

Telehealth for Caregivers



This toolkit is designed to help caregivers and families understand the autism evaluation process, recognize early indicators of autism, understand the differences between a tele-assessment or in-person evaluation, and prepare for a tele-assessment appointment through the Treatment and Research Institute for Autism Spectrum Disorders (TRIAD) at Vanderbilt University Medical Center (VUMC).

A more detailed review of this material and additional resources can be found in the interactive online course. Learn more at triad.vkclearning.org/en-us/Toolkits.

Identity-first language is used throughout this pamphlet. For more information visit: triad.vumc.org/identity-language.

You'll also see the term neurodivergence in this toolkit, referring to individuals with developmental disabilities (like autism, intellectual disability, and ADHD), psychiatric disabilities (such as anxiety and depression), and learning disabilities (like dyslexia) (Walker, 2014).

Recognizing Early Indicators of Autism

Autism is a condition that affects the brain. This condition changes how people communicate, interact, behave, and learn. Doctors diagnose autism by looking at two main areas: (1) social communication and interaction, and (2) repetitive behaviors and interests (APA, 2022). Autism is a spectrum, so it can look different in each person and change over time (Hagan, 2025). For example, a young child might line up toys or flap their hands when excited. As they grow, they might become very interested in a specific topic. It's important to understand each child's unique strengths and needs. Remember, every child can learn and should be supported in their own way. The saying goes, "When you've met one person with autism, you've met one person with autism."

Autism starts early in a child's life, usually before age three, and lasts throughout life. Some children show signs before 12 months old, while others show signs between 18 and 24 months. Some children may stop learning new skills or lose skills they once had.

Developmental differences linked with autism are in two main areas: (1) social communication and interaction and (2) repetitive behaviors and interests.

❑ Differences in social language and back-and-forth interactions can look like:

- Using social speech in unique ways or not always talking to others
- Needing help to start interactions (e.g., showing or sharing with others)
- Responding to others inconsistently (e.g., not always responding to their name)
- Playing in unique and unusual ways and needing help with shared play

❑ Differences in nonverbal communication can look like:

- Using eye contact in ways that feel comfortable to them
- Communicating in other ways instead of pointing (e.g., leading by hand)
- Using unique or individualized gestures rather than conventional ones (e.g., nodding, waving, clapping)
- Focusing on objects or activities rather than making eye contact while using gestures and vocalizations

❑ Differences in social interest and shared play can look like:

- Showing a preference for playing alone in activities (e.g., reduced interest in playing/interacting with other children)
- Needing help to start and sustain interactive play with other children
- Preferring familiar interactions, taking time to warm up to new people
- Enjoying concrete or structured play; may engage less in pretend or imitative play

❑ Repetitive and distinct behaviors can look like:

- Unique vocalizations/sounds (e.g., undirected jargon, speech/sounds of peculiar intonation, distinct sounds, repetitive vocalizations, echoing or repetitive language)
- Repetitive body movements (e.g., hand-flapping, posturing or tensing body, toe-walking, facial grimacing, hand/finger mannerisms, repetitive spinning/jumping/rocking)
- Repetitive play (e.g., repeatedly pushing buttons, lining things up, stacking things, or scrambling/dropping toys)

❑ Security and sameness in routines can look like:

- Needing certain things to stay a certain way (e.g., placement of objects in the house, change in physical appearance of others, driving route, order of daily activities, food presentation)
- Specific and unique routines or rituals the child must follow (in play or in daily living)
- Preference for routines; difficulty with changes and transitions

❑ Focused special interests can look like:

- Unique, repetitive play (e.g., sorting, stacking, lining up objects, placing objects in and out of containers, opening and closing doors/drawers)
- Preferred interests in objects (e.g., shiny objects, appliances, fans, switches, etc.)
- Difficulty shifting attention to something new
- Focused, strong interests (e.g., certain videos, trains, cars, vacuums)

❑ Sensory differences can look like:

- Sensory-seeking behaviors (e.g., visual inspection, focused interest in certain textures, seeking out deep pressure, licking/mouthing/biting objects, smelling non-food objects, self-injurious behavior)
- Sensory aversions (e.g., bothered by certain noises, strong dislike for certain textures, bothered by bright lights)

Seeking an Evaluation

The first step in seeking out an autism evaluation is to connect with a professional provider, like your child's pediatrician, TEIS service coordinator, or early interventionist.

