give and take of social interactions and refers to how the behavior of one person influences and is influenced by the behavior of another person and vice versa.</li> <li>• Social and Emotional Reciprocity is defined as back and forth flow of social and emotional expression. In infants and toddlers, emotional reciprocity is seen with mutual affective behaviors such as smiles, laughter, and grimaces and social behavior such as imitation and hugs. Social reciprocity is seen through attempts to imitate others' behaviors and clapping or</li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>• Seeks familiar adult to be soothed when upset</li> <li>• Frequent use of social smiling and responding to adult smiles</li> <li>• Easy to soothe through social calming practices when upset (e.g., cuddling, verbal reassurance)</li> <li>• Attempts to imitate the actions of others (e.g., waving, pointing)</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Imitates the play of others</li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>• Exhibits highly unusual and persistent attachment to objects (rather than people) to help soothe them.</li> <li>• Limited to no use of social smiling; rarely offers spontaneous social smiles</li> <li>• Difficult to soothe with common calming practices (e.g., cuddling)</li> <li>• Little attempt to imitate the actions of others</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Lacks imitative play</li> </ul>	<ul style="list-style-type: none"> <li>• Social interactions can be influenced by the infant or toddler's history of reinforcement. An infant or toddler raised in an environment not rich in reinforcement of social interactions, such as eye contact or pointing out items of interest, may not be as likely to display those behaviors.</li> <li>• An infant or toddler exposed to trauma may show social interaction deficits that mirror characteristics of ASD.</li> <li>• It is important to differentiate</li> </ul>

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	<p>cheering for themselves and others for accomplishments.</p> <ul style="list-style-type: none"> <li>Marked impairment in this area implies significant difficulty recognizing and responding to the needs, intentions, perspectives, and feelings of others across multiple environments and people over time.</li> </ul>	<ul style="list-style-type: none"> <li>Enjoys social games and play routines (e.g., peek a boo) <ul style="list-style-type: none"> <li>Looks to familiar adult for how to respond to novel / unusual social situations</li> <li>Seeks out support when upset</li> </ul> </li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>Highly interested in ideas of others, often seen during play <ul style="list-style-type: none"> <li>Preference for interaction with others</li> <li>Demonstrates an understanding of how their behavior impacts others <ul style="list-style-type: none"> <li>Understands concepts of social conventions (e.g., turn-taking, politeness, social space)</li> <li>Demonstrates appropriate response to someone else's pain or distress (e.g., shows concern when others are upset)</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Does not enjoy social games or play routines (e.g., patty cake, peek-a-boo and finger play) <ul style="list-style-type: none"> <li>Does not look to a familiar adult for cues to respond to a novel or unusual social situation</li> <li>Does not seek out cuddling when upset</li> </ul> </li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>Lacks interest in ideas of others, often seen during play <ul style="list-style-type: none"> <li>Demonstrates aloofness and indifference toward others <ul style="list-style-type: none"> <li>Fails to understand how own behavior impacts how others think or feel <ul style="list-style-type: none"> <li>Difficulty with social conventions (e.g., turn-taking, politeness, social space)</li> </ul> </li> <li>Lacks appropriate response to someone else's pain or distress (e.g.,</li> </ul> </li> </ul> </li></ul>	<p>between an infant or toddler who is shy with strangers and one who does not display the above behaviors with familiar adults. Due to the nature of evaluations of infants and toddlers under three, every attempt should be made to collect data on the presence or absence of these behaviors in natural routine-based interactions with familiar adults or peers.</p> <ul style="list-style-type: none"> <li>Chronological age, developmental level, and the infant or toddler's opportunity to learn or experience these skills should always be considered when determining if a marked impairment exists.</li> </ul>

