`Right to Choose

Neurodevelopmental lifespan services

Autism spectrum disorder (ASD) assessment report

**REPORT DETAILS**

| Assessment date(s) | {{AssessmentDate}} |
| --- | --- |
| Report date | {{ReportDate}} |
| Clinical team | YYY (Community Paediatrician)  YYY (Child & Adolescent Psychiatrist)  YYY (Clinical Psychologist)  YYY (Speech & Language Therapist)  YYY (Occupational Therapist) |
| Report sent to: | Parent/Carer |
| GP |
| If applicable and consent sought, clinician to add any other name/email here for report to be sent to (e.g. social worker) |

This report aims to provide greater understanding of {{ClientFirstName}}’s experiences, strengths, and challenges, and to explore whether a diagnosis may help explain their unique profile. It is based on the information available at the time of the assessment. This assessment was not conducted for medico-legal purposes and, as such, is not intended for use in that context.

**CLIENT DETAILS**

| First name | {{ClientFirstName}} |
| --- | --- |
| Surname | {{ClientSurname}} |
| Age at assessment | {{ClientAge}} |
| Date of birth | {{DOB}} |
| NHS number | {{NHSNumber}} |
| Client ID | {{ClientID}} |
| Address | {{ClientAddress}} |

**ASSESSMENT OUTCOME**

{{AssessmentOutcome}}

**ASSESSMENT INFORMATION**

Psicon was commissioned to carry out an autism spectrum disorder (ASD) assessment.

The assessment offered by Psicon includes consideration of the child’s current functioning, developmental history information offered by parent/carer, a social communication observation and information provided by the school/nursery. All information is reviewed with the team’s input, before deciding the outcome and future plan.

{{AssessmentMode}}. {{HistoryProvidedBy}}. {{ChildPresenceConfirmation}}

**WHO WE ASSESSED**

{{WhoWeAssessed}}

**CONSENT**

{{Consent}}

**UNDERSTANDING OF APPOINTMENT**

**PAST MEDICAL HISTORY**

{{PregnancyBirthHistory}}

{{BirthDetails}}

{{Allergies}}

{{Medications}}

{{Immunisations}}

{{Vision}}

{{Hearing}}

{{Safeguarding}}

**EARLY DEVELOPMENTAL HISTORY**

{{Babyhood}}

{{DevelopmentalMilestones}}

{{SpeechLanguage}}

{{Regression}}

{{Toileting}}

{{NurseryStart}}

{{NurseryConcerns}}

{{SeparationAnxiety}}

{{SocialPlaySkills}}

**FAMILY AND SOCIAL HISTORY**

{{HouseholdDetails}}. {{MothersAgeOccupation}}. {{FathersAgeOccupation}}. {{Siblings}}

{{FamilyHistory}}

{{SignificantLifeEvents}}

**MENTAL HEALTH AND WELLBEING**

{{AnxietyMood}}. {{MentalHealthServices}}. {{SelfHarmSuicidalConcerns}}

**CURRENT DEVELOPMENT AS REPORTED BY PARENT/GUARDIAN**

Attention & Concentration

{{AttentionAndConcentration}}

Activity Levels

{{ActivityLevels}}

Impulsivity

{{Impulsivity}}. {{RiskyBehaviours}}

{{DangerAwareness}}

Executive Functioning & Organisational

{{ExecutiveFunctioning}}

Emotional & Behavioural Regulation

{{EmotionalRegulation}}

Self-Care & Independence

{{SelfCareAndIndependence}}

Social Communication & Interaction

{{SocialCommunication}}

Friendships & Relationships

{{FriendshipsAndRelationships}}

Restricted & Repetitive Behaviours and Interests/Activities

{{RestrictedRepetitiveBehaviours}}

{{SensoryIssues}}

**EDUCATION**

{{Education}}

**AUTISM DIAGNOSTIC OBSERVATION SCHEDULE 2 (ADOS-2)**

The ADOS-2 is a semi-structured observational assessment where the participant interacts with an adult (examiner) across a range of activities such as telling a story from a book, conversation and reporting and make-believe play. The ADOS attempts to create a “social world” in which behaviours related to autism can be observed. This session was used to explore the young person’s communication and social interaction preferences, their use of social imagination and to comment on the level of structure required to support them in a novel social situation.

As well as focusing on identifying autistic features, the clinicians also make observations intended to highlight the young person’s strengths to provide meaningful insights into their individual needs.

The ADOS-2 is currently presented in five modules, each to be used according to the young person's age and level of verbal communication.

Insert ADOS report here

**OBSERVATIONS FROM CLINICAL INTERVIEW**

{{ObservationsFromClinicalInterview}}

{{PhysicalExamination}}

**WHY DID WE DIAGNOSE?**

The assessment aimed to rule out or confirm a diagnosis of autism. {{WhyDiagnosis}}

Based on the information gathered during this assessment, which included a school report, a social communication observation and developmental history, our conclusion is that {{ClientFirstName}}’s presentation meets the criteria for a diagnosis of autism spectrum disorder (ASD) based on the following DSM-5 criteria.

