Autism Diagnostic Guidance Document

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The Autism Diagnostic Guidance Document is designed to provide prompts and questions to help you gather evidence and formulate your autism diagnosis. In addition, we identify other dynamics and diagnoses that add complexity to a child's profile and offer some guidance to clarify the diagnostic picture. Some tips to keep in mind when assessing children for autism:

- Consider overall developmental level throughout your evaluation. Do not indicate that there is a challenge if that skill would not be expected at the child's developmental level.
- When recording a behaviour, determine whether it occurs in more than one context.
- Try to only assign a specific behaviour to one domain (unless it clearly satisfies two domains for unique reasons).
- Ask for examples of when a child demonstrated the behaviour in question.
- Be sure to ask about and record the child's strengths and interests.
- Consider cultural differences in determining whether a behaviour is differing from what is expected. For example, expectations for eye contact differ across cultures.
- Although diagnostic criteria and many systems discuss 'levels of severity,' keep in mind that the environment and context of a given situation can greatly influence the degree of challenges that a person experiences. Various members of the autism community have expressed concerns about the use of these levels, including many autistic people.
- Families' views of autism will be informed by your questions to them and interactions with their child. It is important to note that just because a feature informs a diagnosis of autism does not mean it needs to be 'treated'.

Acknowledgement: We are grateful to Salina Eldon for her support in developing this guidance document.

Diagnostic Feature	Examples	Ask	Observe
Social-emotional reciprocity ***Indicate in the check-box if there is a challenge in any of these areas** ***Depending on the item, it may be the presence or absence/ reduction that informs a diagnostic domain**	☐ Showing	• Does your child ever show you something that they are playing with? If so, do you think that they are showing in order to get help, or purely for a social purpose? • Can you think of a time that they showed something of interest to you? For example, will they show a picture they drew or a favourite toy? • If they see an interesting new toy, will they pick it up and show it to you?	o Notice if the child brings a toy over to you or the caregivers to show you/them, not just to get help. o Showing involves orienting the item so as to be more easily seen by someone else, ideally combined with eye contact.
	☐ Giving and Sharing	• Does your child give you toys because they are interesting, not just because they need help? • If your child has a toy and another child approaches them, will they offer it to the other child? If child is older: will your child offer their video game, tablet, or snack to another child?	o Giving involves bringing the item to someone and letting go of it, ideally combined with eye contact. o Does the child give toys to caregivers or the examiner? For help or to share interest? o Does the child share their snack with family members?
	☐ Initiating joint attention	• Do you have examples of when your child tries to get your attention for social connection, not just when they want something? For example, if you're on a walk will they say "look there's a rainbow/ airplane/dog!" or point to the interesting thing and then look back at you?	o Does the child point to something (such as a picture on the wall), look between what is being pointed to and the other person? Or do they just point and not look to another person? o Does the child shift their gaze from something interesting to try to draw your attention to the item to make sure you see it too (this does not need to be combined with pointing)?
	☐ Responding to joint attention	• If you try to draw your child's attention to something, how does your child respond? Will they look over at you and then look towards what you are pointing at?	o Try to get the child's attention to a poster or a toy while saying "Oh, look over there!" Does the child's gaze follow your point? o If this is not successful, ask parents/caregivers to try to get their child to look at something they point to (ideally out of reach).

