Neurodiversity Profiling Tool

Tables for Infants (0-2 years)

Contents

Speech and Language

Date (and number) of version:	Contributors to the version:
July 2025 – Cornwall V4	CFT Children's Speech & Language Team (Ref: Speech & Language UK Ages and stages)

What do we mean by speech and language?

- This section is based on "typical language development" norms. Please acknowledge that some children may learn language, at least in part, through echolalia e.g. copying words or phrases heard from others, rather than generating word or phrases one word at a time.
- We would also like to acknowledge that language isn't just spoken. It could include manual or sign language, photos and symbols, and/or using alternative communication systems (high and low tech AAC).
- Children and young people who have English as an Additional Language should also be acknowledged. Consider speech and language development across all languages spoken.
- Children develop their speech, language and communication skills at different rates, this is just a rough guide. Many children with a speech and language delay will catch up given time and support.
- For children presenting with other speech and language differences please visit the website https://www.cornwallft.nhs.uk/childrens-speech-and-language-therapy/

Age	Typical development	Signs of difficulty
Babies and infants (0-2)	*By two years, usually:* *Receptive language (understanding)* • Understands simple instructions within familiar environments e.g. 'coat on', 'wash hands'. • Understands a range of single words e.g. "where is your nose?". • Understands some simple action words (e.g. 'kiss' or 'sleep'). *Expressive language* • Attempts to copy sounds and words. • Makes sounds of familiar animals e.g. 'baa' for sheep. • Uses around 50 single words to communicate. • Starts putting two words together e.g. 'more juice' or 'bye train'.	*Receptive language (understanding)* • Not showing an interest in communicating with family or familiar people. • Not anticipating familiar events or routines. • Not responding to their name. • Not following when another person points. *Expressive language* • Does not lead an adult to items they want, or use any gestures, reaching or pointing to communicate. • Not copying sounds or actions (e.g. waving, clapping). • Not babbling or using any spoken words.

Age	Typical development	Signs of difficulty
	• If non-speaking, uses a range of key word signs or symbols reliably to communicate. • Uses gestures to support communication e.g. pointing, taking somebody to something they want, nodding, waving.	

Energy Levels

Date (and number) of version:	Contributors to the version:
May 2024 – Cornwall V4	Alex Clark, Mark Wetherall, Lucy Yeomans

What do we mean by energy levels?

It is the degree of physical activity levels shown by children. Some children are more active than others and some are less active.

Age	Typical developmental expectations	Signs of difference: lower energy levels	Signs of difference: higher energy levels
Babies and infants (0-2)	• Typical sleep expectations: **Newborns (0-3 months)**: 14-17 hours, including naps **Infants (4-12 months)**: 12-16 hours, including naps **Toddlers (1-2 years)**: 11-14 hours, including naps • Interested in exploring the environment (in line with physical development, e.g. visually, through reaching/grasping, orally, by walking/climbing). • Mixture of more active and calmer/resting phases during the day (the length of these phases is variable, but both are seen). • Being 'into everything' is a typical developmental stage.	• Average sleep is considerably more than typically expected for the age (see left). • Strong preference for calmer/resting phases, less evidence of active phases. • May present as 'passive' and not obviously interested in exploring the environment (consider hearing and vision as factors here).	• Average sleep is considerably less than typically expected for the age (see left). May struggle to settle to sleep, wake frequently in the night, wake early (also consider emotional regulation as a factor here). • Strong preference for active phases, less evidence of calmer/resting phases. • Seeking frequent stimulation and input, lots of movement. • Difficulty settling.

Attention and Impulse Control

Date (and number) of version:	Contributors to the version:
April 2024 – Cornwall V4	Alex Clark, Mark Wetherall, Lucy Yeomans

What do we mean by Attention and Impulse Control?

Attention refers to a person's ability to focus and to change what they're focusing on as needed. This includes paying attention and listening to instructions whilst tuning out distractions; holding one or more instruction at a time in their mind and carrying out a task; focusing on details and checking for mistakes. High focus can be linked with a type of attention known as 'monotropism' – highly focused attention on one source of information at a time. High levels of attention can feel very positive and be very productive, but there may be difficulties in adapting to new information, focusing on less preferred topics and activities, and making transitions from one task to another. Low attention can make it easy to switch between tasks but can lead to difficulties with completing tasks, tuning out distractions and following routines.