* screening measures- meets the criteria
* school report--meets the criteria
* ADOS--meets the criteria
* observations from clinical interview/developmental history--meets the criteria
* developmental history--meets the criteria
* **Example: diagnosed**
* Having reviewed all the information collected, we concluded that there was enough evidence to give {{ClientFirstName}} a diagnosis of autism. The ADOS observation also indicated some clear features of autism . The information from school was also strongly suggestive and in line with other children with this condition.
* It was also clear that at present, {{ClientFirstName}} is struggling to cope with mainstream education and this seems to be linked to their social communication differences.

Examples of features observed that are in line with the diagnosis:

(pick **at least 4**)

* Limited social response during interactions
* Idiosyncratic ways of approaching others socially
* Reluctance to approach others socially
* Limited interest/ability to engage in to-and-fro conversations
* Reduced sharing of interests/experiences/emotions
* Reduced use of non-verbal communication (e.g. gesture, eye-contact, variation in tone of voice, facial expressions)
* Difficulties making and maintaining friendships
* Limited understanding of social relationships
* Reduced/absence of interest in peers
* Idiosyncratic use of language

**DIAGNOSIS: MOVING FORWARD** *[delete section if not applicable]*

We have discussed the outcome of this assessment and offered the rationale for the decision that was made. We have signposted to local services and other sources of further information and support. We recommend that the family read through the materials enclosed/attached to this report.

Every child and young person with autism will have a range of skills and abilities. They will also have individual needs that require us to adapt our teaching and environment so that they can thrive. We have moved away from labels such as “mild”, “moderate” or “severe”. No child or young person is any of these things. We all have fluctuating needs depending on our environment. A child who appears highly dysregulated in a supermarket may seem "severely autistic" in that moment yet thrive in a different setting when engaging in a special interest. Instead of labels, we focus on individual needs and strengths, adapting environments and support to help each child succeed.

Autism can potentially impact on a young person’s capacity to access and thrive in education. Specific recommendations for school or education are beyond the scope of this clinical diagnostic assessment and each school will have a unique policy on offering support to those young people who have additional needs. The outcome of this assessment should be discussed with school to establish what support is needed and the following suggestions should be considered.

To help a child reach their full potential and develop in a way that works best for them, it may be helpful to further understand their brain and the way it works. We recommend that all parent/carers attend a post-diagnosis workshop. To find a programme in your area, search your council’s “local offer”. If you're not ready immediately after the assessment, you can always refer later.

**RECOMMENDATIONS & FURTHER CONSIDERATIONS**

[Admin: **remove** **purple prompts and headings**, flag any actions]

[Clinician: only keep recommendations that are applicable. Complete any red prompts]

The following are tailored recommendations based on concerns discussed.

***ADHD Screening***

{{ADHDScreening}}

1. ***If only referred for autism assessment initially:*** Parent/guardian mentioned that {{ClientFirstName}} shows [impulsive behaviour at home]. The school report also noted [difficulties with regards to poor concentration, hyperactivity and fidgeting]. Observations from today’s assessment (e.g. {{ClientFirstName}} was unable to stay in the seat and frequently took movement breaks) also suggest that {{ClientFirstName}} may benefit from screening for attention deficit hyperactivity disorder (ADHD). Should parent/carer wish to consider further assessment, they are advised to discuss a new referral with their GP.
2. ***If referred for DUAL assessment initially but declined for ADHD:*** While {{ClientFirstName}} was originally declined for a dual assessment based on initial screeners measures, observations from today’s assessment suggest that an attention deficit hyperactivity disorder (ADHD) assessment may be appropriate. For example, parent/guardian mentioned that {{ClientFirstName}} shows [impulsive behaviour at home]. The school report also noted [difficulties with regards to poor concentration, hyperactivity and fidgeting]. In the clinic, {{ClientFirstName}} [was unable to stay in the seat and frequently took movement breaks]. Should parent/carer wish to continue with an ADHD assessment, they can email [righttochoose@psicon.co.uk](mailto:righttochoose@psicon.co.uk) (including their child’s full name and DOB) to request that the autism referral be re-opened.

***Speech & Language / Occupational Therapy / Ed Psych***

{{SpeechLanguageOTEdPsych}}

1. Concerns were raised about (insert concern). It is recommended that this is discussed with the school or GP, who can consider whether any onwards referrals to other services may be necessary.

***Physical Health***

{{PhysicalHealth}}

1. In view of (insert concern e.g. bladder problems), it is recommended that parent/carer discuss this further with their GP.

