# **Report Template**

**Assessment of Autism Spectrum Disorder (ASD) Concerns**

**Comprehensive Needs Assessment and Diagnostic Evaluation**

CONFIDENTIAL – NOT TO BE RELEASED WITHOUT PERMISSION OF THE PARENT/CAREGIVER AND/OR INDIVIDUAL [Delete as not required]

|  |
| --- |
| **Individual Identifying Information** |
| **Name:** | Click here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. |
| **Parent(s)/Caregiver(s):** | Click here to enter text. (Choose an item.) and Click here to enter text. (Choose an item.) [Delete content / row if not required] |
| **Contact Details:** | Address: Click here to enter text.  |
|  | Home Telephone: Click here to enter text. |
|  | Mobile: Click here to enter text. |
|  | Email: Click here to enter text. |

|  |
| --- |
| **Professional Identifying Information** |
| **Date of Referral:** | Click or tap to enter a date. |
| **Referrer:** | Click here to enter text. (role/profession)  |
| **Age at Referral:** | Enter number year(s), Enter number month(s), Enter number day(s) |
| **Dates of Assessment(s):** | Click or tap to enter a date.to Click or tap to enter a date. |
| **Diagnostic Evaluation Type:** | Choose an item. |
| ***Professionals:*** | Click here to enter text. (role/profession) Click here to enter text. (role/profession) Click here to enter text. (role/profession) Click here to enter text. (role/profession)  |
| **Comprehensive Needs Assessment:** |  |
| ***Professionals:*** | Click here to enter text. (role/profession) Click here to enter text. (role/profession) Click here to enter text. (role/profession) Click here to enter text. (role/profession)  |
| **Coordinator:**  | Click here to enter text. |
| **Cultural Support Person / Aboriginal Health Worker**  | Click here to enter text.[Delete row if not required] |

**Report Summary**

Statement of Support Needs:

A Comprehensive Needs Assessment was also completed as part of the Assessment of ASD concerns and the summarised outcomes of this are as follows (for more detailed information see the ‘Comprehensive Needs Assessment’ section of this report):

|  |  |  |
| --- | --- | --- |
| **Support Need** | **Observed or Expressed** | **Priority**  |
| [Name] requires Click here to enter text. | Choose an item. | Number |
| [Name] requires Click here to enter text. | Choose an item. | Number |
| [Name] requires Click here to enter text. | Choose an item. | Number |
| [Name] requires Click here to enter text. | Choose an item. | Number |
| [Name] requires Click here to enter text. | Choose an item. | Number |

In light of the Assessment of Functioning the following recommendations (and associated referrals) have been made:

* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.

It is recommended that the Assessment of Functioning is repeated in approximately Enter number Choose an item. to ensure that any changes to functioning and support needs are identified and acted upon in a timely manner.

Statement of Diagnosis:

A Diagnostic Evaluation was completed as part of the Assessment of ASD concerns and the summarised outcomes of this are as follows (for more detailed information see the ‘Diagnostic Evaluation’ section of this report):

Information was collected during a comprehensive assessment completed by a Choose an item. to determine whether [Name] met criteria for an autism spectrum disorder (ASD). Based on this information, it was determined that [Name] has Select criteria for ASD according to the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria.

[if ‘not met’ - delete following if not required]

However, further assessment confirmed that [Name] has met the diagnostic criteria for Click here to enter text., according to the Click here to enter text.

AND/OR

Findings from the Diagnostic Evaluation indicate that [Name] should undergo further evaluation to determine if Click here to enter text. Choose an item.a more appropriate explanation for [Name]’s symptom presentation.

AND/OR

In addition, further assessment confirmed that [Name] has also met the diagnostic criteria for Click here to enter text., according to the Click here to enter text.

AND/OR

Based on the information collected a Consensus Team decision was not able to be made as to whether the individual meets criteria for a clinical diagnosis. This is largely due to Click or tap here to enter text.. It is recommended that [Name] be reassessed at a later time (recommendation for XX months). At such time that the reassessment is undertaken, it is recommended that that this report (and other relevant information that has already been collected) is provided to the assessment team conducting the reassessment (where possible) to avoid unnecessary duplication of services.

