Developmental Disorders
in Children 3 to 5 Years Old

Developmental disorders cause physical, behavioral, learning or language impairments that lead to functional limitations in major life activities. Children with these disorders benefit from targeted educational services and supplemental community therapies.

In children 3 to 5 years old, it’s important to identify autism spectrum disorder (ASD) and/or global developmental delay (GDD). Social-communication deficits and repetitive behaviors are signs of ASD, while GDD is associated with delays in two or more areas of development (motor, language, cognitive, personal-social or activities of daily living). As a child nears age 5, persistent GDD is more likely to predict a diagnosis of intellectual disability (ID).

Developmental disorders occur in all racial, ethnic, and socioeconomic groups. However, children from minoritized and low-income groups are often diagnosed later. Developmental screening/surveillance are key to timely diagnosis.

**ASSESSMENT**
Perform a medical, developmental and emotional/behavioral history and a physical exam. Consider behavioral measure (e.g., Vanderbilt) as clinically indicated.

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**
- Any parent/caregiver or early childhood professional concerns.
- Previous referral to (or engagement with) Early Intervention services, or current receipt of special education services such as an individualized education program (IEP).
- Frequent or intense tantrums, especially with harm to self or others.
- Risk factors including family history of ASD, ID or other learning issues; perinatal complications such as prematurity or substance exposure; congenital neurologic disorders or heart disease; genetic or chronic conditions; adverse childhood events.
- Autism-specific red flags: unusual or limited interest in social interactions; communication difficulties; unusual or obsessive interests and rituals; limited pretend play; repetitive behaviors or speech patterns (e.g., echolalia or scripting).

**MANAGEMENT/TREATMENT OF DEVELOPMENTAL DISORDERS**
- Order hearing and vision evaluation.
- Review growth (including head circumference) and newborn metabolic screening.
- Consider brain MRI for motor/tone issues; check CK and TSH if there is gross motor delay/hypotonia.
- Encourage participation in structured preschool programming (see reverse).
- Encourage participation in parent education programs specific to children with developmental disorders.

If you have urgent clinical questions about these disorders, contact the on-call Developmental and Behavioral Pediatrics (DDBP) specialist through the Physician Priority Link® 1-866-636-7997.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
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**Developmental Surveillance/Screening**

- Developmental concerns from parents, teachers or clinicians?
  - **Yes**
    - (Passed developmental screening and no concerns)
    - Consider preschool options*
    - Behavorial or emotional concerns?
      - **No**
        - Continue routine surveillance
      - **Yes**
        - Consider referral for evaluation by suitable therapist (OT/PT/Speech), and/or behavior therapy
  - **No**
    - Consider referral for evaluation by suitable therapist (OT/PT/Speech), and/or behavior therapy

**Preschool options**
- Private preschool or childcare setting
- Head Start
- If delays suspected, refer child to local school district for evaluation for special education services. If child is deemed eligible, they do not need to be toilet trained to enroll in this type of preschool.

**ADHD** = Attention deficit hyperactivity disorder
**ASD** = Autism spectrum disorder
**BMCP** = Behavioral Medicine and Clinical Psychology
**DDBP** = Developmental and Behavioral Pediatrics
**GDD** = Global developmental delay

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-636-7997.