**Neurobehavioral & Psychological Report**

**REASON FOR REFERRAL:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-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 {{Patient First Name}} on {{Evaluation Date}}, to complete this assessment and shared results with {{Preferred Pronouns 2}} {{Caregiver type}} on {{Results Shared Date}}.

**ASSESSMENT PROCEDURES:**

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

Caregiver Report of Concerns

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:

{% for bullet in CaregiverPrimaryConcerns %}

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

**MEDICAL/ DEVELOPMENTAL HISTORY:**

Developmental Concerns:

{{Developmental Concerns}}

Medical Concerns:

{{Medical Concerns}}

**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:**

{{Patient First Name}} presented at {{Location of the evaluation}} for the ADOS assessment. {{Preferred Pronouns 2 CAP}} eye contact was good, and {{Preferred Pronouns 2}} attention to task was good for play. {{Preferred Pronouns 1 CAP}} appeared to put forth an effort throughout the assessment. 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}} spoke in brief phrases with some brief echolalia. {{Preferred Pronouns 1 CAP}} engaged in both functional and pretend play routines with me today. Facial expressions and eye contact were well-directed. {{Preferred Pronouns 1 CAP}} displayed clear joint attention and play-based skills and initiated social overtures with some of {{Preferred Pronouns 2}} classroom peers today. Clear 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.

**CAREGIVER REPORT:**

{{Patient First Name}}’s {{Caregiver type}} shared the following concerns across the developmental course:

{% for bullet in CaregiverDevelopmentalConcerns %}

* {{ bullet }}{% endfor %}

**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 below the cut-off criterion and was not consistent with the presence of autism spectrum disorder.***

**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, caregiver interview, and the administration of standardized autism diagnostic measures. *Based on this assessment, {{Patient First Name}}’s presentation indicated that {{Preferred Pronouns 2}} social behaviors, patterns of interest, and developmental course* are not consistent with the presence of an autism diagnosis*.*

To meet criteria, individuals must 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 standard measures, {{Patient First Name}} does not meet the criteria for autism spectrum disorder*.

**SUMMARY IMPRESSION:**

{{Patient First Name}}’s constellation of concerns aligns with language and related developmental delays based on {{Preferred Pronouns 2}} presentation and chart review. I strongly encourage that {{Preferred Pronouns 1}} remains eligible for special education and related supports moving forward. I think the critical piece now is making sure {{Preferred Pronouns 1}} has support across home and community settings and ensuring that {{Preferred Pronouns 2}} educational setting offers opportunities for adequate yearly progress.

**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:

***Educational Placement***. I recommend that {{Patient First Name}}’s {{Caregiver type}} discuss placement options for {{Patient First Name}} now. Given {{Preferred Pronouns 2}} language level and clear developmental differences, I recommend {{Patient First Name}}’s {{Grade}} placement include special education and related services to address these concerns and to support adequate yearly progress.

***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/>

***Parent to Parent****.* (<http://parenttoparentnys.org/offices/Finger-Lakes/>). This groupcould help to connect {{Patient First Name}}’s family with another family in {{Preferred Pronouns 2}} area who knows more about local resources and supports related to {{Patient First Name}}’s age-level and interests.

***Elopement Plan****.* Given {{Patient First Name}}’s propensity to wander, I recommend that {{Preferred Pronouns 2}} {{Caregiver type}} consider the following resources to support {{Preferred Pronouns 2}} at home and in the community:

* 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, I believe that {{Patient First Name}} could qualify for OPWDD waiver services due to {{Preferred Pronouns 2}} current delays. Information on Front Door Sessions can be found online at:<https://opwdd.ny.gov/get-started/information-sessions> and through the Office of Persons with Developmental Disabilities (OPWDD) directly, **Front Door Office Finger Lakes** at 855-679-3335

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}}