A FREE STARTING GUIDE

The ABCs of Autism

A starting guide for families

Special Learning — supporting families and educators since 2010

Chapter 1 — Understanding Autism

If your child has just been identified as autistic, you may be feeling a lot at once. That's okay. This guide is here to help you understand what autism is, what the early signs can look like, and the concrete next steps you can take to support your child — starting today, while you wait for appointments and answers.

Autism — formally **Autism Spectrum Disorder (ASD)** — is a lifelong way of experiencing and processing the world. Autistic people often think, communicate, socialize, and respond to their senses differently than non-autistic people. Autism is not an illness and not something a child "catches" or "outgrows." It is part of who a person is.

"Spectrum" matters: **no two autistic people are alike.** Some children speak early and fluently; others communicate without speech or with the help of tools and devices. Some seek out lots of sensory input; others are easily overwhelmed by it. Autistic people share some common experiences — differences in social communication, and a preference for routine or focused, deep interests — but how those show up is different for every person.

Autistic children grow into autistic adults who lead full, meaningful lives — in school, in work, in relationships, and in their communities. The goal of support is never to make a child "less autistic." It is to help every child communicate, learn, build on their strengths, and get the specific support they need to thrive as themselves.

One of the most studied, evidence-based supports for autistic children is **Applied Behavior Analysis (ABA)** — an individualized approach that helps build communication, daily-living,

and social skills. ABA is one of several supports a family may use; the right mix depends on the child. There is no single plan that fits everyone, and you don't have to figure it out alone.

Chapter 2 — Knowing Your Child's Developmental Milestones

Watching your child's development is one of the most useful things you can do as a parent. Milestones are a rough map, not a finish line — every child develops at their own pace. A missed milestone doesn't by itself mean anything is wrong. But if your child loses a skill they once had, or you have a quiet feeling that something is different, it's always worth raising with your child's doctor. You know your child best.

Here are typical milestones from 3 months to 5 years (adapted from the CDC's "Learn the Signs. Act Early." milestones):

3–4 months — Looks at faces and objects with interest · reacts to faces and voices · smiles · turns toward sounds.

7 months — Responds to others' emotions · reaches for objects · turns toward their name · babbles.

12 months / 1 year — Imitates sounds and people · enjoys games like peek-a-boo · understands "no" · points to ask for something they want — and points just to show you something they find interesting · looks where you point · says single words.

24 months / 2 years — Enjoys other children · understands simple sentences · points to show you things and share what they notice, not only to ask for something · sorts shapes and colors · engages in make-believe · combines two words.

36 months / 3 years — Shows affection · matches objects to pictures and colors · follows 2–3 step instructions · uses simple sentences · uses pronouns (I, you, me).

48 months / 4 years — Plays cooperatively · invents make-believe play · names colors and counts · speaks in longer sentences · tells stories.

60 months / 5 years — Imitates friends · sings, dances, acts · increasing independence · counts to 10+ · tells longer stories.

Why we separate the two kinds of pointing: pointing to ASK for something and pointing to SHOW you something look alike, but they do different jobs. Many autistic children point to ask — so that one on its own can feel reassuring when it shouldn't be. Pointing purely to share, with no goal beyond wanting you to see it too, is the one worth watching for.

If milestones are delayed — or if a skill is lost — bring it to your child's doctor's attention. Acting early gives your child the best possible start.

Chapter 3 — Autism Today: What the Numbers Tell Us

Autism is far more common, and far better understood, than it was a generation ago — and identification keeps improving.

- According to the **Centers for Disease Control and Prevention (2025)**, about **1 in 31 children** is identified as autistic. (This is the CDC's ADDM Network estimate among 8-year-olds, 2022 surveillance year.)
- Autism is identified **more than three times as often in boys than girls** — and researchers increasingly recognize that autism in girls is often missed or identified later, not absent.
- Autism occurs across **all racial, ethnic, and socioeconomic groups.**
- Autism can often be reliably identified by **age 2,** though many children are identified later. Earlier identification means earlier support — which is why noticing and acting early matters.

These rising numbers largely reflect **better awareness, broader diagnostic criteria, and improved screening** — more children are being seen and supported, which is good news for families. Autism is not an epidemic to fear; it is a natural part of human diversity that we now recognize and support far better than we used to.

Chapter 4 — Autism Is One Spectrum: Strengths and Support Needs

You may have heard older terms like *Asperger's syndrome, PDD-NOS,* or *autistic disorder.* Here is the most important thing to know: **today, these are all one diagnosis — Autism Spectrum Disorder.**

A short history. Before 2013, the diagnostic manual used by clinicians (the DSM-IV) listed several separate diagnoses — autistic disorder, Asperger's syndrome, PDD-NOS, and childhood disintegrative disorder. In 2013 the **DSM-5 combined all of these into a single diagnosis: Autism Spectrum Disorder.** This change recognized what families and clinicians already knew — these weren't truly separate conditions, but one spectrum with many presentations. (You may still hear the older words, especially from people diagnosed years ago; they all refer to autism.)

