AUTISM PATIENT DEMOGRAPHIC

Demographics

* Indicates required question		
1.	Patient First Name *	
2.	Patient Last Name *	
3.	Preferred Pronouns 1 *	
	Mark only one oval.	
	he	
	she	
	they	
4.	Preferred Pronouns 1 CAP *	
	Mark only one oval.	
	He	
	She	
	They	

5.	Preferred Pronouns 2 *
	Mark only one oval.
	his her their
6.	Preferred Pronouns 2 CAP *
	Mark only one oval.
	His Her Their
7.	Patient Age *
•	
8.	Caregiver type *
8.	Caregiver type * Mark only one oval.
8.	
8.	Mark only one oval.
8.	Mark only one oval. mother
8.	Mark only one oval. mother father
8.	Mark only one oval. mother father parent
8.	Mark only one oval. mother father parent grandparent

9.	Caregiver Primary Concerns *	
	Check all that apply.	
	Speech delays impacting social opportunities Clarifying diagnostic presentation. Determining service eligibility. Language delays and difficulties. Elopement and related safety concerns. Determining appropriate supports. Other:	
10.	Residence City/State *	
11.	Narrative to finish "Patient lives with"	
BF	RH EVALUATION DETAILS	
12.	Evaluation Date * Spell out month, day, year	
13.	Location of the evaluation *	
	Mark only one oval.	
	home	
	school	
	the office	
	Other:	

ared Date * nth, day, year	_
t Sent to Patient * nth, day, year	
e evaluation *	-
Autism Spectrum Disorder (per t Global Developmental Delay (per Mixed Receptive-Expressive Lang Attention Deficit Hyperactivity Dis Avoidant/Restrictive Food Intake	uage Disorder order - Combined-Type
- Lifetime Form	
CQ) – Lifetime Form *	_
er Scores	
e Caregiver *	_
	t Sent to Patient * nth, day, year e evaluation * t apply. Autism Spectrum Disorder (per t Global Developmental Delay (per Mixed Receptive-Expressive Languatention Deficit Hyperactivity Districtive Food Intake avoidant/Restrictive Food Intake Lifetime Form CQ) – Lifetime Form *

19.	Social Communication and Interaction Score Caregiver *
20.	Restricted Interests and Repetitive Behavior Score Caregiver *
21.	Caregiver's level of concern *
	Mark only one oval.
	no
	mild
	moderate
	severe
22.	Evaluator's level of concern *
	Mark only one oval.
	no
	mild
	moderate
	severe
23.	Did Teacher give SRS Scores? *
	Mark only one oval.
	Yes Skip to question 24
	No Skip to question 28

SRS Teacher Score

24.	SRS-2 Score Teacher *
25.	Social Communication and Interaction Score Teacher *
26.	Restricted Interests and Repetitive Behavior Score Teacher *
27.	Teacher's level of concern *
	Mark only one oval.
	no
	mild
	moderate
	severe
Vine	eland Adaptive Behavior Scales - Caregiver Scores
28.	Vineland Score Caregiver *
29.	Communication Score Caregiver *
30.	Daily Living Skills Score Caregiver *

31.	Socialization Score Caregiver *	
32.	Did Teacher give Vineland Scores? * Mark only one oval.	
	Yes Skip to question 33 No Skip to question 38	
Vine	eland Adaptive Behavior Scales - Teacher	Score
33.	Vineland Score Teacher *	
34.	Communication Score Teacher *	
35.	Daily Living Skills Score Teacher *	
36.	Socialization Score Teacher *	

37.	leacher's level of concern *
	Mark only one oval.
	no
	mild
	moderate
	severe
ME	EDICAL/DEVELOPMENTAL HISTORY
38.	Developmental History *
39.	Medical Diagnoses *
40.	Medications *
	Check all that apply.
	None noted or reported.
	Other:
ED	DUCATIONAL BACKGROUND
41.	School District *
	Mark only one oval.
	Rochester City
	Other:

Scl	hool Name *
Gra	ade *
Tea	acher name, title *
Edi	ucation Setting *
Ма	rk only one oval.
	General Education
	Integrated Co-Taught
	12:1:1
	8:1:1
	6:1:1
	Other:
Sei	rvices *
Che	eck all that apply.
	None
	Speech therapy
	Occupational therapy
	Physical therapy
	Extended school year services Testing accommodations
	_ · · · · · · · · · · · · · · · · · · ·

47.	Classification *
	Check all that apply.
	Specific learning disability (SLD)
	Speech or language impairment
	Other health impairment
	Autism spectrum disorder (ASD)
	Intellectual disability
	Emotional disturbance
	Developmental delay
	Multiple disabilities
	Hearing impairment, including deafness
	Orthopedic impairment
	Visual impairment, including blindness
	Traumatic brain injury
	Deaf-blindness
WF 48.	PSI Score? Is there a Wechsler Preschool & Primary Scales of Intelligence – Fourth Ed. (WPPSI) Score to report?
	Mark only one oval.
	Yes Skip to question 49
	No Skip to question 53
We 49.	chsler Preschool & Primary Scales of Intelligence – Fourth Ed. (WPPSI) WPPSI Test Date
50.	WPPSI Full Scale IQ Score

