Developmental Disabilities in Young Children Ages Birth-5



Zoom Meeting Preparation



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Objectives

Developmental disabilities affect physical, learning, language, and behavioral development. Developmental delays can often go undetected without monitoring and screening. Early identification leads to long-term success.

- Participants will learn about common milestone delays that will help them to support young children with disabilities in early childhood settings.
- Participants will be able to identify common types of developmental disabilities when a child misses important developmental milestones.



Agenda

- **Developmental Milestones**
- **Developmental Disabilities**
 - Autism Spectrum Disorder (ASD)
 - Cerebral Palsy (CP)
 - Intellectual Disabilities
 - Language Disorders
 - Hearing Loss
 - Vision Impairment
- Closing





Developmental milestones are skills that most children can do by an expected age.

- All children reach milestones in their own time and are observed as a child plays, learns, speaks, acts, and moves.
- Child development is measured by a set of functional skills that are age-specific tasks that most children perform within a certain age range.
 - The developmental milestone checklists that were developed by the CDC reflect the skills that 75% of children are able to achieve by a specific age.
 - These skills include physical or behavioral signs of development such as rolling over, sitting, crawling, walking, making eye contact, talking, or engaging with others.

Developmental monitoring helps caregivers track child development and provides information about early childhood development.

- Developmental monitoring is an ongoing process of watching a child grow and meet developmental milestone skills in learning, speaking, behaving, and moving.
- Monitoring child development helps parents know when to act if there is a concern or if there are signs of a developmental delay.
- Parents, grandparents, and early childhood providers can participate in developmental monitoring by using simple milestones checklists.



Developmental milestones are tracked by monitoring child development when a child reaches or does not reach the milestones that are expected by their age.

- Developmental checklists help caregivers know what skills are typical at their child's age and what they should expect them to acquire next.
- Monitoring can be brief and CDC milestone checklists can be used to see how a child is developing.
- Checklists also provide information about a child for pediatricians so that they can recommend services and supports that are needed as early as possible.



Developmental screening takes a deeper look at how young children meet their developmental milestones. Screening is more formal than monitoring and helps determine the need for further evaluation.

Screening questionnaires are based on research that has been conducted that compares children to other children of the same age.

- Screenings can be completed by parents, doctors, nurses, healthcare professionals, or educators in school settings.
- The American Academy of Pediatrics (AAP) recommends developmental and behavioral screening for all children during regular well-child visits at ages 9 months, 18 months, and 30 months.
- Screenings can also be done at other times if the parents, caregivers, or doctors have a concern about their child's development.



Developmental Disabilities

Developmental disabilities can begin at any time during early development.

- According to the CDC, about one in six children have one or more developmental disabilities. Some factors that cause developmental disabilities include genetics, parent health, complications during birth, or infections during pregnancy.
- The most common developmental disabilities include:
 - Autism Spectrum Disorder (ASD)
 - Cerebral Palsy (CP)
 - Intellectual Disabilities
 - Learning Disabilities
 - Hearing Loss
 - Vision Impairment





Autism Spectrum Disorder

Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is a developmental disability that impacts behavior, communication, interaction, and/or learning.

- The abilities of individuals with ASD vary significantly.
 - Some children with ASD may have very good conversational skills while others may be nonverbal.
 - Some children with ASD need one-on-one assistance to complete tasks in their daily life while others can complete tasks with minimal support.
- The American Academy of Pediatrics (AAP) recommends that all children be screened for Autism Spectrum Disorder (ASD) during well-child visits at 18 months and 24 months.
- Additional screening should be done if a child has a sibling or family member with ASD-especially if behaviors associated with ASD are present.

Signs of Autism

Children with ASD sometimes:

- Struggle with social communication and interaction;
 - they may not play with their peers
 - they may avoid eye contact
 - they may not respond to their name
- Have restricted and repetitive behaviors and interests;
 - they may line up toys, categorize toys, or only play with certain toys such as trains from the Thomas the Train shows or other preferred characters
 - they may flip trucks upside down and spin the wheels with their hands instead of playing with them as intended
 - they may repeat words or phrases over and over



Signs of Autism

Children with ASD sometimes:

- Have different ways of learning, moving, and attending to their surroundings;
 - they may flap their hands and jump up and down to show their excitement or frustration
 - they may get upset over minor changes or transitions
 - they may have unusual reactions to the way things sound or feel



Autism: Strategies for Success

There are many strategies that can help a children with autism in early learning settings to learn and grow. The strategies that work best will depend on the needs of the individual child.

