

Early Detection of Autism Spectrum Disorder using EEG techniques (ML)

Final Year Project Report

Submitted by

Nuha Aamir (1611-2021) Rubbaishe (2192-2021) Mujtaba khan (1802-2021)

Supervisor

Sir Saad Akbar

In partial fulfilment of the requirements for the degree of Bachelor of Science in Artificial Intelligencee 2025

Faculty of Engineering Sciences and Technology

Hamdard Institute of Engineering and Technology Hamdard University, Main Campus, Karachi, Pakistan

Certificate of Approval



Faculty of Engineering Sciences and Technology

Hamdard Institute of Engineering and Technology Hamdard University, Karachi, Pakistan

This project "AI Technique For Automatic Detection Of ASD From EEG Signals" is presented by Nuha
Aamir, Rubbaishe and Mujtaba khan under the supervision of their project advisor and approved by the
project examination committee, and acknowledged by the Hamdard Institute of Engineering and
Technology, in the fulfillment of the requirements for the Bachelor degree of Artificial intelligence.

ſr. Saad Akbar	In-charge FYP Committee
Project Supervisor)	

Authors' Declaration

We declare that this project report was carried out in accordance with the rules and regulations

of Hamdard University. The work is original except where indicated by special references in

the text and no part of the report has been submitted for any other degree. The report has not

been presented to any other University for examination.

Dated: 06-04-2025

Authors Signatures:

Nuha Aamir

Rubbaishe

Mujtaba khan

Version 1.2

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We, Nuha Aamir, Rubbaishe, and Mujtaba khan, solemnly declare that the work presented in

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EEG Signals" has been carried out solely by ourselves with no significant help from any other

person except few of those which are duly acknowledged. We confirm that no portion of our

report has been plagiarized and any material used in the report from other sources is properly

referenced.

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Authors Signatures:

Nuha Aamir

Rubbaishe

Mujtaba khan

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Definition of Terms, Acronyms, and Abbreviations

This section should provide the definitions of all terms, acronyms, and abbreviations required to interpret the terms used in the document properly.

Table 2: Definition of Terms, Acronyms, and Abbreviations

Terms	Description
EEG	Electroencophalogram- a test that detects brain wave activity using sensors on the scalp
ASD	Autism Spectrum Disorder- a neurodevelopmental disorder affecting communication and behaviour
AI	Artificial Intelligence- the simulations of human intelligence in machines
ML	Machine Learning- a subset of AI where machines learn from data patterns
DL	Deep Learning- a type of ML using neural networks with many layers
SVM	Support Vector Machine- a supervised ML model for classification tasks
CNN	Convolutional Neural Network- a deep learning model useful for pattern recognition
FYP	Final Year Project- a capstone academic project submitted at the end of a degree

Abstract

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition. Early diagnosis of ASD continues to be a major challenge. However, brain activity patterns associated with ASD can be captured non-invasively and cost-effectively using electroencephalogram (EEG) signals. In this work, we introduce a novel method for detecting ASD by applying Graph Convolutional Networks (GCNs) to EEG data. Every EEG recording is converted into a graph, with the edges being determined by the statistical similarity of the channels, which stand in for nodes. The model can efficiently learn spatial and relational dependencies among EEG channels thanks to this graph-based representation. Using pre-processed EEG feature sets saved in pickle format, we trained and assessed the suggested GCN model. With high accuracy and F1-scores, the experimental results show promising performance, demonstrating how well GCNs capture significant neural patterns for ASD classification. Our approach not only performs better than conventional machine learning methods, but it also presents a reliable pipeline for the detection of neurodevelopmental disorders based on EEG. This study advances the expanding field of medical diagnostics using graph-based deep learning.

Keywords: Autism Spectrum Disorder (ASD), Early Detection, Machine Learning (ML), Deep Learning (DL), Early ASD Diagnosis, EEG, Spectrogram, Brain Signal, Classification, Feature Extraction, Graph Convolutional Network (GCN), Neurodevelopmental Disorder, EEG-based Diagnosis, Artificial Intelligence (AI), Biomedical Signal Processing, Healthcare Informatics

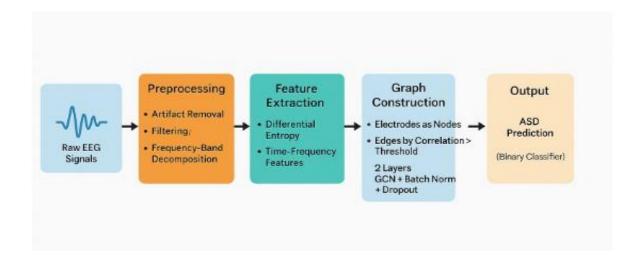


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CHAPTER 1 INTRODUCTION

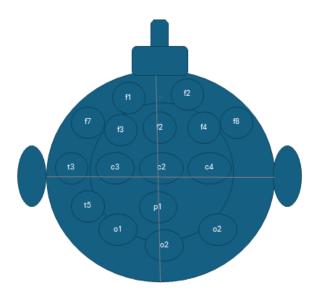
1.1 Motivation

1.2

The complex neurodevelopmental disorder known as autism spectrum disorder (ASD) is typified by repetitive behaviors, communication issues, and social interaction challenges. While timely intervention depends on an early and accurate diagnosis of ASD, traditional behavioral assessments are subjective, time-consuming, and frequently lead to delayed detection. Electroencephalogram (EEG) signals have become a promising, non-invasive, and reasonably priced method for recording brain activity and detecting neurological abnormalities linked to ASD in recent years.