**Assessment Information**

[Name] was referred for an Assessment of ASD concerns by Click here to enter text. (role). [Name] attended the following appointments as part of the Assessment of ASD concerns:

* Choose an item. [Name] on Click or tap to enter a date. at insert location, in the company of Click here to enter text..
* Choose an item. [Name] on Click or tap to enter a date. at insert location, in the company of Click here to enter text..
* Choose an item. [Name] on Click or tap to enter a date. at insert location, in the company of Click here to enter text..
* Choose an item. [Name] on Click or tap to enter a date. at insert location, in the company of Click here to enter text..
* Choose an item. [Name] on Click or tap to enter a date. at insert location, in the company of Click here to enter text..

[delete following if not required]

Due to [Name]’s Choose an item., information for Assessment of ASD concerns was collected through telehealth settings, with additional information collected from local professional(s): Click here to enter text. (Choose an item.) on the Click or tap to enter a date..

As part of the assessment, information that has previously been collected on [Name] was considered through a comprehensive file review. This included the following documents:

* Choose an item. by Click here to enter text. (Click here to enter text., Click here to enter text.) dated Click or tap to enter a date.

In addition, information was collected through the following means: [delete following if not required]

* Use of formal ASD diagnostic tool: Click here to enter text. (Results of these assessments are summaries under the ‘Assessment Tools’ section of this document)
* Use of standardised developmental/cognitive/language/adaptive assessment tools: Click here to enter text.(Results of these assessments are summaries under the ‘Assessment Tools’ section of this document)
* Use of non-standardised tools, such as informal play based assessment
* Discussion with other health professionals, including Click here to enter text.
* [Insert more as required]

**Background Information**

**Reason for referral:**

Click or tap here to enter text.

**Medical and health history:**

Click or tap here to enter text.

**Family history and family functioning:**

Click or tap here to enter text.

**Developmental history and educational history:**

Click or tap here to enter text.

**Other general comments about the assessment:**

Click or tap here to enter text.

**Comprehensive Needs Assessment - Medical Evaluation**

A Medical Evaluation of [Name] was completed as one of the core components of an Assessment of ASD concerns by Click here to enter text. (Role) on Click or tap to enter a date. at insert location, in the company of Click here to enter text.

The following tests were used during the Medical Evaluation:

* Click here to enter text.: Click here to enter text.
* Click here to enter text.: Click here to enter text.
* [Add further as required]

During the Medical Evaluation, the following findings were identified:

* Click or tap here to enter text.
* Click or tap here to enter text.
* [Add further as required]

The following activities were not undertaken as part of the Medical Evaluation, and it is recommended they be considered in the future:

* Click or tap here to enter text.
* Click or tap here to enter text.
* [Add further as required]

**Comprehensive Needs Assessment - Assessment of Functioning**

An Assessment of Functioning was completed as one of the core components of an Assessment of ASD concerns by Click here to enter text. with input from Click here to enter text.. Information about [Name]’s functioning and support needs in the following relevant community settings was obtained:

* Type relevant community setting
* Type relevant community setting
* [Add further settings as required]

The Name standardised tool was used to determine the individual’s ability to independently perform everyday tasks. [Name]’s performance on this assessment indicated the following levels of functioning:

* Click here to enter text.: Click here to enter text.
* Click here to enter text.: Click here to enter text.
* [Add further domains of functioning and levels as required

The assessment team acknowledges that the Assessment of ASD concerns process should follow a strengths-focused approach where the strengths, skills, interests, resources and support systems are recognised as being just as important as identifying challenges. The Assessment of Functioning identified the following activity related and character strengths:

* Type strength
* Type strength
* [Add further strengths as required]

The Assessment of Functioning explored how the individual’s current environmental impacts on their functioning in a positive and negative way:

|  |  |
| --- | --- |
| Environmental Facilitators* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
 | Environmental Barriers* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
 |

**Comprehensive Needs Assessment – Support Needs**

During the Assessment of Functioning the following priority support needs were identified, and associated recommended strategies, have been recommended / initiated:

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Need** | **Observed or Expressed** | **Priority**  | **Approach** |
| [Name] requires … | Choose an item. | Number | Click or tap here to enter text. |
| [Name] requires … | Choose an item. | Number | Click or tap here to enter text. |
| [Name] requires … | Choose an item. | Number | Click or tap here to enter text. |
| [Name] requires … | Choose an item. | Number | Click or tap here to enter text. |
| [Name] requires … | Choose an item. | Number | Click or tap here to enter text. |

[Consider (delete once reviewed ideas):

* observed needs to maintain current personal or environmental supports that allow the current level of functioning to be achieved
* observed needs to increase personal or environmental supports to improve level of functioning
* expressed needs for further personal or environmental supports, as identified during conversations with the client through active listening, direct questioning and/or during an assessment of goals
* observed or expressed opportunities to enhance or utilise strengths for learning and development.

