This sample report was designed as a shell for providers wanting to formally document characteristics of autism and/or a diagnosis. It is crucial to remember that this template is a general guide, and that the actual report should vary based on the specific circumstance of the child being assessed. Each report should be tailored to the child's specific needs as well as regional resources/services. This sample report is designed to help facilitate the family accessing services and resources. It is not designed to create specific goals for skill development or tailored intervention planning.

Autism Diagnostic Summary

Name: @FNAME@ @LNAME@
Birth Date: @DOB@
MRN: @MRN@
Date: @DATE@
Age: @AGE@
Primary Care Physician: @PCP@, [name of clinic]

Based on caregiver report and direct observational assessment, @PREFNAME@ exhibits clear characteristics indicative of **autism** (DSM-5 Code: 299.00, ICD-10 Code: F84.0, **Autism Spectrum Disorder**). These characteristics are significantly impacting @HIS@ development and it is strongly recommended that family access autism-specific services available through community providers or through involvement with the early intervention system or the school system.

---DIAGNOSIS---
Autism Spectrum Disorder (DSM-5 Code: 299.00, ICD-10 Code: F84.0)
Level of Support / Severity Specifier: Social Communication Level {Blank single:19197::"1", "2", "3"}; Restricted Repetitive Behaviors Level {Blank single:19197::"1", "2", "3"}

[*For assistance with determining severity level see: https://iacc.hhs.gov/about-iacc/subcommittees/resources/dsm5-diagnostic-criteria.shtml]**

Severity level is typically deferred for younger children given that levels of support vary over time and across contexts. However, many service providers may require this specifier as part of the diagnosis/report, thus is included here. Level specifiers are designed to describe whether children currently require "support" (Level 1), "substantial support" (Level 2), or "very substantial support" (Level 3) in the specific diagnostic area, but should not be used to determine eligibility for provision of services; these can only be developed at an individual level and through discussion of personal priorities and targets.

ASSESSMENT

---Observational Assessment and Rating Scales---

@FNAME@ was observed during a clinical visit and exhibited clear features related to autism. These observations include ***[ADD OBSERVATIONS RELATED TO DSM-5 CRITERIA]. **Observations during today's evaluation were indicative of a high likelihood of ASD**.

Modified Checklist for Autism in Toddlers- Revised (M-CHAT-R)

Regarding parent measures, @FNAME@'s caregiver completed the Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R). The MCHAT-Revised is designed to assess concerns linked to ASD for young children. @FNAME@'s score on the MCHAT-R (total = ***) placed @HIM@ in the range of {Blank single:19197::"High","At"} Risk for ASD.

Screening Tool for Autism in Toddlers and Young Children (STAT)

The **STAT** is an empirically derived, interactive measure that screens for autism in young children. The STAT consists of activities that assess key social and communicative behaviors including play, requesting, directing attention, and imitation. *Play* items assess interactive turn-taking play and functional play. *Requesting* items involve presenting the child with a desirable object that s/he needs help with and require the child to use eye contact combined with a vocalization/verbal request. *Directing Attention* items assess the child's ability to direct the examiner's attention to something of interest. For these items, we are interested in observing whether the child indicates his/her awareness of the object or event to the examiner through behaviors such as pointing at an object and looking at the examiner, commenting about an event, or holding up and showing an object. Finally, *Imitation* items assess the child's ability to copy simple actions modeled by the examiner.