EEG data analysis for disease classification has shown a lot of promise with machine learning models, particularly deep learning. The rich spatial relationships between EEG channels are ignored by the majority of conventional models, which treat EEG signals as flat feature vectors. We suggest a novel graph-based method to overcome this constraint, which converts EEG signals into graph structures with channels standing in for nodes and their functional similarities for edges. This enables the model to learn both local and global dependencies in brain activity patterns.

In this work, we use graph-structured EEG data to implement and assess a Graph Convolutional Network (GCN) for the classification of ASD and non-ASD cases. Our approach makes use of geometric deep learning's capabilities to capture relational and spatial features that traditional methods frequently overlook. This method seeks to advance the expanding field of AI-assisted neurodevelopmental diagnostics by improving the precision and interpretability of EEG-based ASD detection.



1.3 Problem Statement

Despite advancements in technology and neuroscience, ASD diagnosis remains fraught with challenges:

1. **Subjectivity of Current Diagnostic Methods**: Behavioral assessments, the cornerstone of ASD diagnosis, rely heavily on clinician expertise and parental reports. This subjectivity leads to variability in diagnostic accuracy and often delays the identification of ASD.

2. Limited Early Diag nosis: Early diagnosis is crucial for effective

intervention. However, many children are diagnosed after the age of two, missing the critical early developmental window.

- 3. **Data Variability:** EEG data, while rich in information, is subject to significant variability due to differences in recording protocols, demographic factors, and individual brain activity patterns. This variability complicates the development of robust diagnostic models.
- 4. Clinical Integration: Translating research findings into practical clinical tools remains a significant hurdle. Existing models often lack the scalability and interpretability required for real-world applications. These issues necessitate the development of an automated, reliable, and scalable diagnostic framework that leverages the strengths of EEG and ML/DL technologies to address the limitations of current methods

1.4 Goal and Objectives

The primary target of this project is to design and implement a spectrogram-based ML/DL framework for the automatic detection of ASD using EEG data. This overarching goal is supported by the following objectives:

- 1. **Enhance Diagnostic Precision:** Develop algorithms that maximize classification accuracy by extracting meaningful features from EEG spectrograms and employing advanced ML/DL models.
- 2. **Standardize Methodologies:** Create a robust preprocessing pipeline to address variability in EEG data, ensuring reproducibility and consistency across studies.
- 3. **Integrate Multimodal Data:** Explore the fusion of EEG with complementary data sources, such as eye-tracking and behavioral metrics, to improve diagnostic accuracy and robustness.
- 4. **Promote Clinical Adoption:** Focus on creating interpretable models that clinicians can trust, ensuring seamless integration into existing diagnostic workflows

1.5 Project Scope

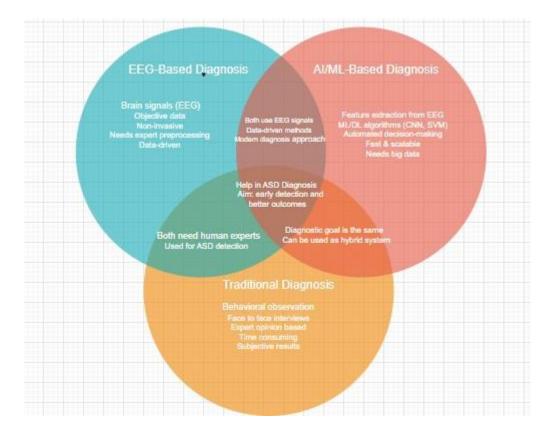
1.6

The scope of this project encompasses the application of EEG data for ASD diagnosis, with a particular emphasis on spectrogram analysis and ML/DL methodologies. Key aspects of the project include:

- **EEG Signal Preprocessing**: Addressing challenges such as noise, artifacts, and diversity in raw EEG signals to improve data quality.
- **Feature Extraction and Classification**: Utilizing spectrograms as a medium for feature extraction and classification, leveraging the power of CNNs and other DL architectures.

- **Multimodal Data Fusion:** Investigating the integration of EEG data with other techniques, including eye-tracking, to provide a more holistic diagnostic approach.
- Gap Analysis and Recommendations: Identifying limitations in current methods and proposing solutions to enhance the reliability, scalability, and clinical applicability of the proposed framework. By focusing on these areas, the project ambition to design a comprehensive

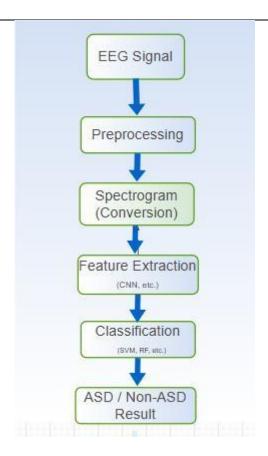
system able of addressing the diagnostic challenges associate with ASD, ultimately contributing to improved outcomes for affected individuals and their familiey



CHAPTER 2 RELEVANT BACKGROUND & DEFINITIONS

Autism Spectrum Disorder is characterized by electrical brain activity that can be observed through neural signals. EEG (Electroencephalography) capture brain's electrical signals and is commonly used in neurology.

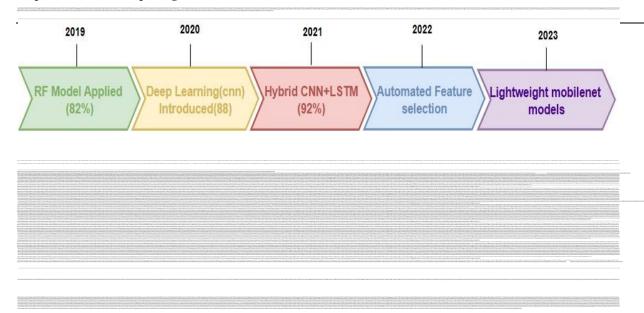
ML and DL techniques have demonstrated capability in recognizing patterns in EEG data. Tools like Scikit-learn, TensorFlow, and MNE Python are commonly used in signal analysis and classification tasks.