Impulse Control refers to a person's ability to think before acting. It includes things like waiting for an event or a turn, working towards long term goals, and thinking through potential consequences before acting. Higher impulse control can lead to feelings of discomfort in social interactions as peers may feel impulsive and unpredictable by comparison. Spontaneity and new situations may also feel very uncomfortable. Lower impulse control can lead to reduced awareness of danger (physical and social) and difficulty meeting neurotypical expectations (classroom, home, community) even when intentions are good.

Age	Typical developmental expectations	Signs of difference: lower levels	Signs of difference: higher levels
Babies and infants (0-2)	*Attention/Concentration:* • Attention is given to the most interesting thing in the room – often high contrast patterns, things that are moving, or faces. • Attention is involuntary and flits between things in the environment. • 5–10-minute chunks of child-led attention by 2yo. • Infant filters out external input when focused – e.g. may not show awareness of name being called or adult trying to get attention. *Impulse Control:* • Reliant on adults around them to put boundaries in place around safety. • Need adult support to wait.	*Attention/Concentration:* • Not able to focus on activities of their own choosing for 4 minutes by 2yo. *Impulse Control:* • This is a skill that develops later. Low impulse control is normal and to be expected at this age.	*Attention/Concentration:* • Infant is spending a long time focusing on a specific aspect of the environment and this attention cannot be shifted by others. *Impulse Control:* • May begin to recognise turn-taking and be able to do this in familiar situations by 2yo.

Age	Typical developmental expectations	Signs of difference: lower levels	Signs of difference: higher levels
	• May begin to take turns with adult support in familiar situations by 2yo.		

Emotion Regulation

Date (and number) of version:	Contributors to the version:
August 2025 – Cornwall V4	Lucy Yeomans, Alex Clark, Lydia Tilston, Martha McAlpine

What do we mean by emotional regulation?

Emotional regulation involves being able to identify feelings and manage our responses to these feelings in line with the situation and environment we are in. Regulation is not about being calm – it is about responses matching the context. E.g. a well-regulated child in a trampoline park may be running around, jumping and very excited!

Most emotions create similar physiological responses in the body, and we interpret the emotion from the context. This can make it tricky for people to differentiate between emotions – e.g. excited or scared, excited or angry, sad or worried. A difficulty identifying and labelling emotions is sometimes called alexithymia. People who have alexithymia may have trouble identifying, understanding and describing emotions. They may not display emotional responses that other people might typically expect in a particular situation. For example, they might laugh when being told off.

People respond to emotions in different ways. Some people show emotions strongly through their behaviours on the outside, e.g. 'fight or flight' responses. This is called 'externalising'. Some people tend to keep emotions inside, e.g. worrying or ruminating. This is called 'internalising'. Both internalising and externalising can cause difficulty, although externalising is often more visible and more easily picked up by others.

As we get older, we develop self-regulation skills. This involves recognising how we are feeling and doing something to help us feel differently if needed, or to control how we react to these feelings. Sometimes we can do this by ourselves, and sometimes we need to seek support from others. Babies and young children, and some older children and adults, need a high level of co-regulation. This is when other people use their own emotional regulation skills to help support someone with less developed skills. This might involve containing big feelings, suggesting and supporting with strategies, physical and verbal reassurance, cuddling, rocking, soothing, and helping children to make sense of their feelings through suggesting emotion names and linking emotions with events.

When thinking about emotional regulation it is important to consider the following:

- Can the child recognise and label their emotions, and those of others?
- Can the child use strategies to regulate big feelings? (through co-regulation – led by others – or through self-regulation)

Age	Expected development of emotional recognition and regulation skills	Signs of difficulty with emotional recognition or regulation
Babies and infants (0-2)	<u>Recognising and labelling emotions</u> • Babies express emotions through crying, facial expressions, smiles, movement, and body language. • By the age of 2, infants may be using some emotion language in play or	<u>Recognising and labelling emotions</u> • Very little expression of feelings (may be very passive, not crying to indicate distress e.g. if wet or soiled or hungry).

