National Guideline

For the assessment and diagnosis of autism in Australia

Foundations of assessment



autismcrc.com.au/elearning



Knowledge, skills, training, supervision and regulation

Practitioners should have knowledge of:

- Human development
- Diagnostic criteria for common neurodevelopmental and behavioural conditions (including autism)
- Appropriate support services

Practitioners should have:

- Skills necessary to carry out their professional roles
- Skills and experience specific to working with autistic clients

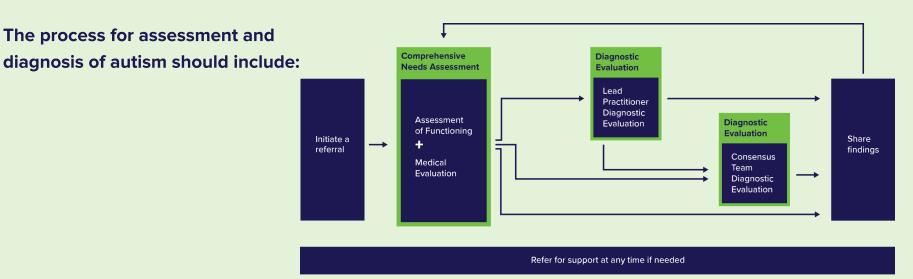
Practitioners should engage in:

• Ongoing professional development and supervision.

(Recommendation 14-16)



Process



Depending on which is likely to result in a more timely and accurate evaluation, practitioners may choose:

- Lead Practitioner Diagnostic Evaluation or
- Consensus Team Diagnostic Evaluation.

(Recommendation 12-13)

Collecting information

Practitioners should collect assessment information through:

- Talking with the client
- Talking with the client's family and family-like people (where relevant)
- Observing the way the client interacts with other people and the world around them in clinical or community settings

Practitioners should consult with:

• All relevant stakeholders to collect information that relates to the referral or assessment

Practitioners should consider using, but not rely solely on:

• Standardised assessment, to support clinical decision-making in relation to referral, Assessment of Functioning, Medical Evaluation, and Diagnostic Evaluation.

(Recommendation 19-22)



Settings (clinic, community and telehealth)

Assessment should occur in settings that:

Are appropriate for gathering an accurate and



Sharing information

Practitioners should:

- Meet with the client and provide information that addresses the client's reason for seeking assessment, including diagnostic outcome to better understand their strengths, needs, and support options
- complete understanding of the client and their context
- Supports the client's privacy, safety and comfort.

Telehealth may be used to complement in-person meetings, **but should not be used as the sole medium throughout the assessment and diagnostic process.**

- Document the assessment process and outcome, including their clinical judgements, recommendations and support options
- Share information with the client in a way that is timely, accurate, accessible, and appropriate
- Share information with other relevant practitioners in relation to:
 - Referral
 - Assessment of Functioning
 - Medical Evaluation
 - Diagnostic Evaluation
 - Planning and delivery of supports.

(Recommendation 23-26)



Referral for supports

(Recommendation 17-18)

Practitioners should refer the client to appropriate support as soon as a need is identified.

Referral may be to health, education, disability, social or community supports.



(Recommendation 27)

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Quality and safety

Practitioners should:

- Ensure that the client is aware of their service and support options at each stage of the assessment and diagnostic process
- Ensure that the client or their legal guardian provides consent for services received and referrals and can withdraw consent at any time
- Inform the client of any potential or actual conflicts of interest they may have in providing assessment services or making referrals
- Ensure that assessment services are delivered in safe environments
- Work in ways that support the client's emotional and mental health
- Inform the client about how they can provide feedback and make complaints about the services they receive
- Follow relevant international conventions, national and State/Territory legislative requirements, and other associated principles, standards, and frameworks
- Be familiar with, and respect, the client's individual language and terminology preferences
- Respect each client for who they are; respect their goals, values, and preferences; and work in ways that promote and protect their human rights.
 (Recommendation 28-36)