> *A note on Rett syndrome: Rett syndrome was once grouped with autism but is **no longer considered an autism spectrum disorder.** It is a distinct genetic condition caused by a mutation in the MECP2 gene and is diagnosed and managed separately. If you've seen it listed alongside autism in older materials, that grouping is out of date.*

Instead of "where does my child fall," ask "what does my child need?" Rather than sorting children into subtypes, clinicians today describe autism along two lines:

1. **Strengths and characteristics** — every autistic child has a unique profile. Many have remarkable focus, memory, honesty, pattern recognition, or deep expertise in subjects they love. These strengths are real and worth building on.
2. **Support needs** — the DSM-5 describes three *levels of support* (Level 1, 2, or 3), based on how much day-to-day support a person needs across social communication and behavior. **These levels describe support needs — not a child's worth, intelligence, or potential.** A child's level can change over time and with the right support. They are a tool for getting the right help, not a ranking.

Autistic children may differ in how they communicate (some speak, some use devices or sign, some are minimally verbal), how they experience their senses, how they handle changes in routine, and how they connect socially. None of these differences make a child "more" or "less" — they simply tell you what kind of support will help that child thrive.

Chapter 5 — Early Signs Worth Noticing

Parents and caregivers are usually the first to notice that their child experiences the world a little differently. Noticing early signs isn't about labeling a child — it's about opening the door to

support sooner.

Signs that are worth raising with your child's doctor include:

- Doesn't respond to their name by 12 months
- Limited or no babbling, pointing, or gesturing by 12 months — and in particular, not pointing to SHOW you something, or not looking where you point. A child who points only to ask for things they want may still be missing this.
- No single words by 16 months, or no two-word phrases by 24 months
- **Loss of speech, babbling, or social skills** a child previously had (at any age)
- Limited eye contact, or differences in how they share attention and emotion
- Strong preference for routines, and distress with change
- Intense, focused interests
- Strong sensory reactions — to sounds, textures, lights, or movement
- Repetitive movements (hand-flapping, rocking, lining up objects)
- Differences in pretend or interactive play

Many of these are simply part of who a child is. But if you notice several, or if your child loses skills they once had, ask your child's doctor for a developmental screening. **You do not need to wait and see** — early support helps, and you are the best advocate your child has.

Chapter 6 — Getting an Evaluation and Next Steps

If you have concerns, the most important thing is not to wait. Early identification and support give your child the best chance to build skills and confidence.

Who can help evaluate your child:

- Developmental pediatrician
- Pediatric neurologist
- Child psychologist or psychiatrist
- Speech-language pathologist, occupational therapist, or physical therapist (for related evaluations)

Your child's regular pediatrician may not perform the full autism evaluation themselves, but they can screen your child and refer you to a qualified specialist. A thorough evaluation usually combines observation, parent interviews, and developmental assessments. Make sure the professional or team has real experience evaluating autistic children.

What you can do right now, while you wait:

- Start a simple notebook of what you observe — what your child enjoys, what's hard, what's changed.
- Talk with your child in the ways they respond to best, and follow their interests.
- Build predictable routines; many autistic children feel safest when they know what comes next.
- Connect with other families — you are not the first to walk this road, and you are not alone.

Whatever the outcome of an evaluation, your child is the same wonderful child they were before. A diagnosis is not a limit — it's a key that unlocks understanding, services, and a community ready to support you both.

Special Learning (www.special-learning.com) offers a library of practical, family-friendly resources to help you take these next steps with confidence.

References (refreshed)

- Centers for Disease Control and Prevention. (2025). *Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years* (ADDM Network, 2022 surveillance year; identified prevalence ≈ 1 in 31, 32.2 per 1,000). MMWR Surveill Summ 2025;74(SS-2). Shaw KA, et al.
- American Psychiatric Association. (2013/2022). *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5 / DSM-5-TR) — consolidation of prior diagnoses into a single Autism Spectrum Disorder; support-level framework; removal of Rett syndrome from the ASD category.
- Centers for Disease Control and Prevention. *Learn the Signs. Act Early.* — developmental milestones.

- American Academy of Pediatrics. — Developmental screening and the pediatrician's role in early identification.

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A small next step you can use today

“Getting Ready for School” is a printable visual schedule — a simple picture routine you can start using with your child right away, rather than more to read. Just $1.99 each, instant download. Two editions, so you can pick the one that fits your child:

Boy edition → **Girl edition →**

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