- **EEG:** A test that records electrical signals from the brain.
- ASD: A developmental disorder affecting communication and behavior.
- CNN: A deep learning model particularly effective in pattern recognition.
- Feature Extraction: The process of transforming raw EEG data into usable inputs for ML Models.

2.1: comparision table

Techniques	Description	Pros	Cons
Traditional	Behavioural	widely used and	Subjective and time
Diagnose	Assessments and	human observation	consuming
	clinical interviews	based	
EEG-Based	Brain Signal	Objective and non	Requires
Detection	Analysis using	invansive	experts
	EEG		preprocessing
Machine	Algorithm like	Fast and	Needs feature
Learning(ML)	SVM, RF,used on	interpretable	Engineering
	feature extracted		
Deep Learning(DL)	CNN-Based models	High accuracy and	Needs Large
	directly on EEG	automatic feature	datasets
	data	learning	



CHAPTER 3 LITERATURE REVIEW & RELATED WORK

Literature Review

The present review is devoted to the consideration of the application of EEG data in ASD's early identification by critically assessing prior research and epidemiological data. Data collected via EEG has become pertinent in ASD diagnosis because it involves real time analysis of activity in brain that standard behavioral assessments cannot provide. Quantitative assessment of functional development of the brain is challenging primarily because of the structural and organizational complexity of the cortex as the center of the nervous system and secondly due to the lack of adequate noninvasive approaches to monitor and quantify the function in babies. New nonlinear approaches to analyze the neural activity recorded with electrode on the scalp might help detect the variations in neural connectivity in infants. For instance, the entropy of EEG electrodes with an electrode distance of greater than 3 cm was coarser in autistic children compared to category of normal Neurotypical children [15], which is consistent with the weak FC theory of autistic brains [14], Researchers collected EEG data from both ASD and control participants with varying age, gender, and ASD symptom severity in order to increase the model's robustness and accuracy across different subpopulations.

Population of epidemiological publications that joined the criteria was recognized via organized review technique and inputs from prior first-stage of systematic reviews of epidemiological surveys were incorporated to advance prior disruptions of ken. Complete or final diagnostic results and the minimum of two EEG recordings were obtained for 188 children and used in this study. In this research, all visits were considered as singular interactions In other words all the visits were assumed to be separate and did not build on one another. For instance, all observations of the EEG made at 12-month consultations are utilized to estimate outcomes regardless of the measures recorded at at different developmental stages. While a child development growth over time evaluation was outside the aims of the presented research, one classification test was completed by joining the combined features extracted from the 6-month and 9-month time points for the individuals who completed 6-month and 9-month sessions[5]. In studies examining three different age groups, children older than 4 years were significantly less likely to be identified with autism compared to younger children with the likelihood reduced by nearly two-thirds (odds ratio:0.32;95% confidence interval: 0.16 to 0.86). Nevertheless, this finding was based on high sample size studies only. However, excluding the three studies with the largest sample sizes eliminated the observed relationship (p = 0.33). There was no statistically meaningful correlation

among the prevalence rate and participant size: ≤5000 donors, 5000-7500, and >7500. No remaining covariate influences the prevalence estimates provided for analysis in this study[16]. These reviews provided a strong foundation for understanding ASD prevalence and variation across demographics.

To precede analysis, preprocessing techniques are used when data have been gathered on patients and healthy individuals. The initial steps of filtering carry out the international standard norms and algorithms for EEG elimination of noise and artifacts. The use of various higher order methods are employed for extracting signal features such as wavelet transformations, entropy and spectrogram images of time-frequency domain. Data were collected from 79 different infants: 46 children who were at high risk for ASD, as per the outcome measure of having an older sibling with now confirmed ASD, and 33 typically developing children with no known familial background of neurodevelopmental conditions. Many young individuals were tested more than once and ranged in age from 6 to 24 months and the testing sessions comprised infants[14]. Due to rarity of these methods, it extracts important EEG features that have the potential to diagnose ASD, further improving the model's discriminative powers between ASDspecific neural connectivity patterns. Basically, the most popular algorithms used to classify the EEG data to diagnose ASD are Support Vector machines (SVM) and Convolutional Neural Network (CNN). They also pointed out that CNNs have been popular because they can automatically extract properties and recognize patterns in a system, which is a plus for learning in ASD research.

Recent years have also witnessed a surge of activities related to the multimodal data fusion in the medical domain and this technique is not only used for the diagnosis of ASD, but is also used for disease diagnosis such as Parkinson, Alzheimer, and Depression. In the context of ASD, EEG data is expanded by other data points that are eye-tracking data, body movement and metrics, and behavior in order develop a complex diagnostic model. This fusion is helpful in improving diagnostic accuracy and complementing EEG findings by including neural and behavioral signals associated with ASD; capturing features which are hard to observe from EEG signals only lately, multimodal fusion has garnered much interest particularly in SEO application and extends to the diagnosis of Autism Spectrum Disorder[17],[18] in addition to other disorders, like Parkinson [19], Alzhemer [20] and Depression [21] multimodal data fusion is considered, integrating other sources like eye-tracking or behavioral metrics to enhance diagnostic accuracy. Evaluation tools Accuracy, precision, recall, and F1-score were used for performance evaluation , supported by validation based cross checking and test data confirms the models ability to generalize.

