**Neurobehavioral & Psychological Report**

**REASON FOR REFERRAL:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-year-old with a history of social communication and related concerns that may indicate the presence of autism spectrum disorder. By definition, individuals with autism spectrum disorder must show symptoms early in the 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 3

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

Social Responsiveness Scale – 2nd Edition: Completed by {{Preferred Pronouns 2}} {{Caregiver type}}

Vineland Adaptive Behavior Scale 3rd Edition: Completed by {{Preferred Pronouns 2}} {{Caregiver type}}

Developmental History & Review of Records

**MEDICAL/ DEVELOPMENTAL HISTORY:**

Living Environment: {{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 %}

Developmental:

{{Developmental History}}

Medical Diagnoses:

{{Medical Diagnoses}}

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:**

{{Patient First Name}} presented at {{Location of the evaluation}} for the assessment. {{Preferred Pronouns 2 CAP}} attention to specific questions and tasks was brief. Considering {{Preferred Pronouns 2}} effort and level of cooperation, this assessment is thought to validly measure {{Patient First Name}}’s current functioning.

*Social Affect*: {{Patient First Name}} spoke in sentences with a prosody notable for being irregular in rhythm and rate. There was evidence of echolalia and scripting. Facial expressions were appropriately varied but not consistently directed toward me. {{Patient First Name}}’s gestures were well-integrated with {{Preferred Pronouns 2}} speech, but {{Preferred Pronouns 2}} insight into social relationships and emotions was less than expected given {{Preferred Pronouns 2}} language level. {{Preferred Pronouns 2 CAP}} social overtures and responses were awkward. The overall overaction was comfortable, but not sustained with me today.

*Restricted and Repetitive Behavior*: {{Patient First Name}} moved {{Preferred Pronouns 2}} hands and body in a repetitive manner. {{Preferred Pronouns 1 CAP}} displayed an intense interest in certain topics during conversation, and I observed this to follow {{Preferred Pronouns 2}} train of thought to a level that limited {{Preferred Pronouns 2}} social reciprocity.

**ASSESSMENTS:**

*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.***

*Autism Diagnostic Observation Schedule - Second Edition (ADOS-2), Module 3* 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 3 is for older children with fluent speech.

ADOS-2 scores should be used in conjunction with information regarding {{Patient First Name}}’s developmental history, current functioning, and diagnostic formulation provided.

***{{Patient First Name}}'s performance during the ADOS-2, Module 3 was above the cut-off criterion and consistent with the presence of autism spectrum disorder.***

*Social Responsiveness Scale – Second Edition (SRS-2) – Parent & Teacher Report*The SRS-2 is an objective measure that identifies social impairments associated with autism spectrum disorder and quantifies ASD-related severity throughout the lifespan.

Studies show that the SRS-2 discriminates both *within* the autism spectrum and *between* ASD and other disorder, which makes the test useful for differential diagnosis. Raters evaluate symptoms using a scale representing a range of severity. Although not used for diagnosis, subscale scores are helpful in designing and evaluating treatment.

SRS-2 scores are reported here as T-scores with a mean of 50 and a standard deviation of 10 with higher scores indicating greater levels of concern for how social behavior impacts or interferes with everyday interactions. 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. {{Patient First Name}} ’s {{Caregiver type}} and teacher reported the following:

***SRS-2 Total Score*: {{SRS-2 Score Caregiver}} ({{Caregiver type}}), {{SRS-2 Score Teacher}} (teacher)**  
Social Communication and Interaction: {{Social Communication and Interaction Score Caregiver}} ({{Caregiver type}}), {{Social Communication and Interaction Score Teacher}} (teacher)  
Restricted Interests and Repetitive Behavior: {{Restricted Interests and Repetitive Behavior Score Caregiver}} ({{Caregiver type}}), {{Restricted Interests and Repetitive Behavior Score Teacher}} (teacher)

Based on the report provided by {{Preferred Pronouns 2}} {{Caregiver type}}, *{{Patient First Name}}’s social communication and related behaviors* *indicated {{Caregiver's level of concern}} concerns.* {{Patient First Name}}’s teacher reported a {{Teacher's level of concern}} level of concern, and **my observation aligned with a {{Evaluator's level of concern}} level of concern.**

*Vineland Adaptive Behavior Scales – 3rd Ed. (VABS-3) – Parent*

The VABS-3 yields information about an individual’s adaptive functioning, which is the ability to independently perform daily activities for personal and social sufficiency. The Adaptive Behavior Composite measures overall adaptive functioning, while separate scores provide more details about communication, daily living skills, and socialization.

Standard scores on the VABS-3 have a mean of 100 and a standard deviation of 15. Scores between 85 and 115 are within the average range for this test, scores between 70 and 84 are considered moderately low, and scores below 70 are considered very low.