Social-emotional reciprocity *cont'd* ***Indicate in the check-box if there is a challenge in any of these areas**	☐ Responding to name	• If you call your child's name, will they typically look toward you? • Do you often need to call their name multiple times? • Is there another strategy you use to get their attention?	o Try calling the child's name in a friendly manner, when they are not directly interacting with you. Watch to see if they turn in your direction. o Be careful NOT to try this when the child is overly focused on an intense interest.
	☐ Comforting/ sharing emotions	• How does your child share their feelings with you? How does your child let you know if they are upset, happy, proud…? • How do they respond to affection? • If someone close to your child is upset, or gets hurt, what does your child do?	o How does the child respond to playfulness? If you play peek-a-boo or make a silly face, will they smile and laugh? o How does the child respond to a smile? Do they smile back? o Observe if the child goes to their caregiver(s) for comfort. o If you break a crayon while drawing or pretend a toy does not work, how do they respond?
	☐ Social interaction and play	• Does your child ever approach you to get you to play with them? How do they do this? • Does your child approach other children to play? What does this look like? • How does your child respond if other children want them to play? • What does your child do to keep a fun interaction going?	o With toys available, does the child try to include others in their play? For example, will they roll a ball to you to get you to throw it? o What does the child do to keep an interaction going? o Does the child try to make a connection with you or their caregiver, such as by sharing a toy or involving you in a game?
	☐ Conversation	• What does a verbal exchange sound like with your child? If you are talking to them, is there back and forth babbling/conversation or is it one-sided? • Can they talk about something with you with some back-and-forth turns, or is it mostly responses to your questions? • *Try to get information about the quality of these exchanges but keep in mind the developmental level of the child.*	o Look for simple back-and-forth vocalizing/ talking in response to comments (not just questions; e.g., if you say, "I like cookies," will the child comment about what they like?); will they take turns in babbling with you or caregiver? o What is the quality of conversation between you and the child or the child and family? Is there a back-and-forth flow? Or is it all questions and responses? o Look for one-sided conversations. o You may notice scripted language or echolalia, which may also inform criteria for Restrictive/ Repetitive Behaviour.

Nonverbal communication ***Indicate if there is a challenge in any of these areas**	☐ Eye contact	• Have you noticed if your child looks at you in the eye when you are speaking or playing? Do they look at you when they are asking or telling you something? • Is the eye contact connected with their language or gestures?	o Look for the child's eye contact with caregivers or family members. o Notice whether the child makes eye contact with you during interactions. If so, does this eye contact seem prolonged or unusual? o Is it difficult to get the child's eye contact? o Does the child make eye contact when requesting, or do they just focus on the object?
	☐ Gestures ☐ Pointing (indicate this gesture specifically)	• Can you think of examples of gestures that your child uses at home or in daycare/school (such as: arms up to be lifted, waving, or head shaking/nodding)? • Does your child point with their index finger? To ask for something? To show you something interesting? • Do they understand when you use gestures? For example, when the parent/caregiver holds a hand out to ask child to give them something, do they understand what that means?	o Look for gestures such as shaking head "no", waving good-bye, extending arms to show that something is "big", indicating "come here" with the hand, etc. o Look specifically for pointing with index finger. o For older/ more verbal children, look for use of descriptive gestures (e.g., "big") that complement their verbal communication
	☐ Facial expression	• Can you tell, just from your child's face, how they are feeling? Do they show you their face to communicate their feelings to you? • Does your child seem to notice and understand others' facial expressions? (e.g. does your child notice if you look upset or if you smile at them?)	o Make note of the different facial expressions the child uses. Do the expressions match what is happening in the moment? o Does the child have expressions beyond happy, sad, or mad (e.g. teasing, coy, bored)? o Does the child direct their facial expressions toward others to indicate how they are feeling? o Watch to see if the child notices when you smile at them or make an 'excited' face - do they smile back or share in your look of excitement?

Nonverbal communication *cont'd* ***Indicate if there are challenges in any of these areas**	☐ Integration of nonverbal strategies into communication	• When you are interacting and communicating with your child, will they combine their words with gestures, eye contact, facial expressions?	o Look for the child's use and understanding of nonverbal strategies in their communication. If upset will they cross their arms and look down? When happy, do they comment, look up, and smile, or nod? o Do they combine eye contact with vocalizations or gestures to get your attention or request something (e.g., asking for more bubbles with eye contact and pointing)?
	☐ Other	• (If child can speak): Can you tell me about the way your child speaks? How does it sound when they speak? Is there anything unusual about the quality of their speech (pace, rhythm, tone)?	o Notice the child's volume, pitch, and rate of speech. o Do they speak at a really high pitch? Does the speech sound monotone? Choppy? Unusual in quality?
***Indicate if this is present**	☐ Hand-leading (without eye contact)* ☐ Using others' hand as a tool*	• If your child leads you by the hand, will they usually be looking up or looking back at you as you follow? • How does your child request or ask for help? If they want help, will they take your hand and put it on an object without looking at you or asking for it? • Will they ever move your hand to make something work, almost like your hand is the tool that can turn the toy on?	o Observe how the child gets help from family members. For example, do you see them take their parent/caregiver's hand to open a snack bag? To turn on a toy? o If leading the parent/caregiver by their hand, is this combined with eye contact?