Bringing up your concerns to a professional provider you are working with may feel challenging and overwhelming. Here are some steps to follow when discussing your concerns and seeking an evaluation for your child:

- Clearly state your concerns based on observations and interactions with your child. Remember you are an expert on your child and know them best!
- Point out your child's strengths when talking to their provider. Sharing these details gives the provider a more complete picture of who your child is.
- Describe the differences you've noticed in your child's behavior and how these specific behaviors may be indicative of neurodivergence or autism.
- Let the provider know that because of these concerns, you'd like your child to be evaluated further for autism or another neurodevelopmental condition.

Deciding on a Pathway for Diagnosis

Autism evaluation and assessment is not a "one-size-fits-all" process. For example, autism evaluations for young children can be completed in-person or virtually, through a process called tele-assessment. It is important for families to use our decision tree to determine the best course of action. Tele-assessment is not appropriate for all children's needs. If a referral is incorrectly placed, it can delay scheduling and diagnosis.

Telehealth Considerations: The following Tennessee counties are not currently being served through telehealth: Davidson, Cheatham, Dickson, Montgomery, Robertson, and Wilson (May 2025).

To determine if your child is eligible for tele-assessment, your child must meet the eligibility criteria below. If your child meets these criteria, then tele-assessment could be a wonderful option to explore their developmental needs.

Eligibility Criteria		
	Age	16 months to 33 months of age at the time of referral
	Concern for autism	There should be a specific concern for autism
	Medical history	The child should not have a major medical diagnosis such as cerebral palsy, seizures, prematurity (<30 weeks), prenatal substance exposure, or a history of abuse/neglect
	Physical abilities	The child should be able to walk independently, hear, and see
	Communication skills	The child should not be regularly and spontaneously using 3-to-5-word sentences (e.g., baby no eat, daddy go outside, my blue dog, no don't want it) in their own words (not just repeated)

If your child does not meet tele-assessment eligibility requirements, you can meet with your TEIS service coordinator, early interventionist, or your child's pediatrician to discuss evaluation options and make a plan for referral.

If your child is eligible for a tele-assessment and are ready to move forward, your TEIS early interventionist or service coordinator should reach out to you to complete the "appointment reminders" sheet and pre-evaluation paperwork on REDcap (a secure online system to collect information). This includes the "Vanderbilt Medical Questionnaire" and "Parent Concerns Questionnaire." If you have not been contacted to complete these forms, please reach out to them directly. You will not be added to TRIAD's wait list or contacted to schedule the appointment until these are completed with your TEIS early interventionist or service coordinator.

Scheduling the Tele-assessment Appointment

There are a few things to keep in mind when it comes to scheduling an autism tele-assessment appointment, including contacting a scheduler and setting up the My Health at Vanderbilt app.

Scheduling Process	
Wait time	Families should expect to wait approximately 3-6 months for a tele-assessment appointment.
Contact to Schedule	The VUMC scheduler will call to schedule an appointment. Be on the lookout for a call from a (615) number. If your voicemail box is full or not set up, the scheduler will not be able to leave a message. Promptly return calls. After three failed attempts, the scheduler will reach out to the service coordinator and ask that the family contact us to remain on the wait list.
Setting up the My Health at Vanderbilt (MHAV) app	<p>MHAV is required to check in and participate in your child's appointment. It is a free app you can download or access on your web browser. Families will be sent an activation link at the time of the scheduling call. This link is only active for 24 hours before it expires. The link will ask caregivers for information (e.g., name, birth date). Caregivers should fill in their information, not their child's. If families have trouble, they can call Vanderbilt's Family Resource Center (FRC) at 615-936-2558. Families will need to save or remember their username and password to log back in for their visit. If you download the app or use your phone, you may be able to save your password via Face ID or a passcode.</p> <p>Additional tips:</p> <ul style="list-style-type: none"> • If you are a guardian and not a biological mother/father, you will need to complete and sign a MHAV form, send a copy of your ID, and a copy of the legal documents giving you guardianship. The scheduler will ask about this during the initial call. • If you are unable to set up MHAV within 24 hours and the activation link expired, then call the FRC at 615-936-2558. Please do this at least a week prior to your child's appointment. Not having the account set up can cause appointment delays and may result in the appointment being rescheduled. • It takes approximately 10 minutes to complete the process to register for an account. • Most tele-assessment visits have pre-visit forms within MHAV to complete. They take 10-15 minutes and can be done a week prior to the appointment.
Appointment invitations	The scheduler will notify your TEIS service coordinator and early interventionist about the tele-assessment appointment and invite them to join the evaluation if possible.

