**Neurobehavioral & Psychological Report**

**REASON FOR REFERRAL:**

Patient First Name Patient Last Name is a Patient Age-Patient age unit-old with social communication and related concerns that may indicate the presence of autism spectrum disorder. By definition, individuals with autism must show symptoms *early* in developmental period, these symptoms must cause *clinically significant difficulties* and must *not be better explained* by the presence of an intellectual disability or global delay. I met with Patient First Name on Evaluation Date, to complete this assessment and shared the results with Preferred Pronouns 2 Caregiver type on Results Shared Date.

**ASSESSMENT PROCEDURES:**

Autism Diagnostic Observation Schedule – 2nd Edition (ADOS-2), Module used

Social Communication Questionnaire (SCQ): Completed by Preferred Pronouns 2 Caregiver type

Social Responsiveness Scale – 2nd Edition (SRS-2): Completed by Preferred Pronouns 2 Caregiver type & teacher[[1]](#footnote-1)

Developmental History & Review of Records

**BACKGROUND:**

Home: Patient First Name lives in Residence City/State with Preferred Pronouns 2 Narrative.

Primary concerns: Patient First Name’s Caregiver type reported the following concerns:

1. Awkward social initiation and response
2. Difficulties with chit-chat
3. Difficulty interpreting figurative language

**MEDICAL/ DEVELOPMENTAL HISTORY:**

Diagnoses:

Diagnosis History

Medications:

Medications

**EDUCATIONAL BACKGROUND:**

District: School District Grade: Grade

School: School Name Setting: Education Setting

Services: Services

Psychoeducational Testing:

Scores are reported here as standard scores with a mean of 100 and standard deviation of 15. Scores between 85 and 115 are considered within normal limits.

**BEHAVIORAL PRESENTATION:**

Patient First Name presented at Location of the evaluation for the ADOS assessment. Preferred Pronouns 2 CAP eye contact was very brief, and Preferred Pronouns 2 attention to task was limited. Considering Preferred Pronouns 2 attention and cooperation, this assessment is thought to validly measure Patient First Name’s current social emotional functioning.

*Social Affect*: Patient First Name did not say any single words today, and there was echolalia of sounds. There was no clear response to name during structured activities, and Preferred Pronouns 2 facial expressions were not well-directed. Preferred Pronouns 1 CAP did well with functional and pretend play routines, but there was no joint attention. There was no pointing to request items.

*Restricted and Repetitive Behavior*: Patient First Name often walked on Preferred Pronouns 2 toes and paced. I observed visual inspection of play items, and Preferred Pronouns 2 play was quite self-directed today.

**ASSESSMENTS:**

*Autism Diagnostic Observation Schedule - Second Edition (ADOS-2), Module used*

The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, and play or imaginative use of materials. The ADOS-2 consists of standard activities that allow the examiner to observe behaviors that have been identified as important to the diagnosis of autism spectrum disorders at different developmental levels and chronological ages. Module Description.   
  
***Patient First Name's performance during the ADOS-2 was above the cut-off criterion and was clearly consistent with the presence of autism spectrum disorder.***

*Social Communication Questionnaire (SCQ) – Lifetime Form*

The SCQ evaluates for symptoms of autism spectrum disorder across developmental

history. Scores above 15 are suggestive of an autism diagnosis. Based on the Caregiver type’s report, Patient First Name’s score was Results (SCQ) – Lifetime Form. *This score is clearly consistent with autism at present.*

**SRS Report Information**

**DEVELOPMENTAL HISTORY**:

Patient First Name’s Caregiver type provided information on Preferred Pronouns 2 social-communication, repetitive behaviors, and other concerns, and those exhibited across Preferred Pronouns 2 early development.

*Social Communication Skills*: Patient First Name is working to communicate with words and will point to request. There is indication of using other’s hands as a tool to obtain objects. Patient First Name shows a range of facial expressions, but these are not consistently directed. Play is quite self-directed, rigid, and lacks a sense of reciprocity with peers and Caregiver type.

*Repetitive Behaviors*: Patient First Name jumps and flaps Preferred Pronouns 2 hands when Preferred Pronouns 1 appears excited. Preferred Pronouns 1 CAP visually inspects play items and covers Preferred Pronouns 2 ears often. Preferred Pronouns 1 CAP does well with transitions.