Relationships ***Indicate if there is a challenge in any of these areas**	☐ Interaction with caregivers	• Can you describe a typical daily interaction that you would have with your child? When and how does your child approach you? Are they affectionate? • Does your child pull you in to play with them? Do they try to get you to join in with their activities?	o Observe whether the child has exchanges with the caregiver outside of needs being met. o Observe the quality of those interactions. Are they reciprocal?
	☐ Interest in peers	• Does your child show interest in other kids? Will they look over at other kids while they are playing? • If you are on a playground, will your child watch or join other kids playing or do they prefer to play alone? • If another child approached your child to play, how would they respond?	o If there is a sibling/cousin/child in the waiting room, observe level of interest.
	☐ Adjusting behaviour to situation	• Is your child aware of how to act in different social settings or with different people? • Would they know not to run and be loud in a library or house of worship?	o Notice the child's behavior in the waiting room and office. How do they play with toys? interact with others? What is their activity/ voice level? Do they try to leave?
	☐ Preferred playmates	• Does your child play with or try to play with other kids? How old are the kids (younger? older?)? • Does your child have a best friend or preferred playmates?	o Note if the child mentions a best or favourite friend to you.
	☐ Interactive pretend play	• Does your child participate in imaginative play with with peers, siblings and caregivers? • Will they participate in pretend play in a flexible, interactive way?	o If you set up an imaginative scenario (e.g. tea party, super heroes) and invite the child to play, will they join the play? Does the child come up with creative parts of the play? Does the child follow your creative directions? o *Play will look different in a younger versus older child. Please keep this in mind when evaluating the quality of the play.*

Stereotyped/ repetitive motor movements, use of objects, speech ***Indicate if behaviour is present**	☐ Flapping ☐ Toe walking ☐ Body tensing ☐ Rocking ☐ Spinning ☐ Hand mannerisms	• Sometimes when kids get excited, they squeeze up their bodies, flap their hands, walk on their toes, or rock back and forth. Does your child do anything like that? • Does your child like to spin in circles? • Do you ever see your child flick their fingers or position their hands in an unusual way?	o Look for flapping, tensing, toe-walking, rocking or spinning. Notice types of activities that bring on these movements. o These movements are more likely to happen when the child is excited, so it is important to include activities that they will find fun (e.g. bubbles). o Look for unusual hand mannerisms, such as stiff posturing of the fingers or finger flicking.
	☐ Stereotyped play with toys	• What are your child's favourite toys and how do they play with them? • Does your child regularly line up their toys or other items? What happens if the line is disrupted? • Do they spend time spinning toys? Or spinning wheels on cars? • Does your child do any other repetitive play, such as stacking, flipping, or dumping things out of bins? • Do they repeatedly open/close doors or turn things off and on? • Does your child have objects that they carry around through the day?	o What does the child do with the toys in your office? o If the child does line up toys, how do they respond if you 'accidentally' disrupt the line? o Does the child spin toys that are not meant for this, such as toy plates? Or spin the wheels of toy cars for more than a couple of seconds? o Does the child hold an object in one or both hands while playing? o Does the child engage in other repeated actions, such as dumping out toy bins multiple times or opening/closing doors?
	☐ Echolalia	• Does your child ever repeat words or phrases spoken by another person right after they were said? • *Ask for examples of this and note the difference between true echolalia and prompted repetition of language, which may be used by children with language delays*	o Notice if you say something to the child, whether they repeat it back to you in the same tone. o Notice, particularly, if the child imitates a question verbatim, without reversing personal pronouns (e.g., "do you want some water?")

Stereotyped/ repetitive motor movements, use of objects, speech *cont'd*	☐ Scripted/ repetitive speech	• When your child talks, do they use lines memorized from movies, shows, video clips, or past events? • Do they like to say the same things over and over?	o When interacting with the child, notice if they use lines from a movie or show. o Does the child repeat the same phrase repeatedly?
	☐ Idiosyncratic/ made up words	• Does your child use some words in unusual ways? Will they call something by a different name? Does your child have any made up words that they use consistently?	o Listen for made-up words, such as a child referring to a person by a specific association (e.g., a child distinguishing family members by the cars they drive; "grandma red car"). o Exclude examples of developmentally appropriate mis-pronunciations that have become words within the family context (e.g., 'pasgetti' for 'spaghetti').