51.	WPPSI Verbal Comprehension Score
52.	WPPSI Visual Spatial Score
DP	PR Score?
53.	Is there a Developmental Profile – Fourth Edition – Parent Report (DPPR) to *report?
	Mark only one oval.
	Yes Skip to question 54
	No Skip to question 59
De	velopmental Profile – Fourth Edition – Parent Report (DPPR)
54.	DPPR Test Date
55.	DPPR Cognitive Score
56.	DPPR Social-Emotional Score
57.	DPPR Adaptive Score

58.	DPPR Physical Score
PL	S Score?
59.	Is there a Preschool Language Scale – Fifth Edition (PLS) to report? *
	Mark only one oval.
	Yes Skip to question 60 No Skip to question 64
Pre	eschool Language Scale – Fifth Edition (PLS)
60.	PLS Test Date
61.	PLS Total Language Score
62.	PLS Auditory Comprehension Score
63.	PLS Expressive Communication Score
PD	MS Score?

64.	Is there a Peabody Developmental Motor Scales – Second Edition to report? *
	Mark only one oval.
	Yes Skip to question 65
	No Skip to question 68
Pea	abody Developmental Motor Scales – Second Edition (PDMS)
65.	PDMS Test Date
66.	PDMS Gross Motor Score
67.	PDMS Fine Motor Score
PE	SHV Score?
68.	Is there a Preschool Evaluation Scale Home Version – Second Edition to report? *
	Mark only one oval.
	Yes Skip to question 69
	No Skip to question 72
Pre	eschool Evaluation Scale Home Version – Second Edition (PESHV)
69.	PESHV Test Date

70.	PESHV Cognitive Score
71.	PESHV Social Emotional Score
RE	ELT Score?
72.	Is there a Receptive Expressive Emergent Language Test – Fourth Edition to *report?
	Mark only one oval.
	Yes Skip to question 73
	No Skip to question 77
Re	ceptive Expressive Emergent Language Test – Fourth Edition (REELT)
73.	REELT Test Date
74.	REELT Total Language Score
75.	REELT Auditory Comprehension Score
76.	REELT Expressive Communication Score

Adaptive Behavior Assessment System Score?

//.	Is there a Adaptive Behavior Assessment S	ystem — Third Edition to report? *
	Mark only one oval.	
	Yes Skip to question 78	
	No Skip to question 83	
Αd	daptive Behavior Assessment System - Third E	Edition (ABAS)
710	dapave Benavior Addedoment Gyotem Tima E	
78.	ABAS Test Date	
79.	ABAS General Adaptive Composite	
00	ARAS Concentual	
80.	ABAS Conceptual	
81.	ABAS Social	
82.	ABAS Practical	
DS	SM CRITERIA	

https://docs.google.com/forms/d/1e6UCuqdMIS2vkehzv14uq1RmAhhlxQK66ypYHojbqVY/editable for the control of the

83.	Deficits in social emotional reciprocity: *
	Check all that apply.
	Awkward social initiation and response Difficulties with chit-chat Difficulty interpreting figurative language Limited social approach or greetings None
	Other:
84.	Deficits in nonverbal communicative behaviors used for social interaction: *
	Check all that apply.
	Limited well-directed eye contact Difficulty reading facial expressions Absence of joint attention Lack of well-integrated gestures Limited range of facial expressions None Other:
85.	Deficits in developing, maintaining, and understanding relationships: *
	Check all that apply.
	Limited engagement with same age peers Difficulties adjusting behavior to social context Difficulties forming friendships None
	Other:

86.	Stereotyped or repetitive motor movements, use of objects, or speech: *
	Check all that apply.
	Repetitive whole-body movements
	Repetitive hand movements
	Echolalia of sounds
	Echolalia of words
	Stereotyped speech
	None
	Other:
87.	Insistence on sameness, inflexible adherence to routines or ritualized behavior: *
	Check all that apply.
	Difficulties with changes in routine across developmental course
	Notable difficulties with transitions
	Insistence on following very specific routines
	None
	Other:
88.	Highly restricted, fixated interests that are abnormal in intensity or focus: *
	Check all that apply.
	Persistent pattern of perseverative interests
	Notable interest in topics others may find odd
	Very restricted pattern of eating and sleep time behavior
	None
	Other:

39.	Hyper- or hypo-reactivity to sensory aspects of the environment: *
	Check all that apply.
	Auditory sensitivities
	Tactile defensiveness
	Proprioceptive-seeking behavior
	None
	Other:
90.	Symptoms present in the early developmental period *
	Check all that apply.
	Confirmed by record review
	Other:
1.	Symptoms cause clinically significant impairment *
	Check all that apply.
	Confirmed by record review

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