*Related Behavioral Concerns*: Patient First Name requires Caregiver type co-presence for sleep onset, but otherwise does well with duration and maintenance. Preferred Pronouns 1 CAP eats a variety of food items now.

**DIAGNOSTIC FORMULATION:**

Patient First Name Patient Last Name is a Patient Age-year-old with a history of social communication concerns. This evaluation consisted of observations, interview, and the administration of three standardized autism diagnostic measures. *Across all measures administered today, Patient First Name’s scores indicated that Preferred Pronouns 2 social behaviors, patterns of interest, and developmental course are consistent with the presence of an autism spectrum disorder.*

To meet criteria, individuals most show (A) persistent deficits in social communication and interactions *and* (B) restricted, repetitive patterns of behavior, interest, or activity. Social communication and interaction difficulties are manifested as deficits in social reciprocity, nonverbal communication, and relationships. Restricted, repetitive patterns of behavior, interests, or activities include motor movements, intense interests, insistence on sameness, and sensory sensitivities. *Based on observation, history, and standardized measures, Patient First Name meets the criteria for autism spectrum disorder*.

Based on Preferred Pronouns 2 presentation and chart review, I believe that Patient First Name has severe delays in cognitive and adaptive behavior that are linked to Preferred Pronouns 2 autism spectrum disorder.

**DIAGNOSIS**:

Result of the evaluation

**AUTISM SPECTRUM DISORDER DSM-V CHECKLIST**

A. Persistent deficits in social communication and social interaction across contexts (MUST HAVE SYMPTOMS IN ALL THREE AREAS):

1. Deficits in social emotional reciprocity:

* Awkward social initiation and response
* Difficulties with chit-chat
* Difficulty interpreting figurative language

2. Deficits in nonverbal communicative behaviors used for social interaction:

* Deficits in nonverbal communicative behaviors used for social interaction:

3. Deficits in developing, maintaining, and understanding relationships:

* Deficits in developing, maintaining, and understanding relationships:

B. Restricted, repetitive patterns of behavior, interests, or activities (MUST HAVE 2):

1. Stereotyped or repetitive motor movements, use of objects, or speech:

* Stereotyped or repetitive motor movements, use of objects, or speech:

2. Insistence on sameness, inflexible adherence to routines or ritualized behavior:

* Insistence on sameness, inflexible adherence to routines or ritualized behavior:

3. Highly restricted, fixated interests that are abnormal in intensity or focus:

* Highly restricted, fixated interests that are abnormal in intensity or focus:

4. Hyper- or hypo-reactivity to sensory aspects of the environment:

* Hyper- or hypo-reactivity to sensory aspects of the environment:

C. Symptoms present in the early developmental period – Symptoms present in the early developmental period

D. Symptoms cause clinically significant impairment – Symptoms cause clinically significant impairment

E. These difficulties are not better explained by intellectual disability or global delay

**RECOMMENDATIONS:**

Considering the results of this evaluation, the following recommendations are made to support Patient First Name’s development in academic, home, and community settings:

***Developmental Pediatrics Appointment***. I believe that Patient First Name would benefit from being seen by a developmental medical provider as part of comprehensive care related to the diagnosis described here. An appointment can be made by calling one of the following local specialty clinics or at URMC and Rochester Regional Health Center:

* University of Rochester Medical Center, Levine Autism Clinic at 585-275-2986,

<https://www.urmc.rochester.edu/childrens-hospital/developmental-disabilities/services/levine.aspx>

* Rochester Regional Health Center, Developmental Behavioral Pediatrics Program at 585-922-4698, <https://www.rochesterregional.org/services/pediatrics/developmental-behavioral-pediatrics-program>

***Feeding Treatment & Support.*** Patient First Name presents with a range of concerns related to mealtime behavior and food variety, so I recommend that Preferred Pronouns 2 parents seek out support from one of the following local agencies. I am happy to discuss this in detail.

* University of Rochester Medical Center - <https://www.urmc.rochester.edu/childrens-hospital/developmental-disabilities/services/feeding-disorders.aspx>
* Step-by-Step - <https://www.sbstherapycenter.com/feeding-therapy>
* Mealtime Rediscovered - <https://mealtimerediscovered.com/>

***Levine Autism Clinic***. I recommend that Patient First Name’s Caregiver type refer to the Levine Autism Clinic Facebook page for information about services, supports, events, and information that may be of help: <https://www.facebook.com/DBPeds.GCH/>

***Parent to Parent****.* (<http://parenttoparentnys.org/offices/Finger-Lakes/>) This groupcould help to connect Patient First Name’s family with another family in their area who knows more about local resources and supports related to Patient First Name’s age-level and interests.