Insistence on sameness/ routines/rituals ***Indicate if behaviour is present**	☐ Distress with small changes	• What happens when something is out of place in the home? For example, moving the furniture to new places? • What about changes in their own items (e.g., red cup instead of blue cup at dinner)? • How does your child react if their schedule or routine changes (e.g., snow day)?	o Does the child notice anything different in your office between visits? Try having a different set of toys available and see how they respond to this. o Does the child ask you why you're wearing a different shirt than at the last visit?
	☐ Difficulty with transitions	• How does your child react when you are moving from one activity to another? • Is it only hard to move on from a favourite activity, or generally hard to move from one thing to another?	o Observe how the child responds to the transition between rooms and activities. o Does the child have a hard time with these transitions (e.g., tantrum, refusal to leave…)?
	☐ Rigid thinking	• Does your child insist on following the 'rules' with no exceptions? Does your child like to tell other kids about the 'rules'? • Does your child understand jokes or non-literal phrases ('hit the road')?	o If you play with a toy in an unexpected way how does the child react? o If you establish a play routine, and then change it, does the child get upset or insist on doing it the 'original' way? o If you are playing a more structured game and take a turn out of turn, what do they do or say? Do they get visibly upset?
	☐ Rituals ☐ Things need to be done same way (e.g.: _____)	• Is there anything your child has to have done the same way, every time? Like taking a particular route somewhere? Or doing something in a particular order? Any rituals around eating, like not wanting different foods to touch? • Does your child seem to get 'stuck' on one particular way of doing something? • Do they get upset if things aren't done the same as they usually are? Does your child insist that you do something in a particular way? Such as, telling or showing you where to sit, what to say next or how to play?	o Notice if the child has to put on their outdoor gear (coat, boots, mittens, hat) in a particular order. o Sing a song with the child an insert something unexpected, such as naming a letter out of order in the alphabet song. How does the child react?

Restricted, fixated interests ***Indicate if behaviour is present**	☐ Unusual interests or attachment to unusual objects (e.g.:_____)	• Does your child have an interest that seems unusual (e.g. a very specific topic or something advanced for their age)? • Does your child have a strong attachment to an object, such as a part of a toy or a household item? Do they need to have this item with them all the time?	o See if the child brings an item to the appointment. Are they able to give up the item during your assessment? o See if the child is interested in objects that aren't toys and how they interact with these objects. o *Here, we are looking for an interest that is *unusual* in its content (pipes, doorknobs, parts of a toy, spoons).*
	☐ Intense interest (e.g.:_____)	• Does your child have something they always want to play with? • Does your child have an interest that they talk about all the time? • Does your child have difficulty moving on from things that they are thinking or talking about?	o Notice if the child brings up a certain interest in conversation. o Notice if the child has particular items with them every time you see them. o *This item refers to an interest that is ***intense*** but may not be unusual in its content.*
Sensory differences (sound, smell, texture, visual interest, pain) ***Indicate if behaviour is present**	e.g.: _____ ☐ Interest ☐ Aversion e.g.: _____ ☐ Interest ☐ Aversion e.g.: _____ ☐ Interest ☐ Aversion e.g.: _____ ☐ Interest ☐ Aversion	• Are there sensory things that your child enjoys or seeks out (e.g. playing with water in the sink, looking at things closely, or feeling different textures) • Does your child seek out deep pressure (e.g. tight hugs, pushing their face into you)? • Is your child a picky eater? Do they have trouble with certain smells, flavours, or textures? • Some kids are bothered by bright lights, loud noises, or tags in their clothes. Is your child bothered by anything like that? • *Probe for any other sensory seeking behaviours or sensitivities.* • How does your child handle pain? Do you think they have a high pain threshold?	o Present items with different textures (strings, blocks, shiny objects) to see how the child reacts to them. o Observe for any visual inspection of items, such as if the child spends a long time looking at a part of an item, or if they look while turning the item over in their hands, or the child positions themselves differently to look at the item, such as lying on their side. o Watch to see if the child squeezes items repeatedly or does this with items for which you wouldn't expect this (e.g., baby doll head). o Observe any licking or mouthing of items, being aware that mouthing is developmentally appropriate before two years. o Observe if the child sniffs things. o Does the child demonstrate any aversions to toys that make noise?

SPECIAL CONSIDERATIONS:

DEVELOPMENTAL LEVEL: When formulating whether a child has a challenge in a certain domain, keep developmental level in mind. For example, a child functioning at a developmental level of a 2-year old would not be expected to have back and forth conversation.