Strategies for Success:

- Break down tasks into easy steps.
- Provide a sensory space where they can take a break.
- Have clear expectations.
- Help them identify their emotions so that they can recognize how they feel.
- Use minimal words with an even tone of voice.
 - For example, use phrases such as "Feet on the floor" or "All done."
- Use visuals to improve communication and improve functional skills.
- Communication between school and home can be powerful. Work with families on a shared goal will help establish clear expectations for the child.

Diagnosing Autism

Diagnosis of ASD can be difficult, because there is no medical test for diagnosis.

- ASD can sometimes be detected by 18 months of age.
- Doctors use a child's behavior and development to make a diagnosis.
- Diagnosis at age 2 by a medical professional is considered reliable.





Treatment and Risk Factors

Treatment

- Children with ASD receive therapy to reduce behaviors that impact the functioning of everyday life.
- Treatment plans typically include multiple professionals to treat symptoms related to ASD.

Risk Factors

- According to the CDC, some factors have been identified that increase the risk of having ASD:
 - Having a sibling with ASD.
 - Having certain genetic or chromosomal conditions.
 - Having complications at birth.





Cerebral Palsy

Cerebral Palsy

Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.

- All children with CP have trouble with movement and posture that includes stiff muscles, uncontrollable movements, and poor balance and coordination.
- They may also have other conditions such as intellectual disability, seizures, vision and/or hearing concerns, speech, scoliosis, or problems with their joints.

Signs of Cerebral Palsy

According to the CDC, the signs of CP vary greatly because there are many different levels of developmental needs. The main sign that a child might have CP is a delay in motor or movement milestones.

Children with Cerebral Palsy:

- may miss their motor or movement milestones such as rolling over, sitting, standing, or walking
 - their head may lag when they are picked up
 - they may feel stiff or floppy
 - they do not roll over in either direction
 - they cannot bring their hands together
 - they have difficulty bringing their hands to their mouth
 - they crawl using one hand and leg while dragging the opposite side
 - they scoot on their knees instead of crawling on all fours



Cerebral Palsy: Strategies for Success

CP affects every child differently. The strategies that work best will depend on the needs of the individual child.

Strategies for Success

- It is important to understand the physical and medical needs of a child with CP so their needs can be considered in everything they do.
- Know what to do in an emergency. Many children with CP have seizures or are at risk of falls. Have a plan in place that includes important contacts and medications.
- Keep walkways open so that children can move free of obstacles.
- Talk to the therapists who work with the child before using adaptive equipment to better understand the use and ask if there is any other strategy that the family is using to promote successful child development. This may include how to use a walker or how to help the child build strength by using common activities such as increasing tummy time or playing games that target specific development.



Diagnosing Cerebral Palsy

Diagnosis of CP takes several steps. These steps include:

- Monitoring child motor development over time to determine if the child is missing important milestones.
- Screening for motor and movement delays to help the doctor determine which referrals to make for evaluation purposes.
- Testing to pinpoint the specific type of disorders that are impacting the child.



Treatment

CP is caused by abnormal development of the brain or damage to the brain that affects a child's abilities to control their muscles.

Treatment

There is no cure for CP, but once a child has a diagnosis, a team of health professionals will work with the child by treating common needs. These may include medicine, surgery, braces, and therapy for physical, occupational, and speech concerns.





Intellectual Disability

Intellectual Disability

The term intellectual disability is used when a child has limits to their ability to learn at the expected level and functionality of daily life skills for their age.

- Intellectual disabilities can be caused by an injury, disease, or a problem in brain development.
- Children with an intellectual disability may struggle to:
 - communicate their wants and needs;
 - take care of themselves;
 - speak, walk, or eat without help;
 - learn in school.



Signs of Intellectual Disability

The more severe an intellectual disability is, the earlier the signs will be noticed.

- Children with an intellectual disability may:
 - develop physical skills later than other same-aged children such as walking, crawling, or sitting;
 - learn how to talk later or have trouble speaking;
 - forget things that they learn;
 - struggle to understand interactions;
 - lack executive functioning skills to solve problems in everyday life.



Intellectual Disability: Strategies for Success

Children with intellectual disabilities learn best when they are given opportunities to practice the skills they are developing more often. The strategies that work best will depend on the needs of the individual child.

