

# Developmental Screening and Multidisciplinary Assessment in Autism Identification

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## DESCRIPTION

Autism spectrum disorder is identified through systematic observation of behavior and communication patterns rather than through biological testing. The condition is defined by persistent differences in social interaction, communication, and patterns of restricted or repetitive interests. Since these characteristics vary widely among individuals, diagnosis requires comprehensive assessment that integrates developmental history, caregiver input, and professional observation.

Routine developmental surveillance begins in infancy. Healthcare providers ask parents about milestones such as babbling, pointing, joint attention, and pretend play. Failure to engage in shared attention activities, such as looking at an object when someone points to it, may signal social communication differences. Screening questionnaires administered during well-child visits serve as initial tools to detect risk indicators. When screening results suggest concern, more detailed assessment is recommended.

A multidisciplinary evaluation ensures that multiple domains of development are considered. Psychologists conduct structured assessments designed to observe communication style, social reciprocity, and behavioral patterns. Speech-language pathologists evaluate expressive language, comprehension, and pragmatic skills. Occupational therapists assess sensory processing and fine motor abilities. In some cases, neurologists or geneticists may be consulted to rule out associated medical conditions.

Clinical interviews with caregivers provide context that observation alone cannot capture. Parents describe their child's early development, temperament, reactions to sensory input, and social preferences. Information about family history of developmental conditions may also inform the evaluation. Clinicians analyze whether reported behaviors meet established diagnostic criteria, focusing on persistence, pervasiveness, and functional impact.

Restricted and repetitive behaviors represent a second major diagnostic domain. These may include repetitive motor

movements, insistence on sameness, highly focused interests, or unusual sensory responses. For example, a child may become distressed by minor changes in routine or display intense preoccupation with specific topics. Sensory sensitivities, such as aversion to certain textures or sounds, frequently accompany autism and are considered during assessment.

Accurate diagnosis requires distinguishing autism from other developmental or psychiatric conditions. Language disorders may involve delayed speech without significant social reciprocity deficits. Intellectual disability may affect overall development but does not necessarily include the specific social communication pattern characteristic of autism. Attention-deficit/hyperactivity disorder involves difficulties with attention and impulse control, which can coexist with autism but require separate consideration. Comprehensive evaluation ensures that overlapping symptoms are carefully differentiated.

Assessment tools must be used by trained professionals and interpreted within context. No single instrument determines diagnosis. Instead, clinicians synthesize data from multiple sources, including direct observation, standardized tests, and caregiver reports. Reports summarize findings and explain how behaviors align with diagnostic criteria.

Early identification enables access to intervention services that address communication and adaptive skills. Behavioral therapies, speech therapy, and educational supports can significantly improve functional outcomes. While autism is a lifelong condition, early and consistent intervention supports skill development and independence. Families benefit from guidance on how to structure home environments, encourage communication, and manage challenging behaviors.

Diagnosis may also occur later in childhood or adulthood, particularly in individuals with average cognitive abilities who developed compensatory strategies. Adult assessment involves interviews exploring childhood experiences, social patterns, and sensory sensitivities. Recognition of autism in adulthood can clarify longstanding challenges and facilitate access to workplace accommodations or support networks. Cultural awareness enhances diagnostic accuracy. Expressions of social engagement

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**Received:** 18-Aug-2025, Manuscript No. AUO-26-40963; **Editor assigned:** 20-Aug-2025, PreQC No. AUO-26-40963 (PQ); **Reviewed:** 03-Sep-2025, QC No. AUO-26-40963; **Revised:** 10-Sep-2025, Manuscript No. AUO-26-40963 (R); **Published:** 17-Sep-2025, DOI: 10.35248/2165-7890.25.15.446

**Citation:** Chandran M (2025). Molecular Etiology and Long-Term Survival in a Pediatric Neurogenetic Disorder. *Autism-Open Access*.15:446.

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differ across communities, and clinicians must avoid misinterpreting cultural norms as developmental deficits.

## CONCLUSION

The diagnosis of autism spectrum disorder is a multifaceted clinical process that integrates developmental history, behavioral

observation, and standardized tools. Multidisciplinary collaboration and cultural sensitivity are essential for accurate identification. Early and accurate diagnosis opens access to supportive interventions that enhance communication, learning, and quality of life. Collaborative communication with family's builds trust and ensures that assessment reflects the individual's lived experience.