Age	Expected development of emotional recognition and regulation skills	Signs of difficulty with emotional recognition or regulation
	through songs, e.g. 'if you're happy and you know it'. They may talk about emotions through repetition or mimicking but are unlikely to understand the link between emotion words and physical sensations. • By the age of 2, infants are increasingly able to recognise when they want support from an adult, although they are unlikely to be able to articulate why. <u>Emotional regulation</u> • Babies and infants need attuned adults to co-regulate their feelings. We would not expect a baby to self-regulate. • Babies and infants are likely to change their actions and behaviour depending on the context. E.g. they might either withdraw or get very excited in a busy, noisy place. • When distressed, babies and infants can usually be soothed by an attuned, familiar adult. They are less likely to be able to be soothed by unfamiliar people. • Tantrums are very normal at this age as children are not yet able to express big feelings in other ways. • By the age of 2, seeking comfort and support from specific preferred adults as needed or wanted.	• Limited facial expressions and body language, e.g. not using a social smile in response to smiling caregivers (typically begins around 6-8 weeks). <u>Emotional regulation</u> • When dysregulated, not appearing to be soothed by the best attempts of attuned, familiar caregivers, or taking a very long time to settle. As a baby they may cry uncontrollably despite needs seeming to be met; as an infant they may have long tantrums and appear inconsolable. • Lack of responses to different people or situations – appearing passive and withdrawn. • Not differentiating between key caregivers and strangers when seeking emotional support. • Not seeking comfort or support from others at times of distress or when in need. • Might present as very clingy and in need of constant adult support and reassurance.

Motor Skills

Date (and number) of version:	Contributors to the version:
July 2025 – Cornwall V4	Jessica Wotherspoon, Paul Clements, Jackie Watson

What do we mean by motor skills?

Motor skills are essential for children to interact with and explore their environment. These skills are typically divided into two categories:

- **Gross motor skills** – involving large muscle groups used for activities such as walking, running, jumping, climbing, and balance.
- **Fine motor skills** – involving smaller muscle movements, particularly in the hands and fingers, used for tasks such as drawing, writing, using cutlery, and manipulating small objects.

As adults, we often take for granted the ability to plan and carry out movements efficiently. However, for children, especially those with motor coordination difficulties, these tasks can be challenging and may require specific support and guidance.

This section is not a formal motor assessment or diagnostic tool. Its purpose is to help identify whether a child's presentation and behaviours may be linked to motor coordination or planning difficulties. If this section highlights high motor needs, you may wish to seek further individual support from an occupational therapist or physiotherapist.

Motor skill challenges can present in various ways, including:

- Difficulty with balance and coordination
- Fatigue during physical activities
- Avoidance of fine motor tasks like handwriting or using scissors
- Challenges with self-care tasks such as dressing or using cutlery
- Clumsiness or frequent tripping/falling

It's important to note that motor skill development varies widely among children and can be influenced by many factors, including physical health, sensory processing, attention, and emotional wellbeing. The impact of motor difficulties may also fluctuate depending on the environment, expectations, and the child's level of motivation or fatigue.

Supporting children with motor needs often involves:

- Breaking tasks into smaller, manageable steps
- Providing opportunities for repetition and practice
- Using visual supports or demonstrations
- Encouraging movement-based play to build strength and coordination
- Creating a supportive and patient environment that fosters confidence

Age	Expected development	Signs of difficulty
Babies and infants (0-2)	**0–6 Months:** • Lifts head, rolls over, pushes up on arms • Reaches for toys, brings hands to mouth **6–12 Months:** • Sits independently, crawls, pulls to stand, cruising along furniture • Transfers objects, uses pincer grasp, places items in containers **12–18 Months:** • Walks independently, squats, climbs • Stacks blocks, scribbles, uses spoon with help **18–24 Months:** • Runs, kicks ball when standing still, begins jumping, • Walks up and down stairs two feet on each step • Turns book pages, builds tower, starts undressing	• Not rolling by around 6 months • Not sitting independently by 9 months • Not crawling by 12 months • Not walking by age 2 • Not showing interest in movement or physical play • Frequent trips and falls beyond what is typical for age • Fearful or resistant to movement, such as avoiding tummy time, climbing, or walking • Poor balance or coordination when attempting to stand or move • Limited exploration of environment, preferring to stay seated or lying down • Delayed fine motor development, such as difficulty grasping toys, transferring objects between hands, or using hands purposefully

Sensory Processing

Date (and number) of version:	Contributors to the version:
July 2025 – Cornwall V4	Kerensa Jones, Sarah-Jane Thomas, Alex Clark, Lucy Yeomans

What do we mean by sensory processing?

Everybody has sensory preferences and needs. As adults we can often adapt our own environment to meet our own preferences. This is typically harder for children e.g. because of limitations and expectations within the school environment. Children also need specific guidance to identify their own sensory preferences and find strategies and adaptations.