SPEECH & LANGUAGE DELAY: Take into consideration the child's expressive and receptive language level and adjust your expectations for their behavior accordingly. Note that children with a limited vocabulary may not use as many descriptive gestures (demonstrating something with their hands) but should still demonstrate conventional gestures (nodding, pointing). When interacting with the child, keep your language simple.

HEARING IMPAIRMENT: It is important to have an audiology assessment done whenever there is a speech and language delay or question of autism in a young child. Hearing impairment can affect the child's social responsiveness, such as responding to their name being called or responding to joint attention. If the child clearly meets all other diagnostic criteria, it is permissible to get the audiology assessment done after the diagnosis. For children with a diagnosed hearing impairment who use sign language to communicate, a sign language interpreter is required.

VISUAL IMPAIRMENT: Visual assessment is strongly recommended for children with suspected autism. Children with visual impairments may play with toys in unusual ways. They may look at lights in the room or look up close at objects. If the child clearly meets all other diagnostic criteria, it is permissible to get the visual assessment done after the diagnosis. For children with a diagnosed visual impairment that cannot be corrected with prescription lenses, assessment should be undertaken by someone with expertise in working with people with visual impairments.

TICS/TOURETTE SYNDROME: Tics are sudden, repetitive movements or vocalizations that are often distressing to the child. In children with tic disorders, be cautious when determining whether the child has motor mannerisms or repetitive speech associated with autism.

DEPRESSION: Depression can influence social communication and non-verbal communication. Exercise caution when attributing these difficulties to autism and look for other supporting features for the diagnosis, such as restricted/repetitive behaviors, as well as long-standing social-communication challenges. Be aware that depression is a common co-occurring condition in autism, particularly for older children and adolescents.

SHYNESS & ANXIETY: Shy children may be reluctant to engage socially and may exhibit reduced eye contact and reciprocal conversation (particularly early on in an assessment visit). Anxious children may show some sensory aversions, such as to loud noises. If possible, try to observe the caregiver and child without the child knowing you are watching. Look for restricted/repetitive behaviors that cannot be attributed to anxiety (e.g., echolalia, motor mannerisms, unusual play). Be aware that anxiety is a common co-occurring condition in autism. History of skills at home/with familiar people is essential to making a diagnosis. You may also ask the parent to show you some videos from home when the child is feeling comfortable.

PHYSICAL DISABILITY: A child who has a physical disability may have difficulties with play (particularly manipulating small objects) and gestures. Be aware of this and make play items as accessible as possible.

ATTACHMENT DISORDERS: Children who have been abused, exposed to traumatic events, or neglected show atypical social approaches and responses. They have unusual behaviors, including attachment to unusual objects and hoarding. These children require extreme caution before applying an autism diagnosis and likely require an in-depth assessment.

CULTURAL/FAMILY CONTEXT: We all work with diverse populations and it is important to consider the norms and values of the child and family's culture, language and style of interacting when doing an assessment. Creating a safe space to gather this information is essential. Consider the following:

- Self-Reflection and Bias Awareness: Engage in ongoing self-reflection to identify and challenge your own cultural biases, beliefs, values, and assumptions.
- Cultural Humility: Approach each encounter with respectful curiosity, acknowledging that you may not know everything about a culture. Recognize that culture is not monolithic. Be open to learning from the family.
- Ask, don't assume: Inquire directly about the family's cultural background, beliefs, practices, and style of interacting to avoid stereotyping.
- Intersectionality: Recognize that individuals hold multiple identities that intersect (e.g., race, gender, socioeconomic status, religion) and influence their experiences.
- Respectful Communication: Create an environment of trust by allowing space for family members to express their stories and cultural beliefs in their own words. Be aware of power dynamics that may present barriers to open dialogue and actively encourage families to ask questions and give opinions.
- Inclusive Language: Use inclusive language and ask for each person's pronouns to show respect for clients' gender identities, while also helping to increase acceptance.
- Trauma: Families may bring a history of their own trauma, or trauma experienced by their loved ones, into the clinical encounter. Some groups have experienced systematic mistreatment in the medical system. Be sensitive to this by providing explanations of what you are doing and why, and ensuring you have the family's consent to proceed.
- Professional Interpreters: Use trained interpreters to ensure accurate and confidential communication when language barriers exist.