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			laughs when others are upset)	
<p><b>Domain 2:</b> (2)(b) Qualitative impairments in communication including at least 1 of the following 4 areas:</p>	<ul style="list-style-type: none"> <li>A qualitative impairment is defined as: <ul style="list-style-type: none"> <li>Atypical or considerably different from other infants and toddlers the same age</li> <li>Evident across multiple people and environments.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>It is critical for evaluators to understand and recognize the development of communication skills in typically developing infants and toddlers. Communication skills change considerably during birth-3 development, so evaluators are encouraged to frequently observe typical infants and toddlers at these ages and/or utilize developmental inventories for comparison.</li> </ul>	<ul style="list-style-type: none"> <li>The areas below should be viewed as resulting from a qualitative impairment communication as it relates to ASD and not merely delays or differences in these areas. Because typical infants and toddlers with other disabilities can present with deficits in communication, there may be alternative reasons for such deficits that should be considered.</li> </ul>	<ul style="list-style-type: none"> <li>Examiners should consider alternative explanations for impairment in communication, including other developmental disorders, environmental variables, and cultural factors.</li> </ul>
<p><b>Area (i):</b> Delay in or total lack of the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication</p>	<ul style="list-style-type: none"> <li>For infants and toddlers, communication is often nonverbal in nature and the measure of an infant or toddler's communication is an evaluation of the language skills compared to his/her developmental level as well as evaluating the infant or toddler's attempts to</li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>Babbles or sound plays (baba, gaga)</li> <li>Speaks first word by 16 months even if imitated</li> </ul> <p><b>18-24 Months</b></p>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>Limited babbling or sound play</li> <li>Lacks development of words or development of a word or two and then losing its use</li> </ul> <p><b>18-24 Months</b></p>	<ul style="list-style-type: none"> <li>Evaluators are encouraged to note the infant or toddler's ability to use any manner of communication in a functional/purposeful way to differentiate between mere word /sound production versus communicative intent.</li> </ul>

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such as gesture or mime.	communicate through nonverbal or alternative means. Don't rely solely on lack of language.	<ul style="list-style-type: none"> <li>• Speaks f spontaneous word by 18 months</li> <li>• Uses meaningful two-word phrases by 24 months</li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Uses two- or three-word or longer phrases and sentences <ul style="list-style-type: none"> <li>• Asks for or directs attention to objects by naming them</li> <li>• Uses nouns and action words</li> <li>• Has short conversations about known topics</li> <li>• Uses language for a wide variety of purposes (e.g., to get something, to ask questions, to seek attention, to comment about experiences)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does not seem to recognize that words have a communicative intent <ul style="list-style-type: none"> <li>• Does not use words or meaningful two-word phrases</li> </ul> </li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Uses adults as a tool to communicate (e.g., pulling an adult to a particular area to get a snack or toy) without looking at them for communicative purposes <ul style="list-style-type: none"> <li>• Stands or screams near the refrigerator in the absence of an adult <ul style="list-style-type: none"> <li>• Uses words for self-stimulation or predictability versus interacting with others (e.g., echolalia, jargon, gibberish, mumbling)</li> <li>• Uses challenging behavior (e.g., hitting, biting, pushing, screaming) in lieu of alternate communication</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Some infants and toddlers fail to develop language yet compensate by using alternative communication modes such as gestures, facial expressions, and other nonverbal behaviors.</li> </ul>

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			<ul style="list-style-type: none"> <li>• Loss of previously acquired speech</li> </ul>	
<p><b>Area (ii):</b> Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.</p>	<ul style="list-style-type: none"> <li>• Pragmatic language refers to the ability to use new language skills in reciprocal social interaction with peers.</li> <li>• Deficits in pragmatics for infants or toddlers with ASD result from deficits in understanding the perspectives of others and lack of social reciprocity.</li> <li>• Around the age of four, typically developing children: <ul style="list-style-type: none"> <li>– Understand that they need to talk differently to their preschool teacher than to a peer than to a younger child</li> <li>– Understand the importance of getting another person's attention before talking to them</li> <li>– Use words to request things and communicate their</li> </ul> </li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>• Imitates facial expressions</li> <li>• Exchanges gestures with an adult</li> <li>• Vocalizes to gain attention and to call others</li> <li>• Talks or babbles with varied pitch, tone and cadence</li> <li>• Initiates turn-taking games/routines</li> <li>• Brings objects to show an adult</li> <li>• Requests objects by pointing and vocalizing or using word approximation</li> <li>• Solicits another's attention vocally, physically, and/or possibly with gestures</li> <li>• Requests action/assistance through gesture (e.g., gives back wind-up toy for activation)</li> <li>• Says "bye" and possibly a few other</li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>• Does not respond with eye gaze or vocalization when called</li> <li>• Lacks showing or giving objects to share interest, get assistance</li> <li>• Does not point to show or request</li> <li>• Lacks vocalization, eye gaze, or gestures to get another person's attention</li> <li>• Displays challenging behavior to protest instead of using words</li> <li>• Does not initiate turn-taking games/routines</li> </ul>	<ul style="list-style-type: none"> <li>• Pragmatic language becomes more complex as children get older and may be difficult to assess in infants and toddlers, particularly those who are not yet using words. Because of this, attention should be paid to the way in which a child uses nonverbal communication to initiate interaction and respond to others in social situations.</li> </ul>