This section is not a sensory profile or an individual sensory assessment tool. The purpose is to identify whether a child's presentation and behaviours may be linked to sensory processing differences. If this section shows high sensory needs, you may wish to seek further individual support.

High sensory needs can be a result of both sensory-seeking and sensory-avoiding preferences. High needs might relate to any of the sensory domains. It may be that differences in only one or two domains are having a very high functional impact for a child. For other children, they may have sensory processing differences in a number of domains but these are well managed in their familiar environments and daily life, and therefore have less of a functional impact. The impact of sensory processing differences often fluctuates depending on other factors e.g. change, stress, health and wellbeing.

We all take sensory information from our environment and from our bodies and use this information to understand the world, adjust what we do and how we respond. Children and young people may respond to sensations (sensory information) in different ways. As children and young people's nervous systems are less mature than adults, their responses to sensations are often more extreme than adults. This is why children tend to run around and like playground activities that many adults find very challenging, for example roundabouts.

Information is registered through the different senses: -

- Sight
- Hearing
- Touch
- Taste
- Smell
- Proprioception (senses of body awareness and position / muscle and joint movement)
- Vestibular (awareness of movement, balance, coordination and head movement)
- Interoception (our internal sensory system that tells us what is happening inside our body, for example, hunger, needing the toilet, fatigue, emotions etc.)

Age	Developmentally typical sensory-related behaviours	Signs of high sensory need / sensory processing differences

Age	Developmentally typical sensory-related behaviours	Signs of high sensory need / sensory processing differences
Babies and infants (0-2)	• Babies and young children typically show an interest in the world around them and are keen to explore (physical and sensory exploration). Sensory exploration helps them understand their bodies and the world around them. • It is normal for babies to gag during weaning as they are learning about new textures and how to swallow. • It is normal for children to go through a 'neophobic' stage with eating at around 18-24 months where they may stop eating certain foods (including both preferred foods and new foods). This stage usually lasts for a few months. • It is normal for babies and young children to be startled and maybe scared by loud or unfamiliar noises, e.g. a fire alarm going off or a dog barking. They will usually settle fairly quickly with reassurance from a trusted adult. • Babies are drawn to watching certain things, e.g. contrasting colours and faces. • Babies will often bring things very close to their face to look at as their vision is not yet well-enough developed to see things further away. • It is normal for young children to explore things with their mouth, including licking things and putting non-food items in their mouth. • Babies and young children can usually tolerate being in a range of different environments when with familiar and trusted caregivers, e.g. supermarkets, the park, baby groups. They may dislike certain things e.g. car journeys and be vocal about this! • Young children show an increasing awareness of personal care routines and may be starting to anticipate / actively join in with these routines. They may not like them – this is fairly normal!	• May struggle to tolerate wearing a nappy and/or get very distressed (and inconsolable) during nappy changing. • May show limited interest in exploring the environments despite access and reassurance to do so (physical and sensory exploration), may present as 'passive'. • May be very 'fussy', difficult to soothe, difficult to settle to sleep. • May seek a lot of movement e.g. being rocked by caregivers or rocking themselves when older. • May show particular stims / repetitive movements e.g. spinning, jumping, flapping hands. • May show very high focus on specific sensory input e.g. watching one particular thing very intently for long periods. • May prefer to be naked, struggle with clothing, take clothes off consistently and in socially unexpected places (when physically capable of doing so). May want to be barefoot all the time, or the opposite and hate the feel of textures on their feet (sand, grass, etc.). • May consistently seek out and eat non-food items, especially strong-tasting or certain textures (more than just exploring them orally) [check this medically – may be linked to low iron levels]. • May get very distressed and inconsolable in different environments despite close comfort and reassurance from familiar trusted adults. • May consistently be very distressed (and inconsolable) by certain aspects of personal care routines, e.g. brushing teeth, bath time, cutting nails, brushing hair, dressing. • May have a very limited diet, to the extent that it impacts on growth and weight gain. This may be associated with taste, texture, looks, smell, etc. • May not want to be cuddled, even by key adults, or may seek out lots of tight hugs.

Flexibility and Adaptability

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April 2024 – Cornwall V4	Alex Clark, Lucy Yeomans, Mark Wetherall

What do we mean by flexibility and adaptability?