Strategies for Success

- Be clear and specific.
- Find a way to get the child's attention before communicating with them.
- Use visuals to build vocabulary or learn routines and skills.
- Give reminders often to help children understand what they are doing.
- Provide a lot of encouragement and guidance throughout the day.
- Have a consistent routine that is predictable so that they know what is coming next in their day.

Diagnosing Intellectual Disabilities

Diagnosing intellectual disabilities can happen from before birth to any time before a child turns 18 years old.

- The cause of intellectual disability is not always known.
- Pediatricians and caregivers should monitor the development of young children.
- If a child displays the early signs of an intellectual disability, parents can contact EarlySteps for children under the age of 3 and their local public school system for children over the age of 3.





Language Disorders

Language Disorders

Children develop language skills at their own pace. Typically developing children may have trouble with some of the sounds or words while they are learning, but most children learn the language used in their family by the age of 5.

When children struggle to meet language milestones, it is important to determine if the child has any problem that are connected to hearing. This may include:

 Understanding what others say to them, which could be caused by hearing loss.

Children with a language disorder may struggle to:

- understand the meaning of words;
- know the words to use;
- know how to put words together;
- have the language to be able to express themselves.



Signs of Language Disorders

Language disorders can exist for multiple reasons.

- Speech Disorders
 - difficulty forming words and sounds correctly
 - difficulty making words and sentences due to stuttering and stammering
- Language Delays
 - difficulty understanding and speaking that causes a child to develop more slowly than typical for a child of the same age
- Language Disorders
 - aphasia is having difficulty understanding or speaking due to brain injury.
 - auditory processing disorder is having difficulty understanding the meaning of sounds.

Language Disorder: Strategies for Success

Parents and early educators play a significant role in improving language development in young children. The strategies that work best will depend on the needs of the individual child.

Strategies for Success

- There are early learning goals for communication and language that include listening, attention, understanding, and speaking.
- These goals help children communicate as they develop strategies such as:
 - discriminating sounds and maintaining attention to communicate effectively:
 - using words in context, phrases, and sentences;
 - answering questions;
 - expressing needs and wants;
 - expressing ideas.





Diagnosing Language Disorders

Diagnosing language disorders includes talking to healthcare providers to evaluate the child. The steps to screen for a language disorder includes:

- Screening for hearing. This is an important first step, because hearing loss could cause a child to hear some sounds and not others.
- Assessing to determine what type of problem the child is experiencing. A speech-language pathologist can help to conclude whether there is a problem with language or a problem with speech.



Treatment

Treatment

Young children with language disorders need the extra help and special instruction to meet important milestones. Children learn and develop language when someone:

- responds to the sounds and gestures that babies make;
- repeats what the child says and adds to it;
- talks about things they see:
- asks questions and listens to the answers;
- looks and reads books with them;
- tells them stories;
- sings songs and makes rhymes.





Hearing Impairment

Hearing Impairment

Hearing loss affects a child's ability to develop communication and language skills. Children who receive services early are able to reach their fullest potential.

- Hearing loss can happen any time part of the ear is not working properly and can range from mild to profound.
 - Mild hearing loss is when a child may hear some sounds but others are hard to hear.
 - Moderate hearing loss is when a child may not hear any speech when another person is talking to them at a normal level.
 - Severe hearing loss is when a child hears no speech when a person talks to them. These children may hear some loud sounds.
 - o Profound hearing loss is a child who cannot hear any speech. These children can only hear very loud sounds.

Signs of Hearing Impairment

Even when children pass a hearing screening test, it is important to look for signs of hearing loss. The signs for babies and young children are shown below.

Babies

- They do not get startled by loud noises.
- They do not turn towards sound after 6 months of age.
- They do not make words by the age of 1.
- They may turn their head when they see a parent, but do not turn when their name is called.
- They seem to hear some sounds, but not all sounds.

Young Children

- They have delays in speech.
- They do not speak clearly.
- They do not follow directions.
- They turn up the volume on a television or radio too high.



Hearing Loss: Strategies for Success

Child care providers give valuable support to children with hearing loss during critical stages of development by adapting to individual needs and using different strategies to support language development. The strategies that work best will depend on the needs of the individual child.

