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)

☐ for a research study
☐ done as a clinical assessment

ASD Suspicion or Other Developmental Issue (check one)

☐ because of suspect ASD
☐ 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
☐ Down syndrome
☐ Rett syndrome
☐ Fragile X
☐ Neurofibromatosis
☐ Angelman;s
☐ NF-1

☐ Other genetic: _____

☐ Constipation
☐ Feeding problems
☐ Other GI: _____

☐ Hypotonia
☐ Seizure DO
☐ Other neurologic: _____

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.

Test administered:	Prior Visit	During Scheduled 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*:

<u>DSM Diagnoses</u>: Please list any DSM diagnoses assigned based on this evaluation

1) _____

2) _____

3) _____

4) _____

<u>Confidence that the subject DOES NOT have ASD</u>:

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