**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 used}}

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

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

Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)

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 History:

{{Developmental History}}

Educational History:

{{Educational History}}

Diagnostic History:

{{Diagnostic History}}

Relevant Medical History: {{Medical History}}

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 4* 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 4 of the ADOS-2 is for older adolescents and adults who are verbally fluent.

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 was above the cut-off criterion and consistent with the presence of autism spectrum disorder.***

[[SRS Report Information]]

**COGNITIVE & ADAPTIVE ASSESSMENTS**:

*Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)*

The Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV) was administered to {{Patient First Name}}, seeking to provide a global measure of {{Preferred Pronouns 2}} cognitive abilities. This testing measure is suitable for individuals ranging from 16 through 90 years of age, as {{Patient First Name}} was given the standard battery of subtests, from which {{Preferred Pronouns 2}} composite scores were derived. An overall score and four index scores are generated for the WAIS-IV.

*{{Patient First Name}} took {{WAIS-IV Time Taken}} minutes to complete the WAIS-IV with no breaks.*

These index areas include Verbal Comprehension, Perceptual Reasoning, Working Memory, and Processing Speed. The Full-Scale Intelligence Quotient (FSIQ) represents {{Patient First Name}}’s overall performance across all 10 subtests, and provides a global assessment of general intelligence, as well as a broad representation of cognitive functioning that summarizes {{Patient First Name}}’s individual performance on a variety of tasks that measure acquired knowledge, verbal reasoning, attention to verbal materials, fluid reasoning, spatial processing, attentiveness to details, and visual-motor integration.

***Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Standard Score** | **Confidence Interval** | **Percentile Rank** |
| **Full Scale IQ** | **92** | **88-96** | **30th** |
|  |  |  |  |
| Verbal Comprehension | 103 | 97-109 | 58th |
| Perceptual Reasoning | 94 | 88-101 | 34th |
| Working Memory | 86 | 80-94 | 18th |
| Processing Speed | 84 | 77-94 | 14th |

Standard scores on the WAIS-IV have a mean of 100 and a standard deviation of 15. Scores between 90 and 109 are considered within the average range on the WAIS-IV.

|  |  |  |  |
| --- | --- | --- | --- |
| **Verbal Comprehension** | **Scaled Score** | **Perceptual Reasoning** | **Scaled Score** |
| Similarities | 9 | Block Design | 10 |
| Vocabulary | 11 | Matrix Reasoning | 7 |
| Information | 12 | Visual Puzzles | 10 |
|  |  |  |  |
| **Working Memory** | **Scaled Score** | **Processing Speed** | **Scaled Score** |
| Digit Span | 6 | Symbol Search | 8 |
| Arithmetic | 9 | Coding | 6 |

Scaled scores on the WAIS-IV have a mean of 10 and a standard deviation of 3. Scores between 8 and 12 are considered within the average range for each specific subtest.

*Interpretation of WAIS-IV Results*

{{Patient First Name}}’s Full-Scale IQ on the WAIS-IV was 92, which is at the 30th percentile. This score indicates that {{Patient First Name}}’s overall cognitive functioning is within the Average Range, with a 95 percent chance of falling between 88 and 96. {{Patient First Name}}’s Full Scale IQ score obtained here is considered an accurate representation of {{Preferred Pronouns 2}} general cognitive abilities and is consistent with the variation observed across the WAIS-IV indices reported here.

The Verbal Comprehension Index (VCI) measures an individual’s ability to access, apply, and verbalize prior knowledge and relationships between ideas. {{Patient First Name}} received a score of 103 on the VCI, which is at the 58th percentile, compared to {{Preferred Pronouns 2}} same age peers. {{Preferred Pronouns 2 CAP}} score on this index fell within the Average Range. Verbal Comprehension was a relative strength for {{Patient First Name}} within {{Preferred Pronouns 2}} cognitive profile. {{Patient First Name}} gave brief responses to items; when he did not know an answer, he did not respond and asked to move on.

The Perceptual Reasoning Index (PRI) measures an individual’s ability to think logically and solve problems in novel situations, detecting underlying relationships between objects, as well as utilizing inductive and quantitative reasoning skills to identify and apply rules of a given task. Tasks measuring fluid reasoning further challenge one to engage in simultaneous processing and abstract thinking. {{Patient First Name}} received a score of 94 on the PRI, which is at the 34th percentile, compared to {{Preferred Pronouns 2}} same age peers. {{Preferred Pronouns 2 CAP}} score on this index fell within the Average Range. When completing a task involving combining parts to make a whole picture, {{Patient First Name}} started from the outside and worked {{Preferred Pronouns 2}} way in.

The Working Memory Index (WMI) evaluates an individual’s ability to register, maintain, and manipulate auditory information, measuring facets of attention, concentration, and discrimination, seeking to demonstrate mental control, while resisting proactive interference. {{Patient First Name}} received a score of 86 on the WMI, which is at the 18th percentile, compared to {{Preferred Pronouns 2}} same age peers. {{Preferred Pronouns 2 CAP}} score on this index fell within the Low Average Range. {{Patient First Name}} seemed to struggle with holding information in {{Preferred Pronouns 2}} mind when given verbal tasks, and he would respond “I don’t know” or “I can’t remember” when items seemed too difficult. {{Patient First Name}} asked for almost all math items to be repeated.

The Processing Speed Index (PSI) measures an individual’s speed and accuracy towards a given task, noting their abilities for visual scanning and discrimination, as well as efficiency, attention, and concentration. {{Patient First Name}} received a score of 84 on the PSI, which is at the 14th percentile, compared to {{Preferred Pronouns 2}} same age peers. {{Preferred Pronouns 2 CAP}} score fell within the Low Average Range. He performed similarly on both tasks on this index. He took {{Preferred Pronouns 2}} time working on the tasks, even when given the instruction to work as fast as possible.

*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]]

**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 Adaptive Behavior Composite of the Vineland Adaptive Behavior Scales is greater 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}}