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	<p>approval and disapproval</p> <ul style="list-style-type: none"> <li>- Direct their language to social interactions with adults and peers</li> <li>• Verbalize out loud their "private speech" about their thoughts, feelings, and hopes as they play and interact with others</li> </ul>	<p>conventional ritual words such as "hi," "thank you," and "please"</p> <ul style="list-style-type: none"> <li>• Protests by saying "no" shaking head, moving away, frowning, or pushing objects away</li> <li>• Comments on objects/actions by directing listeners' attention to it with a point and/or vocalization or word approximation</li> <li>• Answers simple "wh" questions with a vocal response (may be unintelligible)</li> <li>• Acknowledges speech of another by giving eye contact, vocally responding or repeating a word said</li> <li>• Uses gesture plus vocalization or word approximation to tease, warn, or scold</li> </ul> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Uses gestures with words to get needs met</li> </ul>	<p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Does not integrate the use of words, eye gaze, and gestures to initiate and regulate interaction with others (may use only one of these forms of communication)</li> <li>• Does not engage in verbal turn-taking</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Says “what’s that?” to elicit attention</li> <li>• Begins using single words and some two-word phrases to command (move), indicate possession (mine), express problems (“Ouch”)</li> <li>• Vocalizes and uses verbal turn-taking</li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Begins using and displaying basic emotions: happy, sad, mad</li> <li>• Enjoys being next to same-age children</li> </ul>	<p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Does not respond to the emotions of others</li> <li>• Difficulty with turn-taking in play or conversation</li> <li>• Uses and/or responds to questions and comments in ways that are inappropriate or not relevant (i.e. strange or out of place)</li> <li>• Comments are limited to particular area of interest</li> </ul>	
<p><b>Area (iii):</b> Stereotyped and repetitive use of language or idiosyncratic language.</p>	<ul style="list-style-type: none"> <li>• Infants and toddlers with ASD may exhibit language that is: <ul style="list-style-type: none"> <li>– Stereotypical: use of nonsense words or phrases or verbal fascinations</li> <li>– repetitive, or</li> <li>– idiosyncratic language: contextually irrelevant, not understandable to</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Typical infants and toddlers demonstrate verbal fascinations through sound and word play; however, they will enjoy this play with familiar adults. Infants and toddlers with ASD tend not to engage with adults in such play.</li> <li>• Typical infants and toddlers engage in</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of stereotyped, repetitive, or idiosyncratic language may include, but is not limited to, the following: <ul style="list-style-type: none"> <li>– Repeating words or phrases</li> <li>– Repeating what others say (echolalia) immediately after the person said it or at</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Examine alternative explanations for repetitive use of words / language such as other developmental disorders (e.g., cognitive delay) or a history of reinforcement with important adults.</li> </ul>