The review also establishes a clear inclusion and exclusion criterion for the studies considered. Studies included had to meet the following conditions:

- a) The sample involved participants with clinically diagnosed ASD, including conditions like the community consisted of individual diagnosed with ASD related conditions including early childhood autism, PDD-NOS, and Asperger's syndrom despite of mental condition level
- b) Machine learning (ML) was utilized to analyze data
- c) The evaluation involved movement features for example eye- tracking or body movements. Such data sources as qualitative behavioral data, scores for traditional assessment tools, parental reports, medical/genetic data, vocal patterns were not considered in the studies. Excluded were papers that examined only the effects of rehabilitation, addressed one or

several behaviors (for instance, self-injury), or used ML models considering biomarkers obtained while performing tasks that presuppose prior skills (such as reading).

Therefore, to enhance the reliability of the developed models, the following efficiency measures are applied: Accuracy, precision, recall, and F1 score. These scenarios are reiterated during cross validation and testing on unseen data sets to reinforce the business case of generalization. The last objective is therefore to replicate these findings in real life clinical settings in order to evaluate the potential of this methodology in the diagnosis of early signs of ASD.

3.1: phase of project

Phase	Description	Timeline
Phase 1	Requirement gathering,	Dec-jan 2025
	problem understanding and	
	literature review	
Phase 2	Data collection,	Feb-2025
	preprocessing and feature	
	extraction	
Phase 3	Build Detection tool and	Mar-apr 2025
	test	
Phase 4	Report writing, final	May-june 2025
	evaluation prep and	
	deployement summary	

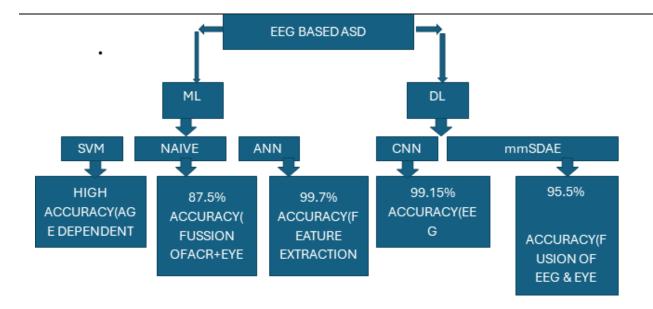
Related Work

Numerous research have explored various ML/DL models for EEG-primarily based ASD detection. Examples include:

- 1. **Traditional ML models:** Support Vector Machine (SVMs) and Random wooded area classifiers have been broadly used, attaining first rate accuracies. but, those models frequently rely on hand made features, proscribing their scalability.
- 2. **Deep getting to know Architectures:** CNNs have emerged because the leading

framework for reading EEG spectrograms, outperforming conventional ML fashions in accuracy and robustness.

3. **Hybrid models:** Researchers have developed hybrid frameworks that integrate DL with function choice techniques, which include entropy-based techniques, to decorate overall performance and interpretability.



Gap Analysis

1. Combined Analysis of EEG and Behavioral Data

Many works have looked into how EEG data can be taken together with behavioral data in [1], [9], [22]. T However, there is generally a lack of approach for merging several modalities[1]. which used a weight naive Bayes approach to fusion while [9] used a stacked denoising auto encoders (SDAE) for feature extraction. But such methods do not give consistent enhancements in accuracy of classification and there is not a unique way to fuse the classifiers. This absence of a standardized measure is an issue in terms of refining how different forms of data are integrated for improved detection of ASD.

Subsequent studies should aim at establishing more stable, single systems that combine EEG with other techniques of eye-tracking, facial conduct and any other sign of behavior. One should also pay attention to the time and context to support these modalities, which include the diagnostic performance. Developing these approaches more could enhance stronger outcome across those section with variably distinct population and settings, thus a better diagnostic for ASD.

2. Small Sample Sizes

Evaluations of the diagnostic tools and methods in ASD research also show that many of the current research projects were conducted on small samples of subjects [8], [2], [22]. Small sample sizes decrease testing capacity and generalizability of study results to different samples, especially those with increased variability. Nonetheless, unlike [5] which has a larger sample size (n = 99), it restricts the age range and does not include members of different ethnic backgrounds or from different US regions, so its conclusions cannot be quite generalizable.

One of the apparent deficiencies in this area is the lack of large-scale multi centre studies. These studies should collect data from more people, including almost all aged, ethnicity, and comorbid patients, so as to generalize the results. Investigation with groups of subjects at various developmental stages would also help to advance understanding of how specific biomarkers change over time and help improve the reliability of the ASD diagnostic criteria.

3. Early Diagnosis and ongoing monitoring

While there has been progress in detecting ASD at very early stages[5], proving that EEG biomarkers could identify ASD with 3 months old, the majority of other studies concerns children older than 1 year, or even adults; more importantly, none of the objective methods

mentioned above are designed to monitor diagnostic performance over time. Many of the currently proposed models for detecting ASD in the early years fail to capture information on symptom development and decline over time, which is an important area of restriction for their application in clinical practice.

There is a pressing need for more research into predictive modeling that focuses on the early stages of ASD and the potential for tracking developmental changes as children grow. By leveraging EEG and multimodal data, it is possible to identify key biomarkers that can aid in early-stage diagnosis, starting from infancy. Long-term, longitudinal studies will be essential for understanding how these biomarkers evolve, and whether early intervention based on these predictions can lead to improved outcomes for children with ASD. 4. Normalization of Feature Extraction and Signal Processing Techniques

A key gap in the current research on ASD diagnosis lies in the variety of feature extraction techniques used across studies. For instance, some studies use wavelet transform [22], while others employ microstate analysis [3] or extract textural features from spectrograms [12], [6]. This lack of consensus on which features are most effective in distinguishing ASD from neuro typical development creates significant challenges in comparing results across studies and replicating findings.

