

## 1. When should I be concerned?

**1SA.** Develop, with existing tools, at least one efficient diagnostic instrument (e.g., briefer, less time intensive) that is valid in diverse populations for use in large-scale studies by 2011. *IACC Recommended Budget: \$5,300,000 over 2 years.*

**1SB.** Validate and improve the sensitivity and specificity of new or existing screening and diagnostic tools, including comparative studies of general developmental screening versus autism-specific screening tools, in both high-risk and population-based samples, including those from resource-poor international settings and those that are diverse in terms of age, socio-economic status, race, ethnicity, gender, characteristics of ASD, and general level of functioning by 2012. *IACC Recommended Budget: \$5,400,000 over 3 years.*

**1SC.** Conduct at least three studies to identify reasons for the health disparities in accessing early screening and diagnosis services, including identification of barriers to implementation of and access to screening, diagnosis, referral, and early intervention services among diverse populations, as defined by socioeconomic status, race, ethnicity, and gender of the child, by 2012. *IACC Recommended Budget: \$2,000,000 over 2 years.*

**1SD.** Conduct at least two studies to understand the impact of early diagnosis on choice of intervention and outcomes by 2015. *IACC Recommended Budget: \$6,000,000 over 5 years.*

Public reporting burden for this collection of information is estimated to average 15 minutes] per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*). Do not return the completed form to this address.

OMB# 0925-XXXX Expiration: XX/XXXX

**20XX ASD Research Spreadsheet**

**Organization Name**

**XXXX**

20XX Total Funding	Sum from "20X

**Please consider a project Ongoing if it received funding or was considered active at any time in 20XX**

Last Year's Project Number	20XX Project Number	Project Status in 20XX
Enter all new project information in the adjacent cells		New
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Enter all new project information in the adjacent cells		New
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"X Funding" Column
\$0

Award Period (Start Year-End Year)	Principal Investigator	Project Title



Institution	State / Country	Last year's Funding

20XX Funding	Previous Weblink to Project Description	Previous Project Description



**Please provide a Weblink/url to a project description. If a Weblink is unavailable, provide a project description, or if no description is available, type "Project description unavailable" in the Project Description cell.**

New or Revised Weblink	New or Revised Project Description	Previous SP Question Code

Previous SP Objective Code	2011 SP Question Code

2011 SP Objective Code	Comments