**Neurobehavioral & Psychological Report**

**REASON FOR REFERRAL:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-year-old {{Gender}} 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

[[Assessment Procedures]]

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 History:

{{Developmental History}}

Medical Diagnoses:

{{Medical Diagnoses}}

Medications:

{{Medications}}

**EDUCATIONAL BACKGROUND:**

[[District Grade School Setting]]

Services: {{Services}}

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:**

[[SCQ Report Information]]

*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.***

[[SRS Report Information]]

[[Vineland Scale Information]]

**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.

[[Developmental History]]

**DIAGNOSTIC FORMULATION:**

{{Patient First Name}} {{Patient Last Name}} is a {{Patient Age}}-year-old {{Gender}} with a history of social communication and related concerns. *Across all autism-related diagnositic measures, {{Patient First Name}}’s scores indicated that {{Preferred Pronouns 2}} social behaviors, patterns of interest, and developmental course are not consistent with the presence of an autism spectrum disorder 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 standardized measures,* {{Patient First Name}} *does not meet the criteria for autism spectrum disorder.*

{{Diagnostic Formulation}}

**DIAGNOSES**:

{{Result of the evaluation}}

**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}}