***Sleep***

{{Sleep}}

1. Parent/carer reported difficulty with sleep. Getting a good night’s sleep is essential for both the child, and carers. We recommend that family explore the following online resources related to sleep hygiene. If difficulties persist, contact the GP.

* [Cerebra Sleep Advice Service](https://cerebra.org.uk/get-advice-support/sleep-advice-service)
* [Scope – Sleep Right Service](https://www.scope.org.uk/family-services/sleep-right)
* [National Autistic Society – Sleep Guidance](https://www.autism.org.uk/advice-and-guidance/topics/physical-health/sleep)
* [YouTube Video on Sleep Strategies](https://www.youtube.com/watch?v=fEyrB3lKjSk)

**SUMMARY AND SIGN OFF**

{{SummaryandClosing}}

It was a pleasure to meet with {{ClientFirstName}} and their family today. We sincerely hope that this assessment will help further the understanding of their individual needs and provide some guidance for the future.

Yours sincerely,

**Clinician 1 Clinician 2 Clinician 3**Job Title Job Title Job Title

ENC:

1. Appendix – Autism screening questionnaires (either SRS or ASRS, delete as applicable)
2. Appendix – DSM-5 criteria for autism diagnosis
3. PDF – Post-assessment support

**Appendix – Autism Screening Measures (ASRS)**

The **Autism Spectrum Rating Scales (ASRS, Short Form)** is a screening tool used to explore a young person’s communication, social interaction preferences, and behavioural patterns across different environments. Completed by parents and teachers, it helps identify whether a full autism assessment is indicated and provides additional information to support the assessment process. While not diagnostic, the ASRS offers valuable insights into the young person’s unique strengths and needs in both home and school settings.

A T-score of 60-69 indicates elevated behaviours in that area compared to peers. A T-score of 70 and above suggests behaviours that are more significantly different and often align with the unique ways in which autistic individuals experience and interact with the world. Scores above 70 are commonly observed in areas like social communication, interaction preferences, and patterns of behaviour for individuals with autism, providing valuable insights to guide further assessment and support.

{{ClientFirstName}}’s scores are presented below.

|  | **T-score** | **Percentile** | **Range** |
| --- | --- | --- | --- |
| **Parent/Carer** |  |  |  |
| **School** |  |  |  |

Whilst these questionnaires are important to help a clinician decide on the presence or absence of a diagnosis, the final conclusion is based on all information collected during the assessment process. The outcome may be different from what the scores suggest. For example, it is not uncommon for scores between home and school to be different. Therefore the clinical expertise goes beyond the results to tease out features that may or may not be reflected on the scores of these quantitative measures.

**Appendix – Autism Screening Measures (SRS)**

The **Social Responsiveness Scale (SRS-2)** is a screening tool used to explore a young person’s communication, social interaction preferences, and behavioural patterns across different environments. Completed by parents and teachers, it helps identify whether a full autism assessment is indicated and provides additional information to support the assessment process. While not diagnostic, the SRS offers valuable insights into the young person’s unique strengths and needs in both home and school settings.

A T-score of 60-65 indicates mild to moderate difficulties relative to same-age peers. A T-score of 66-75 indicates moderate to severe difficulties, often aligning with behaviours seen in individuals with autism.

Higher scores reflect greater levels of social difficulty. These scores can highlight particular challenges in how a young person interprets and responds to social situations, enabling more tailored support strategies to be developed across both home and school environments.

{{ClientFirstName}}’s scores are presented below.

|  | **T-score** | **Percentile** | **Range** |
| --- | --- | --- | --- |
| **Parent/Carer** |  |  |  |
| **School** |  |  |  |

Whilst these questionnaires are important to help a clinician decide on the presence or absence of a diagnosis, the final conclusion is based on all information collected during the assessment process. The outcome may be different from what the scores suggest. For example, it is not uncommon for scores between home and school to be different. Therefore, the clinical expertise goes beyond the results to tease out features that may or may not be reflected on the scores of these quantitative measures.

**Appendix - DSM-5 Criteria for Autism Diagnosis**

A diagnosis of ‘autism spectrum disorder’ requires that the following criteria are met:

**A) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following:** *(Must meet all three criteria)*

* Deficits in social-emotional reciprocity
* Deficits in nonverbal communicative behaviours used for social interaction
* Deficits in developing, maintaining, and understanding relationships

**B) Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following:**

* Stereotyped or repetitive motor movements, use of objects, or speech
* Insistence on sameness, inflexible adherence to routines, or ritualised patterns of behaviour
* Highly restricted, fixated interests that are abnormal in intensity or focus
* Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

**C) Symptoms must be present in the early developmental period**

**D) Symptoms cause clinically significant impairment in social, occupational, or other important areas of functioning**

**E) These disturbances are not better explained by intellectual disability or global developmental delay**