

## **CRITERIA FOR IDENTIFYING Milder FORMS OF AUTISM IN PRESCHOOL-AGED CHILDREN**

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**Abstract:** The early identification of autism spectrum disorder is essential for timely intervention, especially in milder cases where symptoms may not be easily recognized. Mild forms of autism in preschool-aged children often present with subtle social and communicative challenges that can be overlooked or misattributed to temperament or language delay. This article explores the diagnostic features, behavioral patterns, and assessment strategies that aid in identifying high-functioning or mild autism in early childhood. Emphasis is placed on observational criteria, standardized tools, and developmental red flags that distinguish mild autism from typical variation.

**Keywords:** Mild autism, high-functioning autism, preschool diagnosis, early signs, autism spectrum disorder, developmental assessment, social communication

### **Introduction**

Autism spectrum disorder is a neurodevelopmental condition characterized by challenges in social communication and restricted, repetitive behaviors. While more severe forms of autism are often identified in early toddlerhood, milder or high-functioning variants can go unrecognized until later in childhood, particularly if language milestones are achieved on time and intellectual abilities are within the typical range.

Identifying mild autism in preschool-aged children is critically important. Early recognition enables access to intervention programs that can support social-emotional development, language, and adaptive functioning. However, mild symptoms may appear similar to shyness, anxiety, or language delay, making diagnosis more complex. This calls for refined criteria and careful developmental monitoring to distinguish subtle signs of autism from normal variation.

### **Behavioral and Social Markers**

Preschoolers with mild autism may not exhibit the overt behaviors typically associated with classic autism. Instead, their signs are often nuanced. These children may:

- Show limited interest in peer interaction, preferring to play alone even when socially exposed
- Demonstrate literal thinking, reduced pretend play, or inflexible routines in daily activities
- Display challenges with eye contact, facial expression, or understanding nonverbal cues, though these may be masked by verbal skills
- Respond awkwardly to social cues, often missing subtle turn-taking or emotional reciprocity in conversations
- Exhibit repetitive interests, such as intense focus on specific topics (e.g., letters, maps), without overt compulsive behavior

These signs are sometimes subtle and inconsistent, making it important to observe the child across settings and over time.

### **Language and Communication Patterns**

Language development in mild autism may appear typical at first glance, but deeper evaluation often reveals deficits in **pragmatic language**—the social use of speech. Common signs include:

- Overuse of adult-like or scripted phrases
- One-sided conversations with little reciprocity
- Difficulty adjusting tone, volume, or language level to suit the listener
- Echolalia or repetition of phrases, often with unusual intonation
- Trouble understanding jokes, sarcasm, or abstract concepts

Although vocabulary and sentence structure may be age-appropriate, these pragmatic deficits often lead to social misunderstanding or peer rejection.

### **Cognitive and Sensory Features**

Children with mild autism typically do not show global cognitive delays but may display **uneven cognitive profiles**, with strengths in memory, pattern recognition, or rote learning and weaknesses in executive functioning or flexible thinking. Sensory sensitivities are also common:

- Sensitivity to noise, touch, or certain textures
- Strong preference for predictable environments
- Over- or under-reaction to sensory stimuli (e.g., pain, temperature, visual clutter)

These sensitivities may manifest as behavioral rigidity, avoidance, or distress in unfamiliar settings such as daycare or preschool.

Standardized diagnostic frameworks such as the **DSM-5** define autism based on persistent deficits in social communication and restricted behaviors. For milder forms, symptoms may meet threshold criteria but present at a less intense or disruptive level.

Effective identification at the preschool stage involves combining clinical judgment with structured tools:

- **Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F):**

A parent-report screener suitable for young children, although its sensitivity may be lower in mild cases.

- **Autism Diagnostic Observation Schedule (ADOS-2):** A semi-structured play-based assessment that remains the gold standard for observing subtle signs in social and communicative behavior.

- **Social Communication Questionnaire (SCQ) and Childhood Autism Spectrum Test (CAST):** Useful for gathering broader developmental history.

- **Speech-language and occupational therapy evaluations:** Often reveal underlying communication or sensory issues not obvious in general observation.

In addition to tools, **longitudinal observation**—through preschool reports, home videos, or parent interviews—helps capture behavioral consistency and changes over time.

### **Conclusion**

Milder forms of autism in preschool-aged children present a unique diagnostic challenge due to their subtlety and overlap with typical development. However, early identification is crucial to ensuring that children receive tailored support during the most formative years of brain development. By refining diagnostic criteria, employing targeted screening tools, and maintaining awareness of nuanced social-communicative behaviors, clinicians and educators can better detect high-functioning autism at an early stage. Future research should continue to explore developmental trajectories of mild autism to improve early differentiation and individualized intervention.

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