Flexibility includes the following skills:

- Coming up with different approaches / solutions to problems if the first approach isn't successful.
- Moving between different options and approaches.
- Being able to think about situations in different ways, e.g. seeing things from different perspectives.

Adaptability includes the following skills:

- Adjusting to changes in routines, environments, activities, interactions etc.
- Managing change 'in the moment' (with limited prior warning) e.g. having to change plans because the car has broken down, or finding a different route because of roadworks.

Age	Typical developmental expectations	Signs of difference: lower levels	Signs of difference: higher levels
Babies and infants (0-2)	*Flexibility* • Exploring different properties of toys, e.g. using the same toy for different purposes to see what it can do (banging, shaking, throwing, rolling, mouthing). *Adaptability* • Notice changes to routine and environment (place/person); may become upset by change but will settle reasonably soon with attuned support. • It is developmentally appropriate at this age to get upset about changes they don't like, e.g. having to get off the swing. They will usually settle within 5-10 minutes with attuned support.	*Flexibility* • Infants may focus strongly on one particular property of a toy/object rather than exploring it. • May get very distressed if others touch/move things they feel are 'theirs'. *Adaptability* • Very upset by changes to routine, environment or people; difficult to settle despite attuned support. • May be very aware of routines and expect things to happen in exactly the same way every time, e.g. the same people saying exactly the same words. If something happens in a certain way once they may then expect it to happen the same way every time. They may get distressed if this changes.	*Flexibility* • Very interested in exploring their environment. Drawn to new people, places and experiences. • Curious about change – seeking to explore novelty but without signs of distress. *Adaptability* • Content with new and unfamiliar environments, people and activities; no particular distress shown with e.g. transition to nursery/other childcare or being looked after by a friend or relative. • Not obviously unsettled by changes in routine or new activities.

Social Interaction

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July 2025 – Cornwall V4	Lucy Yeomans, Lizzie Miller

What do we mean by social interaction?

People have different preferences when it comes to social interaction. Some people seek a lot of social contact and enjoy being with other people. Other people prefer to spend more time by themselves, or with a small number of preferred people. Sometimes the terms 'introvert' and 'extrovert' might be used. One way to think of it is that everyone has a 'social battery'. Everyone's battery is a different size (reflecting their interest in, and tolerance of, social interaction). Some people's battery recharges when they spend time by themselves. Other people's battery recharges when they spend time with others. There is no 'right' or 'wrong' when it comes to social interaction preferences. Not everyone wants to interact with lots of people all the time – this is fine.

A child's social preferences might be different to those of their family members. This might make it seem like a problem, when really it is just an individual difference.

Many things seen as 'social difficulties' are actually a mismatch between the child's social preferences and the environment. We can often improve these difficulties by making changes to the environment. For example, a child may prefer to interact with one or two peers in a calm, structured activity, rather than running around in a busy playground – we could introduce lunchtime clubs or quiet spaces to meet this social preference.

Other difficulties can be caused by a skill gap, or gaps in lived experience. For example, if a child wants to interact with their peers but doesn't know how to start that interaction, we can teach the skill through modelling and scaffolding.

Many neurodivergent people prefer to interact and socialise in different ways to their neurotypical peers. This isn't necessarily a problem. Autistic social skills are just as valid as non-autistic social skills, even if they look different.

Is it very important to consider social vulnerability. Some neurodivergent people find it hard to pick up on unwritten social 'rules' and expectations, and on other people's motivations and intentions. This can leave them vulnerable to bullying or abuse as they may not recognise if someone is doing or saying something that may cause them harm. Some neurodivergent people also mask a lot of the time, and they may copy or join in with things that don't match their underlying values or beliefs in order to try to fit in and gain social approval.

Age	Typical social development (across neurotypes)	Signs of social difficulties that might need support or a different approach

