AUTISM SCREENING & REFERRAL QUICK GUIDE FOR PHYSICIANS

Quick recognition • standardized screening • timely referral

AAP SCREENING SCHEDULE: Developmental screening at 9, 18, and 30 months; autism-specific screening at 18 and 24 months. Screen additionally whenever concerns arise or risk is elevated.

AUTISM RED FLAGS: THINK SOCIAL COMMUNICATION + RESTRICTED/REPETITIVE PATTERNS

Social Communication / Interaction	Restricted, Repetitive, Sensory, or Behavioral Patterns
• Limited or inconsistent response to name • Reduced eye contact or social reciprocity • Limited pointing, showing, sharing interest, or joint attention • Delayed/atypical gestures, language, or conversational reciprocity • Limited imitation or pretend/social play • Difficulty developing or navigating peer relationships • Loss/regression of previously acquired language or social skills	• Repetitive movements, speech, play, or use of objects • Lining up, spinning, inspecting, or unusually repetitive play • Strong distress with changes, transitions, or interruption of routines • Highly focused or unusually intense interests • Hyper- or hyporeactivity to sound, texture, light, pain, movement, food, etc. • Rigid routines or insistence on sameness • Unusual sensory seeking or avoidance

M-CHAT-R/F — TODDLER AUTISM SCREENING - Find PDF HERE!

Use: Validated parent-report screener for toddlers 16–30 months. It is a screening tool, not a diagnosis.

M-CHAT-R Score	Risk	Action
0–2	Low	No Follow-Up needed. Rescreen at recommended ages; refer/evaluate if surveillance or caregiver concern remains.
3–7	Moderate	Administer the structured M-CHAT-R Follow-Up. If Follow-Up remains positive (score ≥2), refer for diagnostic evaluation and early intervention eligibility.
8–20	High	Follow-Up may be bypassed. Refer promptly for diagnostic evaluation and early intervention eligibility.

WHEN TO REFER: DO NOT WAIT FOR A PERFECT SCREEN

Refer for a comprehensive autism/developmental evaluation when a standardized screen is positive OR clinical surveillance/caregiver concern suggests ASD, developmental delay, or regression.

- Regression or loss of language, gestures, social engagement, or other acquired skills
- Persistent social-communication concerns even when speech is present
- Multiple ASD-associated behaviors across settings or over time
- Significant functional impact involving communication, behavior, play, adaptive skills, feeding/sensory needs, or participation
- High-risk history (e.g., sibling/parent with ASD) plus developmental concerns

IMPORTANT: A negative screener does not override meaningful clinical or caregiver concerns. Screening identifies risk; comprehensive evaluation determines diagnosis.

REFERRAL PATHWAY

Concern identified → Standardized screening → Refer as indicated → Comprehensive diagnostic/developmental evaluation → Connect to appropriate supports/interventions.

While awaiting evaluation: Address identified developmental needs and make appropriate referrals (e.g., Early Intervention, speech-language, OT, audiology) based on the child's presentation. A child does not need to wait for a final ASD diagnosis before evaluation for eligible developmental services.

HELPFUL INFORMATION TO INCLUDE IN THE REFERRAL

- Specific caregiver concerns and age of onset
- Screening tool, date, score, and Follow-Up result when applicable
- Developmental milestones and any regression
- Observed social communication, play, repetitive behavior, sensory, and adaptive concerns
- Relevant medical/developmental/family history
- Hearing/vision status and other evaluations or therapies already completed

SAMPLE DOCUMENTATION LANGUAGE

"Developmental surveillance and/or standardized autism screening identified concerns involving social communication and/or restricted/repetitive behavior. Given these findings, the patient is being referred for a comprehensive autism/developmental evaluation. Appropriate developmental services will be pursued based on identified needs while diagnostic evaluation is pending."

CLINICAL REMINDERS

Autism can present across the full range of language and cognitive abilities. Do not rule out ASD solely because a child is verbal, affectionate, makes some eye contact, has academic strengths, or does not display every commonly recognized feature. Consider the overall developmental pattern and functional impact.

Clinical references: CDC Clinical Screening for ASD; CDC Developmental Monitoring and Screening; official M-CHAT-R/F scoring instructions. This quick guide is educational and does not replace clinical judgment, diagnostic criteria, payer requirements, or applicable law.