**Neurobehavioral & Psychological Report**

**REASON FOR REFERRAL:**

Linh Tran is a 0-year-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 Linh on June 20th, 2025, to complete this assessment and shared the results with their None on June 20th, 2025.

**ASSESSMENT PROCEDURES:**

Autism Diagnostic Observation Schedule - 2nd Edition (ADOS-2), Module 1

Social Communication Questionnaire (SCQ): Completed by their None

Social Responsiveness Scale - 2nd Edition (SRS-2): Completed by their None  
Developmental History & Review of Records

**BACKGROUND:**

Home: Linh lives in Rochester with their .

Primary concerns: Linh’s None reported the following concerns:

**MEDICAL/ DEVELOPMENTAL HISTORY:**

Diagnoses:

History of language and social communication delays

Medications:

None noted or reported.

**EDUCATIONAL BACKGROUND:**

[[District Grade School Setting]]

Services: Speech therapy, Physical therapy

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:**

Linh presented at None for the ADOS assessment. Their eye contact was very brief, and their attention to task was limited. Considering their attention and cooperation, this assessment is thought to validly measure Linh’s current social emotional functioning.

*Social Affect*: Linh did not say any single words today, and there was echolalia of sounds. There was no clear response to name during structured activities, and their facial expressions were not well-directed. They 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*: Linh often walked on their toes and paced. I observed visual inspection of play items, and their play was quite self-directed today.

**ASSESSMENTS:**

*Autism Diagnostic Observation Schedule - Second Edition (ADOS-2), Module 1*

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 1 is designed for children with single words.   
  
***Linh'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 None’s report, Linh’s score was 12. *This score is clearly consistent with autism at present.*

*Social Responsiveness Scale - Second Edition (SRS-2) - Parent*

The SRS-2 is an objective measure that identifies social impairments associated with autism spectrum disorder and quantifies ASD-related severity throughout the lifespan.   
The following interpretative guidelines are offered here for the benefit of the reader: Less than 59 indicates within normal limits, between 60 and 65 as mild concern, between 65 and 75 as moderate concern, and greater than 76 as severe concern.

**SRS-2 Total Score: (None)**

Social Communication and Interaction: (None)

Restricted Interests and Repetitive Behavior: (None)

Based on the report provided by their None, *Linh’s social communication and related behaviors indicated no concerns.* **My observation aligned with a no level of concern.**

**DEVELOPMENTAL HISTORY**:

Linh’s None provided information on their social-communication, repetitive behaviors, and other concerns, and those exhibited across their early development.

*Social Communication Skills*: Linh 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. Linh 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 None.

*Repetitive Behaviors*: Linh jumps and flaps their hands when they appears excited. They visually inspects play items and covers their ears often. They does well with transitions.

*Related Behavioral Concerns*: Linh requires None co-presence for sleep onset, but otherwise does well with duration and maintenance. They eats a variety of food items now.

**DIAGNOSTIC FORMULATION:**

Linh Tran is a 0-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, Linh’s scores indicated that their 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, Linh meets the criteria for autism spectrum disorder*.

Based on their presentation and chart review, I believe that Linh has severe delays in cognitive and adaptive behavior that are linked to their autism spectrum disorder.

**DIAGNOSES**:

F90.2 - Attention Deficit Hyperactivity Disorder - Combined-Type  
F88.0 - Global Developmental Delay (per behavioral presentation)

**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:

* None

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

* Limited well-directed eye contact
* Absence of joint attention

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

* None
* Difficulties adjusting behavior to social context

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

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

* Echolalia of words
* Repetitive hand movements

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

* Difficulties with changes in routine across developmental course
* Notable difficulties with transitions

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

* Notable interest in topics others may find odd
* Persistent pattern of perseverative interests

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

* Tactile defensiveness
* Auditory sensitivities

C. Symptoms present in the early developmental period - Confirmed by record review

D. Symptoms cause clinically significant impairment - Confirmed by record review

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 Linh’s development in academic, home, and community settings:

***Developmental Pediatrics Appointment***. I believe that Linh 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.*** Linh presents with a range of concerns related to mealtime behavior and food variety, so I recommend that their 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 Linh’s None 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 Linh’s family with another family in their area who knows more about local resources and supports related to Linh’s age-level and interests.

***Autism Speaks 100 Days 100 Kit***. I would recommend that Linh’s None refer to this kit to help structure their next steps in determining Linh’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 Linh’s None 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 Linh is educated in feels of paramount concern given their current skills and areas of need. I encourage their None 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 Linh.

* 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 Linh’s predisposition to wander and bolt if not closely monitored, I think that it is medically necessary for their team to have in place a series of preventative and responsive procedures related to their 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 Linh’s None. 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 their presentation and chart review, I believe that Linh ought to quality for OPWDD waiver services due to their 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 Linh’s family to consider seeking services that are informed by the principles of applied behavior analysis (ABA). In particular, I would recommend that Linh 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 Linh and their None 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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