



## *Social Skills Development* Begins in Early Childhood

Answer these questions about how your child usually behaves. If you have only seen the behavior one or two times, check no.

Does your child usually do the following:

- Y N Points to show interest in something
- Y N Responds by looking at you when you call his/her name
- Y N Seems interested in other children
- Y N Brings objects to show you
- Y N Looks at something across the room when you point to it
- Y N Imitates things that you do like making a face

If you answered 'No' to 2 or more of these questions, contact your pediatrician for a more thorough social/developmental evaluation.



## ABOUT EARLY SOCIAL DELAYS

- ★ Not as rare as once thought. Occurs in 1 of 150 children.
- ★ Parents may be concerned that there is “something different” by the age of two or earlier.
- ★ Language development is usually, but not always, behind that of peers.
- ★ Likes to do his own thing. May watch others, but usually does not interact.
- ★ Some play with toys in unusual or repetitive ways, others “get stuck” on certain topics or interests, and pretend play is limited.
- ★ Some children seem aloof and are difficult to engage, but others are affectionate, even clingy.
- ★ Some children engage in odd mannerisms, but many children under three do not.

## HELP IS AVAILABLE

- ★ Children with these difficulties share some similarities with those with attention problems, learning problems, developmental language problems and autism spectrum disorders.
- ★ Before the 1990’s, these children did not receive much help and many of them did not get much better. Now, research shows that about half of even the more severely affected children can improve enough to be like their friends and succeed in school.
- ★ During the toddler and preschool years, children are able to learn rapidly. For this reason, children with social and language difficulties show much greater improvement if they begin treatment before age four.

For further information, including developmental and diagnostic assessment, as well as therapeutic treatment options, contact:

**weap**

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