**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}}

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 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.

[[Developmental History]]

[[Vineland\_Start]]

*Vineland Adaptive Behavior Scales – Third Edition (VABS-3) – Informant Report*

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.

***Vineland Adaptive Behavior Scales – Third Edition*[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **Adaptive Behavior Composite** | [[Adaptive Behavior Composite]] |
|  |  |
| **Communication** | [[Communication]] |
| Receptive | [[Receptive]] |
| Expressive | [[Expressive]] |
| ­­­Written | [[Written]] |
|  |  |
| **Daily Living Skills** | [[Daily Living Skills]] |
| Personal | [[Personal]] |
| Domestic/Numeric | [[Domestic/Numeric]] |
| Community | [[Community]] |
|  |  |
| **Socialization** | [[Socialization]] |
| Interpersonal Relationships | [[Interpersonal Relationships]] |
| Play & Leisure | [[Play & Leisure]] |
| Coping Skills | [[Coping Skills]] |

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. Sub-domain scores listed as age-equivalents (year: month).

[[Vineland Analysis]]

**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:

[[Recommendations]]

**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}}

1. \* Indicate clinically significant scores (i.e., 2 standard deviations above or below the average score). [↑](#footnote-ref-1)