Preparing for the Tele-assessment Appointment

A tele-assessment is a flexible and convenient way for a clinician to learn more about your child's development, communication, and behavior, all from your home. The clinician will ask you questions, guide you through some play-based activities to do with your child, and observe their behavior. Every child is unique, and a little preparation can help make the appointment go more smoothly. Here are some simple steps to set up your space, help you and your child feel comfortable, and know what to expect.

Steps to Prepare

- Review your assessment plan with your child's early interventionist.
- Identify the room you will use, where you can place the camera and/or devices needed, and possible toys and materials you will use during the tele-assessment.
- Ensure you can access your child's MyHealth at Vanderbilt account (MHAV).
- You will not receive an email with the appointment link, but you will sign into the MHAV account to complete pre-visit paperwork and start the visit.

You can use some of the quick tips below to help your child feel more comfortable for the appointment. You can also write down a few things that you want to be sure to share with the provider. It can sometimes be overwhelming to remember all that you want to share on the spot. You can talk with your child's service coordinator or early interventionist about your concerns so that they can support you in preparing.

Help Your Child Feel More Comfortable

- Use simple language to explain the appointment to your child, such as "they're going to ask us to play with some toys."
- Practice talking or playing in front of a camera and/or device so they get used to being on video.
- Have a favorite snack, toy, or comfort item nearby to help your child feel comfortable.

Documents and Information to Complete and/or Gather Before the Appointment

- Information about your child's developmental history (early growth, behavior, milestones), medical records, or information from current providers
- Completion of questionnaires and/or forms ahead of time
- Questions that you may have about your child

What to Expect During the Appointment

This process is intended to be FLEXIBLE. It is okay to take a bathroom break and for your child to get their wiggles out!

The first part of this appointment will include a parent interview, where a clinician will ask you questions about your child's development, behavior, and routines. Having documentation and/or input from your child's service coordinator or early interventionist could be helpful during this part of the appointment.

The second part of the appointment involves a play-based portion, where you will do specific activities with your child and the clinician will observe your child's communication style, play, and behaviors. Remember, the clinician will be guiding you through it; there is no right or wrong way to do things. Some of the activities that you will be asked to do with your child will include a social game (e.g., peek-a-boo), calling their name, and joint play (playing together, sharing interactions). What is important is that you feel that your child's behavior throughout the evaluation is a good representation of how they usually communicate, play, and interact with you.

It is important to know that the clinician can be flexible in the order they do the first two parts of the evaluation. If the early interventionist can only be there for the first part of the appointment, it can be decided together if the play-based portion will be first.

During the final portion of the appointment, you will receive feedback from the clinician. This may include receiving a diagnosis for your child or discussing the possibility of additional sessions or evaluations. You will also receive recommendations and resources.

Common Concerns and Solutions

What if technology fails?

This happens occasionally! Your child's service coordinator or early interventionist can help troubleshoot, or you can call your clinician's office to find a solution or reschedule the appointment.

What if my child doesn't participate, or behaves differently?

Totally fine! Many children need time to warm up, so share any challenges or thoughts about this with the clinician. They are trained to understand and handle situations like this.

Can I reschedule?