[[Vineland Score Breakdown]]

**DEVELOPMENTAL HISTORY**:

{{Patient First Name}}’s {{Caregiver type}} provided information on {{Preferred Pronouns 2}} social-communication, repetitive behaviors, and other concerns, as well as those exhibited when {{Preferred Pronouns 1}} was younger.

*Social Communication Skills:* {{Patient First Name}} understands what other people say and can follow directions; {{Preferred Pronouns 1}} does tend to interpret things quite literally. {{Preferred Pronouns 1 CAP}} needs directions broken down. {{Preferred Pronouns 1 CAP}} can speak in full sentences, but {{Preferred Pronouns 1}} ability to engage in a back-and-forth conversation varies based on the topic. There are no concerns with pronoun reversals, but there is a pattern of echolalia and repetitive speech across the developmental course. Eye contact and facial expressions are appropriately varied. {{Patient First Name}} readily approaches {{Preferred Pronouns 1}} same age peers and is working to forge more meaningful friendships with classmates.

*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}} moves {{Preferred Pronouns 2}} hands in a repetitive manner. Sensory concerns include auditory aversions, tactile and olfactory seeking, and visual inspection of play items. {{Preferred Pronouns 1 CAP}} has a pattern of intense and unusual interests and does well with transitions.

*Related Behavioral Concerns:* {{Patient First Name}} currently eats a variety of foods and sleeps well. No concerns around elopement or self-injury. {{Preferred Pronouns 1 CAP}} does well with daily hygiene routines.

**DIAGNOSTIC FORMULATION:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-year-old with a history of social communication and related concerns that may indicate an autism spectrum disorder. *Across all measures, {{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 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 standardized measures,* {{Patient First Name}} *meets the criteria for autism spectrum disorder.*

{{Patient First Name}} has the greatest difficulty with skills and behaviors that fall within the domain of cognitive functioning. {{Patient First Name}}’s score on the Full Scale IQ of the Wechsler Intelligence Scale for Children – Fifth Edition is more than 2.0 standard deviations below the normed average. I believe that {{Patient First Name}}’s handicap with cognitive functioning is best explained by the presence of {{Preferred Pronouns 2}} meeting the criteria for autism spectrum disorder. I also believe that {{Preferred Pronouns 1}} has a pattern of adaptive functioning concerns based on teacher report.

**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:

***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.

***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>

***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>

***Developmental Disabilities Regional Office (DDRO)***. Individuals over age 3-years old may be eligible for DDRO case management and Medicaid Waiver services. Based on the above-referenced report and previous testing, I think that {{Patient First Name}} is a candidate for case management services. I am happy to help with the Front Door process. Information can be found on the Office of Persons with Developmental Disabilities website: <https://opwdd.ny.gov/get-started/information-sessions>

***In the Driver’s Seat****.* I encourage {{Patient First Name}} and {{Preferred Pronouns 2}} family to review this resource as it relates to self-direction processes and service utilization:<https://inthedriversseat.org/>

***Services & Supports****.* I think there is value in making sure that {{Preferred Pronouns 2}} services and related supports use approaches that target social engagement and peer relationships, as well as flexibility. I think a social skills approach within the context of group speech therapy makes sense. *I would strongly encourage thinking of {{Patient First Name}}’s educational and social emotional needs from the perspective of {{Preferred Pronouns 2}} being on the autism spectrum.*

***Educational Placement.*** The matter of which setting {{Patient First Name}} is educated in feels of paramount concern given {{Preferred Pronouns 2}} range of 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.

***Encouraging Flexibility***. Based on {{Preferred Pronouns 2}} presentation and pattern of perseveration, I think that there could be value in considering specific supports to teach flexibility.

* *Unstuck and On Target -*<https://www.unstuckandontarget.com/>

***Social Skills***. I think that providing support with navigating social situations could provide a positive benefit to {{Patient First Name}}’s overall health and education care plan.

* *Children’s Friendship Program* -<https://www.semel.ucla.edu/socialskills/research/childrens-friendship-program>
* *Social Thinking* -<https://www.socialthinking.com/>

**READING RESOURCES**:  
  
Autism Speaks:<https://www.autismspeaks.org/family-services/resource-library/books>Donvan, J. & Zucker, C. (2016). *In a Different Key: The Story of Autism*.  
  
Robison, J.E. (2007). *Look Me in the Eye: My Life with Asperger’s*.  
  
Rochester Regional Center for Autism Spectrum Disorders -<https://www.urmc.rochester.edu/strong-center-developmental-disabilities/programs/rochester-regional-ctr-autism-spectrum-disorder.aspx>

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}}