Approaches can be (but is not limited to) any of the following:

* information booklets and other resources to review independently
* informal social networks (face to face or online)
* formal social or support groups
* self-directed intervention programs
* individual or group intervention programs with medical, allied health, disability or education professionals.]

**Diagnostic Evaluation - Standardised Assessment Tools**

Type of Assessment Tool: Choose an item.

Name of Assessment Tool: Click here to enter text.

Purpose of Assessment Tool: Click here to enter text.
Administering Professional: Click here to enter text.
Summary of Results: Click here to enter text.

Implications for Assessment of ASD concerns: Click here to enter text.

Type of Assessment Tool: Choose an item.

Name of Assessment Tool: Click here to enter text.

Purpose of Assessment Tool: Click here to enter text.
Administering Professional: Click here to enter text.
Summary of Results: Click here to enter text.

Implications for Assessment of ASD concerns: Click here to enter text.

[Copy and paste for each Standardised Assessment Tool]

**Diagnostic Evaluation – Diagnostic Criteria Evidence Table**

[Name] was assessed for ASD under the DSM-5 diagnostic criteria. The information collected during the assessment is presented according to each diagnostic criterion for this condition, below.

|  |
| --- |
| **DSM-5: Autism Spectrum Disorder (American Psychiatric Association, 2013)**  |
| **A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history:** |
| **A1.** Deficits in social-emotional reciprocity | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **A2.** Deficits in non-verbal communication behaviours used for social interaction | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **A3.** Deficits in developing, maintaining, and understanding relationships | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **Severity Rating for A** | Select |
| **B. Restrictive, repetitive patterns of behaviour, interests or activities, as manifested by at least two of the following, currently or by history:** |
| **B1.** Stereotyped or repetitive motor movements use of objects or speech | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **B2.** Insistence on sameness, inflexible adherence to routines, or ritualised patterns of verbal or non-verbal behaviour | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **B3.** Highly restricted, fixated interests that are abnormal in intensity or focus | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **B4.** Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment | Select |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **Severity Rating for B** | Select |
| **C. Symptoms were present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life)** | **Select** |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning** | **Select** |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| **E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level** | **Select** |
| Reported: Click here to enter text.Observed: Click here to enter text. |
| Accompanying intellectual impairment (Click here to enter text.) | Select |
| Accompanying language impairment (Click here to enter text.) | Select |
| Associated with a known medical or genetic condition or environmental factor (Click here to enter text.) | Select |
| Associated with another neurodevelopmental, mental or behavioural disorder (Click here to enter text.) | Select |
| Catatonia | Select |
| [Delete row if not required]Further assessment is recommended to explore possible Choose an item. diagnosis, in particular to determine if Click here to enter text. Choose an item.a more appropriate explanation for [Name]’s symptom presentation. |

**Assessment of ASD Concerns - Recommendations**

In light of the Assessment of ASD concerns the following referrals have been made:

* Click or tap here to enter text. to Click here to enter text. (referral Choose an item. Click here to enter text.
* Click or tap here to enter text. to Click here to enter text. (referral Choose an item. Click here to enter text.
* [Add further recommendations as required]
* It is recommended that the Assessment of Functioning is repeated in approximately Enter number Choose an item. so as to ensure that any changes to functioning and support needs are identified and acted upon in a timely manner.

Resources

Local Support Services:

* [provide examples of local support services]
* Click or tap here to enter text.
* Click or tap here to enter text.

Local Therapy Services:

* [provide examples of local therapy services]
* Click or tap here to enter text.
* Click or tap here to enter text.

Online Resources:

* [provide examples of online resources]
* Click or tap here to enter text.
* Click or tap here to enter text.

Social Media Groups

* [provide examples of social media groups]
* Click or tap here to enter text.
* Click or tap here to enter text.

**Assessor Details**

This Comprehensive Needs Assessment and Diagnostic Evaluation was conducted by a Choose an item.:

|  |  |
| --- | --- |
| Name: Click here to enter text.Role: Click or tap here to enter text.Qualifications: Click here to enter text. |  |
| (Signature) |

|  |  |
| --- | --- |
| Name: Click here to enter text.Role: Click or tap here to enter text.Qualifications: Click here to enter text. |  |
| (Signature) |

|  |  |
| --- | --- |
| Name: Click here to enter text.Role: Click or tap here to enter text.Qualifications: Click here to enter text. |  |
| (Signature) |

[Add further rows as required]

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. Arlington, USA: Author.