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	<p>the listener due to a private meaning</p> <ul style="list-style-type: none"> <li>The key to evaluating for this characteristic is not just identifying the presence of stereotypical, repetitive, or idiosyncratic language, but also identifying the absence of an associated functional/purposeful/relationship-based communicative use of such language.</li> </ul>	<p>the use of repetitive language from a history of reinforcement (e.g., asking for a cookie and not getting it so repeating it over and over). It is critical to consider context during observations to ensure that repetitive words are not due to this type of typical development.</p>	<p>some time in the future</p> <ul style="list-style-type: none"> <li>Repeating television or movie lines, song lyrics, or other media that are out of context and add no meaning to the conversation</li> <li>Use of words with a private meaning that only makes sense to those who are familiar with the situation where the phrase originated (e.g., states "That's right on the money!" every time the toddler enters the room)</li> </ul>	
<p><b>Area (iv):</b> Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.</p>	<ul style="list-style-type: none"> <li>Spontaneous make-believe play is a precursor to the use of symbols and corresponds with language development. Social imitative play is also thought to be an early sign of social reciprocity. <ul style="list-style-type: none"> <li>Play schemes and make believe are developmental and may be limited in infants and toddlers. When assessing</li> </ul> </li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>Object exploration—Explores an object, but does not assimilate how to use it in play (e.g., makes a stirring motion with a spoon and then drops it) <ul style="list-style-type: none"> <li>Directs play towards another person (e.g., picks up</li> </ul> </li> </ul>	<p><b>9-18 Months</b></p> <ul style="list-style-type: none"> <li>Intense attention to few objects; may not manipulate to explore <ul style="list-style-type: none"> <li>Does not include others in play</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Consider alternative explanations for lack of varied play such as lack of opportunities or cultural and/or environmental factors (e.g. lack of play objects). <ul style="list-style-type: none"> <li>Obtain contextual information during observations to assist in differentiating</li> </ul> </li> </ul>



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	<p>play skills, evaluators are encouraged to pay attention to the infant or toddler's ability to begin varying and/or expanding on schemes.</p> <ul style="list-style-type: none"> <li>• Observation during play with typical peers is highly recommended whenever possible when conducting infant and toddler evaluations for ASD.</li> </ul>	<p>the pretend cell phone, makes ringing sound, hands to person)</p> <p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Representational play—Uses “meaningless” objects in a creative way to play a role in pretend play (e.g., block becomes a cell phone or a train)</li> <li>• Parallel play—plays next to, but not with, other infant or toddler; may not appear to interact with but is very aware of the presence of other infant or toddler</li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Play moves from objects to imaginary objects or beings (e.g., swing becomes a spaceship, cup has pretend tea in it)</li> <li>• Begins to animate toys (pretends</li> </ul>	<p><b>18-24 Months</b></p> <ul style="list-style-type: none"> <li>• Difficulty moving beyond repetitive play to symbolic play</li> <li>• Lines up toys like cars or trains, stuffed animals, or action figures</li> <li>• Lacks finger play (e.g., “Itsy Bitsy Spider”) imitation without specific teaching and prompts</li> </ul> <p><b>24-36 Months</b></p> <ul style="list-style-type: none"> <li>• Lacks spontaneous pretend play with toys (e.g., use objects only as intended)</li> <li>• Little elaboration on learned play schemes</li> </ul>	<p>between ASD-related play deficits and alternative causes, (e.g., environmental issues, lack of opportunity to learn play skills). To rule out lack of opportunity to learn play skills, the evaluator may set up experience(s) to see how the infant or toddler responds to direct instruction in play.</p>

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		to feed a doll that is hungry)	<ul style="list-style-type: none"> <li>• Focuses on one part of toy rather than actually playing with it (e.g., wheels on a toy car or train, the string of a pull toy)</li> <li>• Focuses on movement of the toy rather than the purpose of the toy (e.g., stack blocks but not build anything)</li> <li>• Limited play repertoires compared to peers (e.g., plays with one specific toy)</li> <li>• Directs peers to their assigned role in play, rather than play</li> <li>• Engages in construction play (e.g., puzzles, setting up elaborate train track layouts) at the exclusion of flexible representational play</li> </ul>	
<p><b>Domain 3:</b> (2)(c) Restricted range of interests or repetitive behavior including at least 1 of the following 4 areas:</p>	<ul style="list-style-type: none"> <li>• Infants and toddlers with ASD engage in restricted, repetitive, and stereotyped behaviors that are extreme and often interfere with other more appropriate behaviors or daily life.</li> <li>• Because infants and toddlers with ASD are driven</li> </ul>	<ul style="list-style-type: none"> <li>• For infants and toddlers, repetitive behaviors or restrictive scopes of interest are developmentally typical</li> </ul>	<ul style="list-style-type: none"> <li>• Behaviors and/or interests become dominant across environments and interfere with the infant or toddler's engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Alternative explanations for impairment in spontaneous seeking to share or enjoy interests with other people include other developmental disorders,</li> </ul>