Yes, of course! Just let your early interventionist and/or clinician know as soon as you can!

VKC/TRIAD cancellation policy: For appointment cancelled with 48 hours notice, we will work with you to reschedule as soon as possible. However, please note that due to limited evaluation appointments, it may take a few weeks to get rescheduled. If an appointment is not canceled in a timely manner, you will be placed back on the waitlist for an evaluation. After two cancellations/no shows, families will need to be seen in person.

Day of Tele-assessment Appointment

Remember, tele-assessment appointments are meant to be flexible! This process is a partnership between you, your child, and the clinician, in which you are the expert on your child. Here are some additional tips to help make the appointment go more smoothly.

Before the Visit

Space: Check that you are in a private place that you may have identified in your tele-assessment plan. During your tele-assessment appointment, it is essential that you are physically located within the state of Tennessee and in a private area without distractions. Please ensure that you are not in a public setting, such as a car, restaurant, or store. This will help maintain the privacy and effectiveness of the assessment.

Devices and Connection: Make sure all devices are charged and working. Make sure that the internet/WIFI is working. It may be extremely helpful to be in close proximity to a power outlet.

Check that you have the toys and necessary materials ready.

During the Visit

Be ready to answer questions surrounding your child's development, communication, and behavior. Having specific examples about your child's challenges and strengths can be helpful.

Allow the clinician to observe your child naturally without prompting them too much and follow the clinician's guidance.

Be flexible as this is a flexible process! It's also important to ask the clinician any questions you have.

After the Visit

Review the clinician's report and recommendations to determine if you have more questions.

Follow through on recommendations that will be helpful to your child and your family. You can also ask the clinician about follow-up appointments. It is important to know that not all recommended services may be available in your area or covered by TEIS. Be sure to check with your TEIS team about the recommendations you've reviewed to understand your options.

Communicate with your support network and those involved in your child's care.

Continue to monitor your child's progress and their response to new interventions or strategies.

Ask questions as they continue to arise and reach out to the clinician for clarification or guidance.

References

- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Publishing
- Dixon, A. (n.d.). TRIAD Tele-assessment. Vanderbilt Kennedy Center. Retrieved from https://cdn.nogginguru.com/triad.vkclearning.org-0-492/SCORM/4a587c18-ba2f-45bf-8179-7f29ecbf74b4_dvdyi/scormcontent/index.html#/
- Hagan, M. (2025). What are the earliest signs of autism? Child Mind Institute. Retrieved from <https://childmind.org/article/what-are-the-earliest-signs-of-autism/>
- Marcus Autism Center. (n.d.). Tips for community caregivers. Retrieved from <https://www.marcus.org/autism-resources/autism-tips-and-resources/tips-for-community-caregivers>
- Vanderbilt Kennedy Center. (n.d.). Autism identity language. Vanderbilt University Medical Center. Retrieved from <https://vkc.vumc.org/vkc/triad/identity-language/>
- Walker, N. (2014). Neurodiversity: *Some Basic Terms & Definitions*. Retrieved from <https://neuroqueer.com/neurodiversity-terms-and-definitions/>

This publication was authored by LeAnna M. Kehl, PhD, LEND (Leadership Education in Neurodevelopmental Disabilities) and TRIAD (Treatment and Research Institute for Autism Spectrum Disorders) fellow; Verity Rodrigues, PhD, Assistant Professor of Pediatrics, TRIAD; Mary Fleck, M.Ed., BCBA, TRIAD Co-Director of Early Intervention. We are grateful for review and suggestions by many, including Nina Harris, M.Ed., Family Services Coordinator, TRIAD and Alexa Dixon, PhD, Assistant Professor of Pediatrics, TRIAD.

This toolkit was edited, designed, and produced by the Dissemination and Graphics staff of the Vanderbilt Kennedy Center for Excellence in Developmental Disabilities. This publication may be distributed as is or, at no cost. View more printable resources and materials online at: vkc.vumc.org.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T73MC30767, Vanderbilt Consortium LEND. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. Photo by Adobe Stock. May 2025
