**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}}

**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:

{% for bullet in CaregiverPrimaryConcerns %}

1. {{ bullet }}{% endfor %}

**MEDICAL/ DEVELOPMENTAL HISTORY:**

Diagnoses:

{{Diagnosis History}}

Medications:

{{Medications}}

**EDUCATIONAL BACKGROUND:**

[[District Grade School 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:**

[[Behavioral Presentation]]

**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.***

**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.

[[Developmental History]]

**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.

**DIAGNOSES**:

{{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: {% for bullet in SocialReciprocity %}

* {{ bullet }}{% endfor %}

2. Deficits in nonverbal communicative behaviors used for social interaction: {% for bullet in NonverbalComm %}

* {{ bullet }}{% endfor %}

3. Deficits in developing, maintaining, and understanding relationships: {% for bullet in Relationships %}

* {{ bullet }}{% endfor %}

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

1. Stereotyped or repetitive motor movements, use of objects, or speech: {% for bullet in RepetitiveBehaviors %}

* {{ bullet }}{% endfor %}

2. Insistence on sameness, inflexible adherence to routines or ritualized behavior: {% for bullet in SamenessRoutines %}

* {{ bullet }}{% endfor %}

3. Highly restricted, fixated interests that are abnormal in intensity or focus: {% for bullet in RestrictedInterests %}

* {{ bullet }}{% endfor %}

4. Hyper- or hypo-reactivity to sensory aspects of the environment: {% for bullet in SensoryReactivity %}

* {{ bullet }}{% endfor %}

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:

[[Recommendations]]

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*.  
  
Text

Description automatically generated

Bryan R. Harrison, PhD,   
Psychologist, PC

NYS License #021613-1

NPI # 1386099356

Dated: {{Date Report Sent to Patient}}