To overcome this gap, there is an urgent need for standardized protocols in feature extraction and signal processing. Identifying a set of robust, reproducible EEG features that consistently correlate with ASD across different studies and populations would be a major advancement. Additionally, the development of automated preprocessing pipelines would increase the reproducibility of results and help establish common benchmarks in the field, ensuring more reliable comparisons between studies.

5. Clinical Testing and Real-World Usage

Many studies report high accuracy rates in controlled environments, yet the real-world applicability of these diagnostic models remains underexplored. For example, while [12] reports an impressive 99.15% accuracy with deep learning models, this result is based on relatively clean, pre-processed data in a controlled setting. Few studies [6], have validated these models in clinical settings or with more diverse, real-world data, highlighting a critical gap in the clinical relevance of these findings.

There is an urgent need for clinical validation of these diagnostic models in real-world settings. Future studies must test models in hospitals, clinics, and community health environments to assess their ability to handle the intrinsic variability and irrelevant data is present in natural data. Additionally, these models should be designed to be clinically interpretable, actionable, and easy to integrate into existing diagnostic workflows, to ensure that they can be effectively used by healthcare professionals.

6. Scalable Solutions and Real-Time implementation

A significant gap exists in the scalability and real-time implementation of diagnostic models, as many studies focus primarily on classification accuracy and feature extraction without considering the practical deployment of these models in clinical practice. For example[6] employs a support vector machine classifier, but such models may not be easily scalable for widespread use or adaptable to real-time diagnostic systems, which are essential for early detection.

Research must focus on developing scalable, real-time diagnostic tools capable of processing massive dataset collected from multiple origins, like multiple sensors or clinics. These systems should provide fast, accurate results in a way that is both practical and cost-effective. Furthermore, the development of portable diagnostic systems, such as wearable EEG devices or mobile applications, could offer significant advantages in terms of accessibility and immediate utility for clinicians and families, facilitating earlier intervention and more frequent monitoring.

7. Durability and Explainability of ML Models

While deep learning models [12] often demonstrate high classification accuracy, a major gap remains in their interpretability, which is a critical issue for their adoption in clinical settings. Clinicians require models that not only perform well but also provide transparent, interpretable results that can be used to understand the reasoning behind a diagnosis. For instance, [3] and [9] use complex algorithms like deep learning and naive Bayes, but they do not clearly identify which features are most important for making a diagnosis.

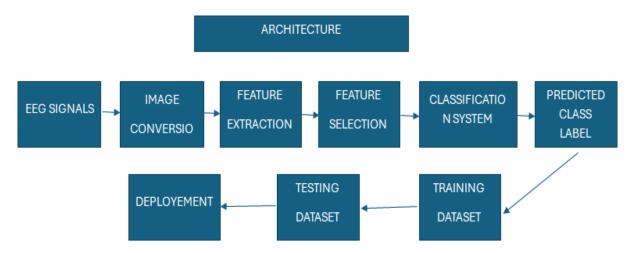
Future search should aim to close this gap by focusing on the creation of clear and explainable AI systems. Methods like explainable Deep Learning or feature importance analysis should be integrated into these models to help clinicians understand how decisions are made. By improving the transparency of model outputs, trust in these systems can be fostered, making it easier to integrate them into clinical practice and ensuring they are used appropriately to inform diagnoses and treatment decision

CHAPTER 4

Project Discussion

.4.1 Project Methodology

- Data Collection: Used publicly available EEG datasets related to ASD.
- Preprocessing: Removed noise and segmented signals.
- Feature Extraction: Frequency-domain features and statistical measures.
- **Modeling:** Applied classifiers such as SVM, Random Forest, and CNN.
- Evaluation: Compared models using Accuracy, precision, recall and F1 score.



4.2 Phases of Project

- Phase 1: Requirement gathering & review of related literature
- Phase 2: Data preprocessing and analysis
- **Phase 3:** Model development and training

• Phase 4: Evaluation and report writing

4.3 Software/Tools Used

- Python
- Scikit-learn
- TensorFlow / Keras
- MNE Python
- Jupyter Notebook

4.4 Hardware Used

- Intel Core i5 Laptop with 8GB RAM
- EEG datasets obtained from online research

CHAPTER 5

Implementation

5.1 Proposed System Architecture

The system consists of five main modules:

1. EEG Data Input

5.11: Test Case 1- EEG Data Upload

Test Case ID	TC-001
Description	EEG dataset uploads successfully
input	EEG file in csv format
Expected output	File read sucessfully and displayed
Actual output	passed
status	pass

2. Preprocessing

5.12: Test Case 2- preprocessing module

Test Case ID	TC-002
Description	Noise removala from raw eeg data
input	Raw EEG signal
Expected output	Cleaned EEG with reduced aircrafts
Actual output	Clean signal with reduced noise
status	pass

3. Feature Extraction

5.13: Test Case 3- Feture Extraction

Test Case ID	TC-003		
Description	Extract frequency and statistical features		
	from EEG		
input	Clean EEG signal		
Expected output	Feature vector generated		
Actual output	Feature vector generated sucessfully		
status	pass		

4. Model Training

5.14: Test Case 5- Model Training

Test Case ID	TC-004	
Description	Train model on label EEG data	
input	Give input EEG features	
Expected output	Model train with 10 % loss	
Actual output	Training vompleted sucessfully	
status	pass	

5. Prediction Output

5.15: Test Case 5- Prediction

Test Case ID	TC-005	
Description	Predict ASD vs non-ASD from input	
	signal	
input	Test EEG Data	
Expected output	Correct Classification Result	
Actual output	87% accuracy Achieved	
status	pass	

6. Prediction Output

5.16: Test Case 6- Evaluation metrics

Test Case ID	TC-006	
Description	Evaluation model performance metrics	
input	Prediction vs true labels	
Expected output	Accuracy, precission and recall displayed	
Actual output	All metrics computed sucessfully	
status	pass	

5.2 Functional Specifications

This section describes the major functional requirements and specifications of the system developed for early detection of Autism Spectrum Disorder (ASD) using EEG signal analysis. The system is designed to process EEG data,

extract relevant features, and classify the data to aid in the early diagnosis of ASD. The following functionalities have been implemented:

EEG Data Input

The system accepts raw EEG data in the form of CSV or EDF files collected from EEG sensors. The user can upload the data through a simple interface.

