**NCS Scheduled Assessment Summary**

**SECTION 1: This section should be completed by staff familiar with developmental assessment – but *DOES NOT* need to be completed by the diagnosing clinician**

**Name of person completing this section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Information in this box is for site use only, and is not to be entered into data system.***

**Subject ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**Scheduled Assessment Type (answer both questions):**

**Research or Clinical (check one)** **ASD Suspicion or Other Developmental Issue (check one)**

□ for a research study □ because of suspect ASD

□ done as a clinical assessment □ because of other concern (no ASD suspected *a priori*)

**Reported Major Comorbidities: Check if any of the following comorbidities were documented in record *at the time of behavioral assessment.***

|  |  |
| --- | --- |
| □ Tuberous sclerosis | □ Constipation |
| □ Down syndrome | □ Feeding problems |
| □ Rett syndrome | □ Other GI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Fragile X |  |
| □ Neurofibromatosis | □ Hypotonia |
| □ Angelman;s | □ Seizure DO |
| □ NF-1 | □ Other neurologic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Other genetic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Summary results from any ASD screeners (if available):**

M-CHAT Standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Best of 7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SRS Summary (raw) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Summary (t-score) \_\_\_\_\_\_\_\_\_\_\_

PDDST-II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

SCQ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

ASSQ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

ESAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

FYI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of administration: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Tool Score Date of administration

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**Cognitive Functioning: Include available results from the most recent test that was appropriate for the child’s age, and indicate whether the score was from a test administered during the scheduled assessment or from a prior visit.**

Prior During Scheduled

Test administered: Visit Assessment Date .

□ *Mullen* □□ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

□ *Wechsler* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

*(any of the following: WISC, WAIS, WASI, WPPSI)*

□ *Stanford-Binet (SB-IV, SB-V)* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

□ *Differential Abilities Scale (DAS)* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

□ *Kaufman (either KABC or KBIT)* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

□ *Leiter* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

□ *Merrill-Palmer-Revised (2005 revision)* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

□ *Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* □ □ **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Scores:

*Guidelines for translating scores from tests to the following summaries will be provided.*

Nonverbal score: \_\_\_\_\_\_\_

Verbal score: \_\_\_\_\_\_\_

Composite score: \_\_\_\_\_\_\_

**ADOS Scores: Please ONLY report results from assessment performed *at the scheduled assessment visit*.**

Check one:

□ ADOS ***not*** performed this visit (skip to past ADOS question)

□ ADOS performed (complete module, scoring, reliability, and past ADOS questions)

***Module***: □ 1 □ 2

***Complete scoring information for at least one algorithm-*** *if information from both algorithms are available, complete both.*

Score - Original Algorithm

Communication domain score: \_\_\_\_\_\_\_

□ Met for ASD □ Met for Autism □ Did not meet for ASD/Autism

Social domain score: \_\_\_\_\_\_\_

□ Met for ASD □ Met for Autism □ Did not meet for ASD/Autism

Summary score: \_\_\_\_\_\_\_

□ Met for ASD □ Met for Autism □ Did not meet for ASD/Autism

Score – New Algorithm

Social Affect: \_\_\_\_\_\_\_

□ Met for ASD □ Met for Autism □ Did not meet for ASD/Autism

Restricted, Repetitive Behaviors: \_\_\_\_\_\_\_

□ Met for ASD □ Met for Autism □ Did not meet for ASD/Autism

Summary score: \_\_\_\_\_\_\_

□ Met for ASD □ Met for Autism □ Did not meet for ASD/Autism

***Assessor reliability:*** Please indicate whether the assessor completing the ADOS was research-reliable**.**

□ Yes

□ No

***Past ADOS:*** Is there any indication that the child was evaluated with an ADOS prior to this visit**.**

□ Yes Date: \_\_\_/ \_\_\_\_\_ (mos/yr)

□ No

**ADI Scores: Please ONLY report results from assessment performed *at the scheduled assessment visit*.**

Check one:

□ ADI ***not*** performed this visit (skip to past ADI question)

□ ADI performed (complete scoring, reliability, and past ADI questions)

***Complete scoring information:***

Social Interaction: \_\_\_\_\_\_\_\_\_\_

Communication and language: \_\_\_\_\_\_\_\_\_\_

Restricted and repetitive behaviors: \_\_\_\_\_\_\_\_\_\_

***Assessor reliability:*** Please indicate whether the assessor completing the ADI was research-reliable**.**

□ Yes

□ No

***Past ADOS:*** Is there any indication that the child was evaluated with an ADI prior to this visit**.**

□ Yes Date: \_\_\_/ \_\_\_\_\_ (mos/yr)

□ No

**SECTION 2: This section must be completed within 24 hours of the scheduled assessment visit by a clinician who saw the child during the scheduled assessment visit and who is qualified to make ASD diagnoses.**

**Name of person completing this section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the child was seen at the scheduled assessment because of suspect ASD (as recorded above) complete Part A below. If the child was seen at the scheduled assessment other developmental concerns with no *a priori* ASD suspicion complete Part B below.**

**PART A: Complete *for subjects being evaluated for suspect ASD*:**

**ASD DSM Diagnosis (check one):**

🞎 Child meets criteria for an ASD (autistic disorder, Asperger’s disorder, PDD-NOS)

🞎 Child does not meet criteria for an ASD

Confidence Ratings: How certain are you that the above determination about an ASD diagnosis is accurate?

□ 1 (extremely certain)

□ 2

□ 3

□ 4

□ 5 (extremely uncertain)

Before completing your own assessment, but after reviewing the child’s records and preparing for the visit, how confident were you that he or she would receive this ASD diagnostic determination? Remember, this question is specific to your feelings before meeting the child, based only on the available records and visit preparation.

□ 1 (extremely certain)

□ 2

□ 3

□ 4

□ 5 (extremely uncertain)

**Other DSM Diagnoses: Please list any other DSM diagnoses assigned based on this evaluation**

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B: Complete *for subjects being evaluated for other developmental concerns with no a priori ASD suspicion*:**

**DSM Diagnoses: Please list any DSM diagnoses assigned based on this evaluation**

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidence that the subject DOES NOT have ASD:

How certain are you that the subject *does not* have an ASD:

□ 1 (extremely certain)

□ 2

□ 3

□ 4

□ 5 (extremely uncertain)

Was this subject referred for further ASD assessment:

□ Yes

□ No

Was this subject diagnosed with an ASD (autistic disorder, Asperger’s disorder, PDD-NOS)

□ Yes

□ No