Age	Typical social development (across neurotypes)	Signs of social difficulties that might need support or a different approach
Babies and infants (0-2)	• Aware of key adults, where they are and what they're doing, e.g. following them with their eyes, reaching out to them. • Separation anxiety is typical, especially at around 9 months as they start to realise that their parents are separate to themselves but don't yet have well-developed object permanence. • Enjoys 'people games' such as peekaboo with familiar adults, most of the time. • Joins in with familiar songs, rhymes and activities, verbally and/or through actions. • Joyful reaction to familiar adults, e.g. smiling, excited. • Cries to express opinions, needs and emotions. Can be soothed by trusted attuned adults when needs are addressed. • Seeks to share things of interest e.g. pointing, handing over an object, leading an adult by the hand towards something (this does not need to be verbal). • Uses familiar adults as a 'safe base' to explore the world, looking back to 'check in' regularly. • By 2, may be happy to share space with other children and play nearby, especially if they regularly spend time with other children (e.g. in a childcare setting). Sharing is likely to be very tricky at this age, whether that is sharing toys/resources or adult attention. • Interested in what's happening around them, e.g. watching other people doing something that captures their attention.	• Not showing awareness of key adults nearby; not tracking them with their eyes (also consider whether vision might be an issue). • Not showing preferences for key adults (e.g. parents), will go willingly with anybody without signs of distress around separation from key people. • Turning away from or showing distress during 'people games' such as peekaboo, including with trusted attuned adults (also consider trauma / quality of relationships). • Limited response to, or active distress at, familiar songs, rhymes and activities. • Resisting physical affection e.g. cuddles and hugs from trusted attuned key people. • Not crying when distressed. • Only initiating interaction based on requests and needs, e.g. using an adult as a tool rather than sharing / commenting (whether this is verbal or non-verbal). • Might be very reluctant to explore the world – content in own company or very reluctant to not be in physical contact with a key adult. • Might show no awareness of whether a familiar adult is nearby; no 'checking in' when exploring (e.g. might wander a long distance away without looking back). • Might be very distressed if other children are nearby/in a shared space with them, even if there is no direct interaction. • Might show no awareness of or interest in other children (e.g. not looking towards them), even if nearby or attempting to interact. • Limited interest in age- and developmentally-appropriate toys and activities.

Cognitive Ability

Date (and number) of version:	Contributors to the version:
November 2024 – Cornwall V4	Alex Clark, Lucy Yeomans

What do we mean by cognitive ability?

Cognitive skills are a range of skills that enable us to process information and use it to solve problems. It is not necessarily the same as educational achievement. A child may be meeting expectations at school but be struggling with particular underlying skills. Another may have excellent cognitive skills but other barriers to applying them in the classroom environment. You may have heard the terms 'global developmental delay', 'specific learning difficulties', 'moderate learning difficulties', 'learning disability', 'profound and multiple learning disability (PMLD)'. These terms refer to difficulties with learning and wider development, which may be very specific or more general.

Many people, especially those who are neurodivergent, have what is often referred to as a 'spiky profile'. This means they have different skill levels in different areas. For example, a child may struggle to remember the names of family members but be able to name dozens of different dinosaurs, or be able to read and write when they start school but need more support with self-care skills. It is important to understand a child's individual profile and offer support as needed, rather than making assumptions based on areas of strength. Also be mindful of fluctuating ability – just because someone can do something one day, this doesn't mean they will be able to do it consistently.

Age	Typical developmental expectations	Signs of difference: lower levels	Signs of difference: higher levels
Babies and infants (0-2)	• Engages with the world around them using physical and sensory engagement, e.g. turning head to sounds, tracking moving objects with their eyes, putting things in their mouth, picking things up. • Developing sense of object permanence – recognises things and people still exist when out of sight. E.g. looks for a toy when fully or partially hidden. • Shows awareness of cause and effect and can pre-empt what might happen in familiar, repeated situations (e.g. playing with a pop-up toy). • Anticipates actions/events (e.g. in a peek a boo game). • Shares attention with another person, e.g. both looking at or engaging with the same toy or object. • Shows an interest in books, stories and songs. Lifts flaps in a pop-up book and completes simple familiar rhymes. • Copies actions e.g. in action songs and/or simple pretend play sequences.	• Delayed in meeting milestones. • Not showing any awareness of or interest in cause and effect. • Not recognising familiar routines and patterns (e.g. a daily activity might seem like a surprise every time). • Limited interest in / engagement with their immediate environment, caregivers and familiar objects and routines. • Not joining in with familiar songs, actions or play routines. • (Disclaimer: please ensure other potential contributing factors	• Shows high levels of engagement and curiosity about the world around them. • Very aware of patterns and routines. • May be beginning to recognise and name familiar motivating objects, letters, numbers, etc.

Age	Typical developmental expectations	Signs of difference: lower levels	Signs of difference: higher levels
	• Manipulating and exploring objects, seeing what they can do. • Using objects for particular purposes e.g. brushing hair with a brush or comb.	have been explored e.g. motor skills, hearing, eyesight.)	