@FNAME@'s performance on the STAT resulted in a score {Blank single:19197::"well above","above","below"} the risk threshold for autism spectrum disorder. @CAPHE@ exhibited clear challenges [*TAILOR CONCLUSIONS AS NEEDED] regarding effective social communication (both verbal and nonverbal), social interaction, as well as atypical restricted and repetitive behaviors (i.e. strong/repetitive interests, characteristic body use).**

ASD-PEDS

The ASD-PEDS is an is an interactive assessment tool used to identify ASD characteristics in toddlers and young children. It assesses key areas of social-communication including socially directed speech and sounds, frequency/flexibility of eye contact, and coordinated vocalizations/speech and nonverbal behaviors. It also assesses presence of atypical/unusual vocalizations or repetitive behaviors, unusual/repetitive play behaviors, or atypical sensory exploration or reactive behaviors. What follows are details of this assessment and other structured behavioral observations including @FNAME@'s verbal/nonverbal communication and eye contact, socially-directed speech, social-communication, social-emotional reciprocity, play, and presence of atypical patterns of interests, speech, repetitive/sensory behaviors, or challenging behaviors.

During structured observations for @FNAME@, receptive and expressive speech delays were observed. ***[ADD SPECIFIC OBSERVATIONS FROM EACH AREA OF ASD-PEDS]. **Overall, @FNAME@ exhibited *[***TAILOR CONCLUSIONS AS NEEDED]* challenges regarding effective social communication (both verbal and nonverbal), social interaction, as well as atypical restricted and repetitive behaviors (i.e. strong/repetitive interests, challenges**

with social attention, characteristic body/object use). @FNAME@'s performance on this instrument was indicative of a high likelihood of ASD.

Childhood Autism Rating Scale-Second Edition (CARS-2)

The CARS-2 is a widely used rating scale for the detection and diagnosis of autism spectrum disorder. The CARS-2 consists of 14 domains assessing behaviors associated with autism, with a 15th domain rating general impressions of autism. Each domain is scored on a scale ranging from one to four; higher scores are associated with a higher level of challenges. Total scores can range from a low of 15 to a high of 60; scores below 29.5 indicate minimal-to-no symptoms of autism, scores between 30 and 36.5 indicate mild-to-moderate symptoms of autism, and scores from 37 to 60 indicate severe symptoms of autism. Clinicians base their ratings on observations, parent report, and relevant medical records.

Based on developmental history information, parent report, and direct observations during this evaluation, **@FNAME@'s "symptom level" on the CARS-2 was determined to be "{Blank single:19197::"Minimal-to-None","Mild-to-Moderate","Severe"}," indicating that @FNAME@ is showing clear characteristics related to autism.** *This does not mean that @FNAME@ has "{Blank single:19197::"mild-to-moderate", "severe"}" autism. It merely reflects the amount of characteristics to be present at this point in time. Autism severity in young children is hard to determine, changes across situation, and is difficult to distinguish from delays in other areas of development. Specific vulnerabilities for @FNAME@ include [***TAILOR CONCLUSIONS AS NEEDED] difficulty relating to people, atypical body and object use, atypical sensory responses, and reduced verbal/nonverbal communication.*

*****[Other autism-specific or developmental measures, e.g., PEDS, SWYC/POSI, DAYC-2, Vineland, ASQ-3, etc.]**

---DSM-5 Caregiver Interview---

Along with verifying observations above, @FNAME@'s caregiver has reported additional developmental differences/challenges related to autism for @FNAME@. This includes [***ADD REPORTED/ADDITIONAL CHARACTERSITICS FROM DSM-5 CHECKLIST]. @FNAME@'s caregiver reported observations of challenging behaviors for @FNAME@ including [***ADD PRESENCE OF AGGRESSIVE BEHAVIORS, SELF-INJURY, RISK FOR ELOPEMENT, SAFETY CONCERNS, SLEEP/EATING CONCERNS].