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	<p>to engage in these behaviors, they are difficult to stop or control. Further, disrupting the behaviors often causes significant distress for the infant or toddler.</p> <ul style="list-style-type: none"> <li>Evaluators should pay attention to the frequency, intensity, and duration of the behavior, focus of the behavior, and if the behavior interferes with functioning.</li> </ul>			<p>environmental variables, and cultural factors</p>
<p><b>Area (i):</b> Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.</p>	<ul style="list-style-type: none"> <li>Infants and toddlers with ASD can display intense interests and preoccupations that are intrusive, reoccur frequently, and interfere with participation in daily activities. Limited access, interruption, or removal of the activity or interest often causes significant distress.</li> <li>The degree to which behaviors are, or become persistent and encompassing, are key considerations in the evaluation process. In other words, the behavior(s) of concern would be present across settings and situations,</li> </ul>	<ul style="list-style-type: none"> <li>Talks about a variety of interested topics, and switches topics with prompting <ul style="list-style-type: none"> <li>Plays with a variety of toys and will tire of certain toys if played too much</li> <li>Knows the plots of movies / cartoons but doesn't use them as the lens through which experiences or the world is viewed</li> <li>May have temper tantrums when transitioning from preferred interests, but is able to be soothed</li> <li>Interests are typical of other infants</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Talks about a particular topic (e.g., Bubble Guppies) incessantly without regard to the conversational partner <ul style="list-style-type: none"> <li>"Playing" with the same toy over and over, in the same way each time, beyond the typical development of play</li> <li>Uses a specific video game, television show, or movie as the lens through which experiences or the world are viewed</li> <li>Excessively seeks access to, or talking about, atypical interests such as</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Alternative explanations for impairment in spontaneous seeking to share or enjoy interests with other people include other developmental disorders, environmental variables, and cultural factors.</li> </ul>

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	<p>not just with some people or in some situations.</p>	<p>and toddlers the same age</p> <ul style="list-style-type: none"> <li>Interests do not significantly interfere with daily routines of the family</li> </ul>	<p>historical events, specific appliances (e.g., vacuum cleaner or fan), or unusual types of animals (e.g., white Siberian tiger)</p> <ul style="list-style-type: none"> <li>Intensity of interest significantly interferes with daily routines of the family (e.g., infant or toddler with interest in trains screams in car until mom drives over railroad tracks; family leaves infant or toddler's Lego structure in front of TV and the family views the TV around the structure)</li> <li>Carries around unusual or uncommon objects for extended periods of time</li> </ul>	
<p><b>Area (ii):</b> Apparently inflexible adherence to specific, nonfunctional routines or rituals.</p>	<ul style="list-style-type: none"> <li>Infants and toddlers with ASD seek predictability in their environments and thus may create and follow nonfunctional routines or rituals or have extreme distress when their routines are altered.</li> </ul>	<ul style="list-style-type: none"> <li>Challenges with transitioning between activities are developmentally to be expected; however, typically developing infants and toddlers can be soothed</li> </ul>	<ul style="list-style-type: none"> <li>Wears a specific clothing item for a specific day or activity</li> <li>Has rigid adherence to specific sequences in routines or self-imposed rules (e.g., must eat or put clothes on in certain order)</li> </ul>	<ul style="list-style-type: none"> <li>Alternative explanations for impairment in spontaneous seeking to share or enjoy interests with other people include other developmental disorders, environmental</li> </ul>

