Early signs of Autism Spectrum Disorder (ASD)

Here are some of the most common early signs that may alert parents, caregivers, or professionals that a child could be on the autism spectrum. This is not a list for diagnosis, just concerning signs:

- **Lack of eye contact** or limited use of facial expressions when interacting with others
- **Not responding to their name** by 12 months of age
- **Delayed speech and language development** or loss of previously acquired language skills
- **Limited use of gestures**, such as pointing, waving, or showing objects to others
- **Rarely sharing enjoyment or interests** with others (e.g., not showing or bringing things to share)
- **Difficulty engaging in back-and-forth conversations** or play
- **Repetitive movements** like hand-flapping, rocking, or spinning on the spot
- **Lining up toys and objects** instead of playing typically
- **Focussing on part of an object** rather than using the object as it was meant (e.g. spinning wheels of toy cars)
- **Insistence on sameness**, routines, or rituals, and becoming upset at small changes
- **Highly focused interests** or intense, unusual attachments to certain objects or topics
- **Unusual reactions to sensory input**, such as being overly sensitive to noises, lights, textures, or smells

- **Walking on tip toes**
- **Limited social smiling** or lack of imitation of others' behaviours
- **Difficulty understanding or expressing emotions**—their own or others' (CDC, 2022; Autism Speaks, 2023).



These signs can appear as early as 12–18 months, though variations exist. Having one or two signs doesn't necessarily mean a child has autism, but noticing several may warrant further evaluation.

DSM-5 criteria for autism spectrum disorder

The Diagnostic and Statistical manual of Mental Disorders (DSM-V) defines three key areas for an Autism Spectrum Disorder (ASD) diagnosis:

- **Social Communication and Interaction**: Children with ASD often have difficulty with social-emotional reciprocity, non-verbal communication (like eye contact or gestures), and developing or maintaining relationships.

- **Restricted, Repetitive Behaviours or Interests:** This includes repetitive movements or speech, strict routines or rituals, intense interests, or unusual reactions to sensory input.
- **Symptoms Present in Early Development:** Signs must be noticeable in early childhood, even if they become more apparent as social demands increase

These disturbances are not better explained by global developmental delay or intellectual disability which frequently co-occur with ASD; to make dual diagnoses of ASD and intellectual disability, social communication should be below that expected for general developmental level.

Requirements for NDIS access

Here is what is needed to access the NDIS for a child with ASD.

- Families must demonstrate the child has significant and ongoing functional impairment due to autism.
- A formal ASD diagnosis is useful to establish a lifelong disorder, but not always strictly necessary; the key requirement is evidence of substantial support needs and functional limitations.
- Evidence should be provided through reports from qualified professionals (such as a clinical psychologists or a paediatrician) detailing challenges in one or more of: mobility communication, social interaction, self-care, and other daily activities.
- The assessment focusses on how the child's impairments affect their participation in everyday life and their need for early intervention or ongoing support.
- Children under seven may access supports for developmental delay even without a formal ASD diagnosis, if significant needs are evident. Over the age of seven, they may need to a diagnosis and support needs from a functional assessment.
- The NDIS seeks to provide appropriate, individualised funding and services for children with substantial, lifelong disability-related needs (Autism Research;

Frontiers in Psychiatry; Australian Journal of Social Issues).

□□ (03) 9848 9100

Updated on: 09/05/2026 by: Dr. Jacques Duff – BA Psych; Grad Dip Psych; PhD; MAPS; MECNS; MAAAPB; MISNR; FANSA

Reviewed on: 12/05/2026 by: Bernard Ferriere - BA; Grad Dip App Psych; Dip Clinical Hypnosis; FCCP; MAPS; MASH; Clinical Psychologist