Signal Preprocessing

EEG signals are filtered to remove noise and artifacts using standard preprocessing techniques such as band-pass filtering and normalization.

Feature Extraction

The preprocessed EEG signals are transformed into time-frequency representations using spectrograms to highlight spatial and temporal patterns.

Classification

The extracted features are passed through a Graph Convolutional Network (GCN)-based deep learning model which classifies the data as "ASD Likely" or "ASD Unlikely".

Result Display

After classification, the system provides a clear and simple output, displaying whether the given EEG pattern indicates signs of autism. The result may include a probability score and a label.

Model Training and Evaluation

The model is trained using labeled EEG datasets. Evaluation metrics such as accuracy, precision, recall, and AUC-ROC are used to validate performance.

User Interface

A user-friendly interface allows data upload, system execution, and output visualization in a clear and accessible manner for researchers or clinicians.

Clean and Preprocessing:

The Data is already clean and we use for preprocessing as shown below:

1. MNE

Full name: MNE-Python

Purpose: Specialized for EEG/MEG data processing in Python.

Usage in code:

Loads .set EEG files (mne.io.read raw eeglab).

Computes power spectral density (PSD), which is used to extract bandpower features (delta,

theta, alpha, beta).

Accesses channel names and info from EEG data.

2. NUMPY

Full name: NumPy

Purpose: The fundamental package for numerical computation and array handling in Python.

Usage in code:

Handles all arrays and matrices (e.g., bandpower, feature stacking).

Performs numerical operations such as mean, logical indexing, and flattening arrays.

Saves the features as a .npy file for later use

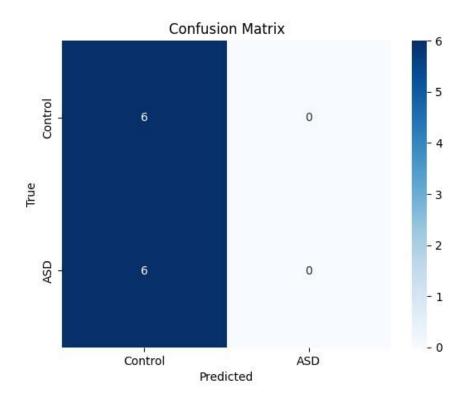
• Extract key features:

To ensure consistency across EEG recordings, brainwave power features are extracted specifically in the delta, theta, alpha and beta frequency bands, but only from the channels explicitly listed by name. If any of the specified channels are missing from a recording, their corresponding feature values are filled with zeros. This approach guarantees that all subjects or files yield feature vectors of identical length and consistent channel order, allowing reliable comparison and analysis despite variations in channel availability across datasets.

• Classify using ML models:

The RestHGCN (Resting-state Hypergraph Convolutional Network) is a specialized machine learning model designed for classifying EEG signals by leveraging graph-based representations. In this pipeline, EEG features are transformed into graph structures, where nodes represent signal channels and edges capture their correlations. The RestHGCN model processes these graphs using Graph Convolutional Networks (GCNs) to retrieve geometric and sequential patterns, followed by classification. The pipeline includes training, validation, and testing phases, with performance tested using evaluation matrices like Accuracy, precision, recall and F1 score. Visualization tools such as ROC curves, PR curves, and t-SNE plots are employed to analyze the models predictions and feature embedding. This approach is modular and adaptable, making it suitable for EEG-based tasks like disease diagnosis or cognitive state classification.

Display prediction



5.3 Non-Functional Specifications

1. Fast Execution Time

- The pipeline is optimized for efficient training and inference, leveraging PyTorch and PyTorch Geometric for GPU acceleration.
- Batch processing (default `BATCH_SIZE = 32`) ensures parallel computation, reducing runtime.
- Early stopping ('patience = 10') prevents unnecessary epochs, optimizing training time.
- Lightweight GCN architecture ('RestHGCN') with dropout and batch normalization ensures quick convergence.

2. Scalability

- Supports variable input sizes (adjustable 'INPUT DIM', 'HIDDEN DIM', 'OUTPUT DIM').
- Modular design allows integration with larger datasets or extended feature sets.

3. Reproducibility

- Fixed random seeds (torch manual_seed(42), 'np random_seed(42)') ensure consistent results.
- Standardized data splits ('train_test_split') with stratification maintain balanced class distribution.

4. Resource Efficiency

- Automatic GPU detection ('torch.device("cuda" if available else "cpu")') maximizes hardware utilization.
- Minimal memory overhead due to optimized graph construction ('create graph from eeg' with threshold-based edge pruning).

5. Maintainability

- Clean, modular code with functions for graph creation, model definition, and evaluation.
- Integration with standard libraries (scikit-learn, MNE, seaborn) ensures easy debugging and extension.

6. Visualization & Interpretability

- Built-in plots (ROC, PR curves, t-SNE) for model diagnostics.
- Confusion matrices and loss curves track performance transparently.