---DSM-5 Checklist for ASD---

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (**all 3 must be met**):

1. Deficits in social-emotional reciprocity: **{Blank single:19197::"Present","Not Present/Unknown"}**
2. Deficits in nonverbal communicative behaviors: **{Blank single:19197::"Present","Not Present/Unknown"}**
3. Deficits in developing, maintaining, and understanding relationships: **{Blank single:19197::"Present","Not Present/Unknown"}**

Level of Support / Severity Specifier: Social Communication Level {Blank single:19197::"1", "2", "3"}

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by **at least two of the following**, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech: **{Blank single:19197::"Present","Not Present/Unknown"}**
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior: **{Blank single:19197::"Present","Not Present/Unknown"}**
3. Highly restricted, fixated interests that are abnormal in intensity or focus: **{Blank single:19197::"Present","Not Present/Unknown"}**
4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment: **{Blank single:19197::"Present","Not Present/Unknown"}**

Level of Support / Severity Specifier: Restricted Repetitive Behaviors Level {Blank single:19197::"1", "2", "3"}

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life): **{Blank single:19197::"Yes", "No"}**
D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning: **{Blank single:19197::"Yes", "No"}**
E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay: **{Blank single:19197::"Yes", "No"}**

With or without accompanying intellectual impairment: {Blank single:19197::"With","Without","Unknown at this time"}
With or without accompanying language impairment: {Blank single:19197::"With","Without","Unknown at this time"}

---DIAGNOSIS---

Autism Spectrum Disorder (DSM-5 Code: 299.00, ICD-10 Code: F84.0)
Level of Support / Severity Specifier: Social Communication Level {Blank single:19197::"1", "2", "3"}; Restricted Repetitive Behaviors Level {Blank single:19197::"1", "2", "3"}

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PLAN / RECOMMENDATIONS

Service Coordination:

- It is strongly recommended that @FNAME@'s caregivers share this report with those currently involved in @HIS@ care (i.e., service coordinators, therapists, teachers) to further

facilitate appropriate service delivery and interventions. **Family encouraged to contact the {Blank single:19197::"Early Intervention System (PHONE)",“local school district"} and share this report with them.** {Blank single:19197::"Early Intervention Services",“The school district"} will help guide intervention services and help coordinate possible classroom services through an Individualized Education Plan (IEP).

Applied Behavior Analysis (ABA) Services / Behavioral Consultation / Parent Training:

- Family encouraged to start therapy with a **behavioral consultant** (e.g., ABA consultant, Board Certified Behavior Analyst [BCBA]). Family should discuss availability and eligibility for such services with @FNAME@'s insurance company, pediatric provider, and therapists. @FNAME@'s primary care clinic should provide a referral/prescription to connect with an ABA agency.

Speech and Language Intervention:

- It is recommended that @FNAME@'s intervention program include intensive speech and language intervention that is aimed at enhancing functional communication and social language use across settings. It is recommended that speech/language intervention be considered for incorporation into @FNAME@'s intervention or school plan on an ongoing basis.

Occupational Therapy:

- @FNAME@ could also benefit from ongoing occupational therapy to promote development of @HIS@ adaptive behavior skills, functional early classroom skills, and address sensory and motor vulnerabilities/interests. Such services should be considered for continued inclusion in @HIS@ intervention or school plan.

Parent Support/Advocacy:

- The Autism Speaks “**100 Day Kit for Parents**” was designed to help parents get organized and plan for the several months following a diagnosis of autism. The guide can be downloaded for free at 100 Day Kit for Young Children | Autism Speaks https://www.autismspeaks.org/tool-kit/100-day-kit-young-children. *Caregiver can call Autism Speaks directly and ask for them to send a free copy of the 100 Day Kit: 1-888-288-4762.*
- @FNAME@'s caregivers are encouraged to participate in family education programs. @FNAME@'s family is encouraged to attend the **VKC/TRIAD Families First Workshops** (one Saturday every month) to learn more about effective interventions for children with autism. **These workshops are also available through Zoom and are recorded and stored for online viewing.** Please call 615-322-7565 to register or visit https://vkc.vumc.org/vkc/triad/fam/
- ***Add resources related to 1) Parent-to-Parent network, 2) Parent advocacy networks for schools and other services, 3) Regional information regarding region’s early intervention program, school system, and community supports, 4) Online resources and books**

Please contact me with any questions about this evaluation.

***Clinician Name, credentials, contact