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	<ul style="list-style-type: none"> <li>Evaluators are encouraged to pay more attention to an infant or toddler’s insistence on nonfunctional routines which, when disrupted, make everything go awry.</li> </ul>		<ul style="list-style-type: none"> <li>Excessive and time-consuming routines (e.g., bathroom, dressing) <ul style="list-style-type: none"> <li>Distress when daily routines and schedules are altered</li> <li>Insistence that others follow rules, including rules made up by the infant or toddler</li> </ul> </li> </ul>	<p>variables, and cultural factors.</p>
<p><b>Area (iii):</b> Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).</p>	<ul style="list-style-type: none"> <li>Some infants and toddlers with ASD engage in repetitive motor mannerisms, often called self-stimulatory behaviors.</li> </ul>	<ul style="list-style-type: none"> <li>Typically developing infants and toddlers do not generally engage in these behaviors. They may have occasional flapping or finger movements however, so this item should be taken into consideration with the other criteria.</li> </ul>	<ul style="list-style-type: none"> <li>Preoccupation with fingers, spinning, and twirling objects or self <ul style="list-style-type: none"> <li>Paces in a particular manner or routine</li> <li>Smells, chews, or rubs objects in a particular manner</li> <li>Rocks or lunges</li> <li>Persistent grinding of teeth</li> <li>Repeated visual inspection of objects</li> <li>Self-injurious behaviors including head-banging, hand biting, and excessive self-rubbing and scratching</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>To avoid confirmation bias, it is important evaluation teams do not consider this area in isolation, because these behaviors exist in other disability areas, and can exist in typically developing infants and toddlers.</li> </ul>

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			<ul style="list-style-type: none"> <li>Moves body parts in an odd and/or repetitive manner</li> </ul>	
<p><b>Area (iv):</b> Persistent preoccupation with parts of objects.</p>	<ul style="list-style-type: none"> <li>Infants and toddlers with ASD can become preoccupied with parts, objects, or processes. The fixation may appear to be more focused on how an object, including toys, actually works instead of the function that it serves.</li> </ul>	<ul style="list-style-type: none"> <li>Typical infants and toddlers explore items and may look at the parts of objects but are not overly focused or obsessed with the parts versus the whole and use of the object.</li> </ul>	<ul style="list-style-type: none"> <li>A fascination with a specific part of the dishwasher or vacuum cleaner               <ul style="list-style-type: none"> <li>Spins the wheels of a car</li> <li>Watches several seconds of a movie or cartoon repeatedly, without watching the complete movie, outside of typical development and in the absence of shared enjoyment with a parent or caregiver</li> <li>Completes complex puzzles with more interest in putting the pieces together than the puzzle picture as whole</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Alternative explanations for persistent preoccupation with parts of objects may include cognitive delay or other developmental challenges.</li> </ul>
<p>Other Evaluation Considerations: Unusual or Inconsistent Response to Sensory Stimuli</p>	<ul style="list-style-type: none"> <li>According to MARSE, determination of ASD may include unusual or inconsistent responses to sensory stimuli, but to be</li> </ul>	<ul style="list-style-type: none"> <li>Typically developing infants and toddlers can have sensitivities to sensory information so this item must be taken</li> </ul>	<ul style="list-style-type: none"> <li>Infants and toddlers with ASD may seek or avoid certain sensory stimuli to a degree that it interferes with daily</li> </ul>	<ul style="list-style-type: none"> <li>Given that unusual or inconsistent responses to sensory stimuli can occur in typically developing infants and toddlers,</li> </ul>

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	<p>eligible under ASD, the infant or toddler must also meet the other three domains of eligibility. Sensory challenges alone are not sufficient to identify the student as ASD because sensory issues can be found in several other eligibility areas. <b>Conversely, the absence of sensory challenges does not exclude a student from meeting ASD eligibility criteria.</b> As such, the evaluation team should analyze the infant or toddler's response to sensory stimuli as it impacts the three domains of ASD eligibility (i.e. reciprocal social interaction, communication, and restrictive and repetitive behaviors).</p>	<p>into consideration given the other criteria.</p> <ul style="list-style-type: none"> <li>• Generally, typically developing infants and toddlers with such sensitivities can be soothed by familiar adults.</li> </ul>	<p>activities. Specific sensory areas can include sight, touch, hearing, smell, taste, and movement.</p>	<p>and in infants and toddlers with other disabilities, this criterion must be considered in context of the other criteria.</p>