Strategies for Success

- Cut down on the background noise if the child is required to listen and communicate during activities.
- Use carpets, pillows, and curtains to absorb any extra sound in the classroom.
- Look at the child while you are talking and encourage them to watch your lips while you are speaking to them.
- Label the environment with pictures.
- Make changes to activities so that children with hearing difficulties can participate.
- Incorporate songs and play into stories to improve language skill development.

Diagnosing Hearing Loss

Diagnosing hearing loss is easy. Screening for hearing loss takes a few minutes and can be done while a baby is sleeping.

- Hearing screening should take place for all babies by 1 month of age.
- Most babies have their hearing checked before they leave the hospital after birth.
- If a baby fails their screening test, they should have a full hearing test before 3 months of age.
- All children should have their hearing tested again before they enter school or at any time there is a concern.



Treatment and Risk Factors

Treatment

Treating children with hearing loss can be done in many ways. There are different communication option for children who experience hearing loss. These options include:

- learning alternative ways to communicate;
- using technology to help children communicate;
- providing support to families by sharing resources for services;
- using medication and surgery to correct some types of hearing loss.

Risk Factors

According to the CDC, factors have been identified that increase the risk of hearing loss. These include:

- having family members with hearing loss;
- having some sort of "syndrome" such as Down Syndrome;
- experiencing trauma during birth or pregnancy.





Vision Impairment

Vision Impairment

Vision impairment is vision loss that cannot be corrected with glasses, contacts, surgery, or therapy.

- Vision loss can happen any time.
- Vision loss can be caused by different things, such as:
 - babies born unable to see:
 - damage to the eye;
 - incorrect eye shape;
 - problems in the brain.



Signs of Vision Impairment

Sometimes children with vision loss will have an eye that wanders or crosses. Their eyes may water or become red and swollen.

Children with vision loss may show one or more of the following signs:

- close or cover one of their eyes when looking;
- squint their eyes or look as though they are frowning;
- complain that things look blurry;
- sit close to the television;
- struggle to read letters, shapes, or numbers;
- pull papers close to them to see the pictures;
- hold toys up close to their eyes to see:
- blink often:
- complain of headaches;
- become frustrated when trying to see.



Vision Loss: Strategies for Success

Children who cannot see can learn a lot by using other senses like hearing and touching. Early childhood teachers can support these children by helping them with different ways to learn. The strategies that work best will depend on the needs of the individual child.

Strategies for Success

- use good lighting
- arrange the room for safe movement with open spaces
- set up sound-making objects in the room
- help children feel and notice textures
- keep materials in the same place every day
- label items with larger print and pictures
- choose toys that have contrasting colors
- real stories out loud and describe the pictures
- use language during play and other activities to describe what is happening





Diagnosing Vision Loss

Diagnosis for vision impairment is done through continuous monitoring and screening.

- Children should have their vision checked as a newborn by 3 months of age.
- Vision should also be checked again during well visits by the pediatrician at a minimum of 1, 3, and 5 years of age.
- Children can have their vision checked any time when there is a concern.



Treatment

Treatment

Vision Loss

- Vision loss can often be corrected with glasses or contact lenses.
- Surgery and therapy are sometimes needed to correct vision.
- If glasses fix the vision loss, there is nothing else needed except for routine check-ups.

Blindness

 Early intervention can help children with blindness learn strategies to be successful.





Closing

Developmental Disabilities

- It is important to recognize developmental delays early in child's life to provide intervention strategies that maximize opportunities for young children in early childhood settings.
- Providers, administrators, teachers, and parents all play a vital role in monitoring and supporting early childhood development so that children have access to services and supports that they need to grow, learn, and succeed.
- Educators and caregivers who know about early childhood development can make an impact on the trajectory of a child's life just by knowing the signs of delays and resources available.

Monthly Young Children with Disabilities Community of Practice

The early childhood strategy team conducts a monthly community of practice on various topics related to young children with disabilities. Next month's topic is "Developmental Milestones and Learn the Signs.Act Early." Participants will learn more about child development that will assist educators and families to monitor the children in their care more closely to determine next steps concerning screening and referral. Participants will also learn what resources are available through Learn the Signs. Act Early.

Attendees can access the webinar using the information below:

• **Webinar Date/Time:** Tuesday, September 23, 2025 at 3 p.m.

Webinar Link: https://ldoe.zoom.us/j/91561982271

• **Phone Number:** 1-312-626-6799

Meeting ID: 915 6198 2271

• Passcode: 787411