***Autism Speaks 100 Days 100 Kit***. I would recommend that Patient First Name’s Caregiver type refer to this kit to help structure their next steps in determining Patient First Name’s care. The kit contains information and advice collected from trusted and respected experts. <http://www.autismspeaks.org/community/family_services/100_day_kit.php>

***Caregiver Support***. I encourage Patient First Name’s Caregiver type to review these resources:

* AutismUp - <https://autismup.org/support/family-navigator>
* Autism Council of Rochester - <https://www.theautismcouncil.org/>
* Camp Puzzle Peace - [www.familyautismcenter.com/](http://www.familyautismcenter.com/)
* Rochester Regional Center for Autism Spectrum Disorders - <https://www.urmc.rochester.edu/strong-center-developmental-disabilities/programs/rochester-regional-ctr-autism-spectrum-disorder.aspx>

***Educational Placement.*** The matter of which setting Patient First Name is educated in feels of paramount concern given Preferred Pronouns 2 current skills and areas of need. I encourage Preferred Pronouns 2 Caregiver type and school team to engage in ongoing conversations about placement options available for next year. I recommend that discussions about educational placement and programming be held within the CPSE meeting process.

***Components of Effective Treatment****.* A body of research has accumulated about effective treatment for children with autism. A list of components of this presented below. How these are implemented is best determined by those who work with Patient First Name.

* Comprehensive curriculum focusing on teaching a wide range of skills, including attention to the environment, imitation, comprehension and production of language, functional communication, toy play, and peer interaction.
* Supportive teaching environments structured to maximize attention to tasks.
* Emphasis on providing children with predictability and routine.
* Functional behavior analytic approach to assessing and treating behaviors.
* Systematic intervention for facilitating transitions from home to school setting.
* Consultation with a professional with expertise in autism-related interventions.

***Elopement Plan***. Given Patient First Name’s predisposition to wander and bolt if not closely monitored, I think that it is medically necessary for Preferred Pronouns 2 team to have in place a series of preventative and responsive procedures related to Preferred Pronouns 2 elopement. This could be done in consultation with the school team (teacher, social worker) and a behavior specialist.

Resources to consider include:

* Big Red Safety Toolkit - <https://nationalautismassociation.org/docs/BigRedSafetyToolkit.pdf>
* Angel Sense - <https://www.angelsense.com/gps-tracker-lifesaving-features/>

***Developmental Disabilities Regional Office (DDRO)***. I discussed DDRO case management and Medicaid Waiver services with Patient First Name’s Caregiver type. To qualify for services, a person must have a diagnosis of a developmental disability along with documentation of cognitive and/or adaptive deficits. Based on Preferred Pronouns 2 presentation and chart review, I believe that Patient First Name ought to quality for OPWDD waiver services due to Preferred Pronouns 2 adaptive and cognitive delays. More information on Front Door Sessions can be found online at: <https://opwdd.ny.gov/get-started/information-sessions>

Information can be obtained through the Office of Persons with Developmental Disabilities (OPWDD), Front Door Office Finger Lakes at [855-679-3335](tel:%208556793335)

***Evidence-Based Therapies***. I would encourage Patient First Name’s family to consider seeking services that are informed by the principles of applied behavior analysis (ABA). In particular, I would recommend that Patient First Name receive intensive intervention under the supervision of a licensed professional or board-certified behavioral analyst.

Resources to consider include:

* Autism Learning Partners - <https://www.autismlearningpartners.com/>
* Living Soul - <https://livingsoulllc.com/>
* Proud Moments - <https://discover.proudmomentsaba.com/rochester.html>
* TruNorth Autism Services -<https://www.trunorthautism.com/>

I remain available to Patient First Name and Preferred Pronouns 2 Caregiver type to help coordinate care moving forward. *If you have questions or concerns about this evaluation, please contact me at* [*bryan@bryanharrisonphd.com*](mailto:bryan@bryanharrisonphd.com)*. I am happy to discuss this report in detail with you*.  
  
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Dated: Date Report Sent to Patient

1. Teacher name, title [↑](#footnote-ref-1)