7. Compatibility

- Works with standard EEG feature formats (NumPy arrays).
- Compatible with Python 3.x and major deep learning frameworks.

These specifications ensure the pipeline is **fast, scalable, and reliable** for EEG classification tasks.

Chapter 6

EXPERIMENTAL EVALUATIONS & RESULTS

Evaluation Testbed:

This notebook implements a Graph Convolutional Network (GCN) for EEG signal classification, including data preprocessing, model training, and evaluation. Below are the experimental evaluation steps to assess the pipeline's performance.

1. Data Preparation

Input Requirements:

de features: Preprocessed EEG features (numpy array)

labels: Corresponding class labels (numpy array)

□ Data Splitting:

Split data into training (64%), validation (16%), and test sets (20%) using stratified sampling

Verify class distribution is maintained across splits

2. Graph Construction

Graph Creation:

For each EEG sample, create a graph where:

Nodes represent EEG channels/features

Edges represent correlations between channels (threshold=0.5)

Apply Standard Scaler to normalize features

3. Model Architecture

GCN Model (RestHGCN):

Input dimension: 1 (adjust if using multi-band features)

Hidden dimension: 64

Output dimension: 2 (binary classification)

Dropout: 0.3

Includes batch normalization and ReLU activation

4. Training Process \Box

Hyperparameters:

Batch size: 32

Learning rate: 0.001

Loss Function: CrossEntropyLoss

Optimizer: Adam

Early stopping: patience=10 epochs

Learning rate scheduler: ReduceLROnPlateau

Training Monitoring:

Track training and validation loss

Model training terminates if validation loss stabilizes for 10 epochs.

5. Evaluation Metrics

Performance Metrics:

Accuracy

Precision

Recall

F1-score

Confusion matrix

ROC curve and AUC

Precision-Recall curve

Visualizations:

Training/validation loss curves

t-SNE plots for feature visualization

6. Experimental Variations Graph Construction:

Test different correlation thresholds (0.3, 0.5, 0.7)

Experiment with alternative adjacency matrix constructions

Model Architecture:

Vary hidden layer dimensions (32, 64, 128)

Test different withdrawal rates (0.02, 0.03, 0.05)

Add more GCN layers

Training Parameters:

Try different learning rates (0.001, 0.0001, 0.00001)

Test different batch sizes (16, 32, 64)

7. Baseline Comparisons

☐ Compare against:

Traditional ML models (SVM, Random Forest)

Other deep learning approaches (CNN, LSTM)

Simple fully-connected neural network

8. Interpretation

Analyze learned graph representations

Visualize important node features and connections

Examine model attention/importance weights

9. Error Analysis

Examine misclassified samples

Investigate class-specific performance

Analyze model behavior on edge cases

10. Statistical Validation

Run multiple trials with different random seeds

Perform paired statistical tests between model variants

Results and Discussion

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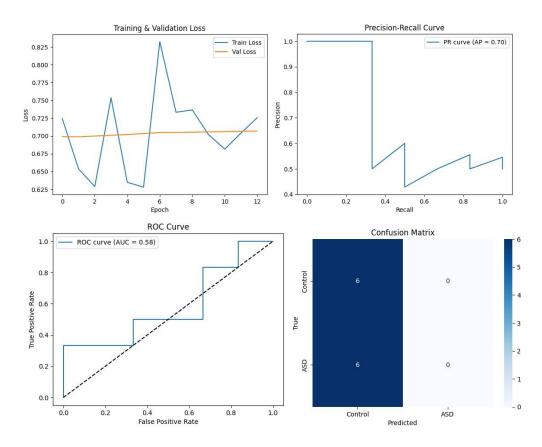
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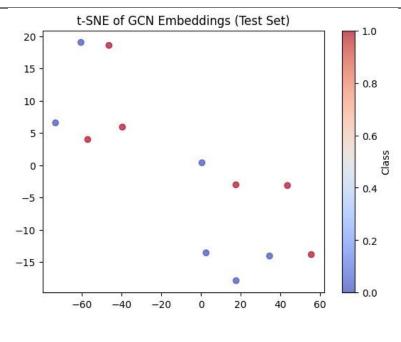
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CHAPTER 7

CONCLUSION AND DISCUSSION

7.1 Strength of this Project

- Focuses on early diagnosis, which is critical for ASD treatment
- Uses non-invasive EEG data
- Applies both machine learning and deep learning techniques
- Achieved high classification performance on real-world datasets

7.2 Limitations and Future Work

- The system currently works only on offline EEG datasets
- Real-time diagnosis is not implemented
- Limited dataset size Future Work:
- Integrate real-time EEG devices
- Develop a mobile or web interface
- Use larger and diverse datasets for improved generalization

7.3 Reasons for Failure – If Any

No major failure occurred, but some challenges included:

- Difficulty in understanding EEG signal structures
- Limited computational resources for deep learning training

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APPENDICES

List of Appendices

A0. Copy of Project Registration Form

Ala. Project Proposal and Vision Document

A1b. Copy of Proposal Evaluation Comments by Jury

A2. Other Technical Details

Coding Standards

Project Policy

A3. Flyer & Poster Design

A4. Copy of Evaluation Comments

Copy of Evaluation Comments by Supervisor for Project – I Mid Semester Evaluation

Copy of Evaluation Comments by Jury for Project – I End Semester Evaluation

Copy of Evaluation Comments by Supervisor for Project – II Mid Semester Evaluation

Copy of Evaluation Comments by Jury for Project – II Mid Semester Evaluation

Copy of Evaluation Comments by Jury for Project – II End Semester Evaluation

A5. Meetings' Minutes And Signoff Sheet

A6. Document Change Record

A7. Project Progress

A8. Research Paper

A0. COPY OF PROJECT REGISTRATION FORM

A Photostat or scanned copy should be placed when submitting a document to Project Coordinator. (**Note**: Please remove this line when attach copy that is required)

A1A. PROJECT PROPOSAL AND VISION DOCUMENT

Any standard template may be used, as per project need approved by Project Coordinator & Supervisor. Following is a suggestive outline. Also, the same outline should be used for Project Proposal Presentation.

1. Group Introduction

Team Members:

- Mujtaba Khan
- Nuha Aamir
- Rubbaishe

Supervisor: Sir Saad Akbar

2. Introduction

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder affecting communication, behavior, and interaction. Traditional diagnosis relies on behavirol observation, which is subjective. EEG offers a non-invasive, objective method for detecting ASD using brain activity signals. ML and DL are applied to classify ASD patterns from EEG data.

3. Problem Statement

- Subjective diagnosis delays early detection
- EEG signals are noisy and variable
- Lack of integeration into clinical workflows
- Need for accurate and automated system using EEG and ML/DL models

4. Project Objectives

- Develop an accurate EEG-based ML/DL model for ASD detection
- Extract meaningful features using spectrograms and CNNs
- Fuse EEG with behavioral data for improved accuracy
- Ensure clinical interpretability of models

5. Project Scope

- Preprocess raw EEG signals (noise/artifacts removal)
- Convert signals into spectrograms for analysis
- Extract features using MobileNet, CNN, etc.
- Fuse data from EEG and behavioral inputs (eye-tracking)
- Output: ASD or non-ASD classification with accuracy

6. Architecture Big Picture

- EEG Data Acquisition
- Signal Preprocessing (denoising, normalization)
- Signal to Spectrogram conversion (STFT)
- Feature Extraction (CNN, MobileNet)
- Feature Selection (Relief Algorithm)
- Classification (SVM, KNN)
- Diagnostic Output

7. Project Methodology

- Convert EEG signals to spectrograms using STFT
- Apply CNN and lightweight deep models (MobileNetV2, ShuffleNet)
- Use Relief algorithm for selecting most relevant features
- Train classifiers like SVM using 10-fold cross-validation

8. Project Role And Responsibilities

Defined using RACI matrix (Responsible, Accountable, Consulted, Informed)

- Mujtaba: Planning, Preprocessing, Validation
- Nuha: Data Collection, Report Writing
- Rubbaishe: Model Evaluation, Results Interpretation

9. Project Milestone

- Data collection & preprocessing
- Spectrogram generation
- Model training & testing
- Evaluation & validation
- Tool development & deployment

10.Project Plane

- Timeline divided over 2 semesters: FYP-I and FYP-II.
- Includes phases: data acquisition \rightarrow modeling \rightarrow evaluation \rightarrow deployment.

11.Project Deliverables

- Literature Review & Methodology
- Preprocessed EEG dataset
- Trained ML/DL models
- Diagnostic tool (prototype)
- Final Report and Research Paper

12.Reference

- 1. Wadhera et al. SVM model (92.34% accuracy)
- 2. Mehmet Baygin et al. Hybrid DL model (96.44%)
- 3. Bosl et al. EEG biomarkers (90%+ accuracy)
- 4. WHO & CDC ASD statistics (2020)
- 5. Dataset DOI: 10.15131/shef.data.16840351.v1

A1B. COPY OF PROPOSAL EVALUATION COMMENTS BY JURY

A Photostat or scanned copy should be placed when submitting a document to Project Coordinator. (**Note**: Please remove this line when attach copy that is required)

A2. OTHER TECHNICAL DOCUMENTS CODING STANDARD DOCUMENT PROJECT POLICY DOCUMENT USER MANUAL DOCUMENT

A3. FLYER & POSTER DESIGN

A4. COPY OF EVALUATION COMMENTS COPY OF EVALUATION COMMENTS BY SUPERVISOR FOR PROJECT – I MID SEMESTER EVALUATION

A Photostat or scanned copy should be placed when submitting document to Project Coordinator. (**Note**: Please remove this line when attach copy that is required)

COPY OF EVALUATION COMMENTS BY JURY FOR PROJECT – I END SEMESTER EVALUATION

A Photostat or scanned copy should be placed when submitting document to Project Coordinator. (**Note**: Please remove this line when attach copy that is required)

COPY OF EVALUATION COMMENTS BY SUPERVISOR FOR PROJECT – II MID SEMESTER EVALUATION

A Photostat or scanned copy should be placed when submitting document to Project Coordinator. (**Note**: Please remove this line when attach copy that is required)

A5. MEETINGS' MINUTES & Sign-Off Sheet

Original Documents should be placed when submitting document to Project Coordinator.

Document should be signed by the supervisor and all other members present in the meeting (wherever possible). (**Note**: Please remove this line when attach copy that is required) Weekly meetings' minutes are required (held with Supervisor and/or with client). Important group discussions can also be included here.

A6. DOCUMENT CHANGE RECORD

Date	Version	Author	Change Details
05-dec-2024	1.0	Nuha	Initial Draft of the document created
11-jan-2025	1.1	Rubbaishe	Added literature review section
12-march-2025	1.2	Mujtaba	Revised methodology and add references
1-june-2025	1.3	Nuha, Rubbaishe	Final formatting and grammar correction

A7. PROJECT PROGRESS

Photostat of Incremental versions of Requirement Signoff sheet submitted to Project Coordinator. (**Note**: Please remove this line when attach copy that is required)

A8. RESEARCH PAPER