

[SITE LOGO]



[SITE NAME]

Name: [CHILD] [LASTNAME]
Date of Birth: XX/XX/XXXX
Dates of Evaluation: XX/XX/XXXX, XX/XX/XXXX, & XX/XX/XXXX
Age at Evaluation: X years, X month(s)

Background Information

This evaluation was conducted as part of [CHILD]'s participation in the Aligning Research to Impact Autism (ARIA) Innovative Medicine and Precision Approaches to Clinical Trial (IMPACT)-Ready Study at [SITE NAME]. This is a research study, which requires standardized assessment procedures. Therefore, we were not able to fully modify this evaluation based on each child's individual needs. Evaluation results and recommendations may be more general because of these limitations. We believe this information can still be useful for educational and treatment planning.

Measures Administered {INCLUDED MEASURES WILL BE A SUBSET FROM THIS LIST}

Bayley Scales of Infant and Toddler Development, 4th Edition (Bayley-4)
Stanford-Binet Intelligence Scales, 5th Edition (SB5)
Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2) - Module Toddler/1/2/3/4
Social Communication Questionnaire (SCQ)
Vineland Adaptive Behavior Scales, 3rd Edition (VABS-3)

Behavior Observations

[CHILD] attended X evaluation appointments, accompanied by [CAREGIVERS].
[MOOD/AFFECT]
[ATTENTION/ACTIVITY LEVEL]
[LANGUAGE/COMMUNICATION]
[MOTOR SKILLS]
[TASK ENGAGEMENT]
[OVERALL IMPRESSION OF ASSESSMENT ACCURACY]

Direct Assessment Measures

{FOR PARTICIPANTS >42 MONTHS}

Bayley Scales of Infant and Toddler Development, 4th Edition (Bayley-4)

The Bayley Scales of Infant and Toddler Development, 4th Edition (Bayley-4) was administered to assess [CHILD]'s developmental abilities across the following three domains: Cognitive, Language (Receptive and Expressive Communication), and Motor (Fine and Gross). Bayley-4 subtest scores are reported as scaled scores with a mean of 10 and a standard deviation of 3; composite scores are reported as standard scores with a mean of 100 and a standard deviation of 15.

The Cognitive domain includes a single subtest, which measures a child's attention, exploration of objects, early concept formation, and problem-solving abilities. [CHILD] obtained a Cognitive domain score of ## (scaled score ##), which falls at the ##th percentile and in the [Very Low/Low/Below

Average/Average/Above Average/High/Very High] range for children his/her age. He/She was able to [examples of skills demonstrated]. He/She was not yet able to [examples of skills not yet demonstrated].

The Language domain is divided into two subtests: Receptive Communication and Expressive Communication, which together yield a composite Language score. [CHILD] obtained a Language composite score of ##, which falls at the ##th percentile and in the [Very Low/Low/Below Average/Average/Above Average/High/Very High] range. The Receptive Communication subtest examines a child's ability to respond to and understand verbal input, including preverbal communication, vocabulary, and following directions. On this subtest, [CHILD] obtained a scaled score of ##, which falls at the ##th percentile. He/She was able to [examples of skills demonstrated]. He/She was not yet able to [examples of skills not yet demonstrated]. The Expressive Communication subtest measures a child's use of spoken language, gestures, and preverbal vocalizations to communicate. On this subtest, [CHILD] obtained a scaled score of ##, which falls at the ##th percentile. He/She was able to [examples of skills demonstrated]. He/She was not yet able to [examples of skills not yet demonstrated].

The Motor domain is divided into two subtests: Fine Motor and Gross Motor, which together yield a composite Motor score. [CHILD] obtained a Motor composite score of ##, which falls at the ##th percentile and in the [Very Low/Low/Below Average/Average/Above Average/High/Very High] range. The Fine Motor subtest assesses a child's visual tracking, reaching, grasping, and hand and finger coordination. On this subtest, [CHILD] obtained a scaled score of ##, which falls at the ##th percentile. He/She was able to [examples of skills demonstrated]. He/She was not yet able to [examples of skills not yet demonstrated]. The Gross Motor subtest assesses a child's movement, balance, and coordination of large muscle groups, including sitting, standing, walking, and stair climbing. On this subtest, [CHILD] obtained a scaled score of ##, which falls at the ##th percentile. He/She was able to [examples of skills demonstrated]. He/She was not yet able to [examples of skills not yet demonstrated].

[CHILD] obtained the following scores on the Bayley-4:

Scale / Subtest	Standard Score	Scaled Score	Percentile	Age Equivalent	Description
Cognition					
Cognitive					
Language					
Receptive Communication					
Expressive Communication					
Motor					
Fine Motor					
Gross Motor					

Subtest scaled scores have a mean of 10 and a standard deviation of 3. Composite standard scores have a mean of 100 and a standard deviation of 15.

{FOR PARTICIPANTS >42 MONTHS}

Bayley Scales of Infant and Toddler Development, 4th Edition (Bayley-4)

The Bayley Scales of Infant and Toddler Development, 4th Edition (Bayley-4) was administered to assess [CHILD]'s developmental abilities across the following three domains: Cognitive, Language (Receptive and Expressive Communication), and Motor (Fine and Gross). Because [CHILD] is outside the standard age range for this assessment, standardized scores are not available. Age equivalent scores are provided instead, which indicate the approximate developmental level that [CHILD]'s score correspond to in each domain. Please note, age equivalents are not considered exact and provide only a rough description of skill level.

The Cognitive domain includes a single subtest, which measures a child's attention, exploration of objects, early concept formation, and problem-solving abilities. [CHILD]'s age equivalent score on this subtest was ## months. He/She was able to [examples of skills demonstrated]. He/She was not yet able to [examples of skills not yet demonstrated].

The Language domain is divided into two subtests: Receptive Communication and Expressive Communication. The Receptive Communication subtest examines a child's ability to respond to and understand verbal input, including preverbal communication, vocabulary, and following directions. [CHILD]'s age equivalent score on this subtest was ## months. He/She was able to {examples of skills demonstrated}. He/She was not yet able to {examples of skills not yet demonstrated}. The Expressive Communication subtest measures a child's use of spoken language, gestures, and preverbal vocalizations to communicate. [CHILD]'s age equivalent score on this subtest was ## months. He/She was able to {examples of skills demonstrated}. He/She was not yet able to {examples of skills not yet demonstrated}.

The Motor domain is divided into two subtests: Fine Motor and Gross Motor. The Fine Motor subtest assesses a child's visual tracking, reaching, grasping, and hand and finger coordination. [CHILD]'s age equivalent score on this subtest was ## months. He/She was able to {examples of skills demonstrated}. He/She was not yet able to {examples of skills not yet demonstrated}. The Gross Motor subtest assesses a child's movement, balance, and coordination of large muscle groups, including sitting, standing, walking, and stair climbing. [CHILD]'s age equivalent score on this subtest was ## months. He/She was able to {examples of skills demonstrated}. He/She was not yet able to {examples of skills not yet demonstrated}.

[CHILD] obtained the following scores on the Bayley-4:

Subtest	Age Equivalent
Cognitive	
Receptive Communication	
Expressive Communication	
Fine Motor	
Gross Motor	

[OR]

Stanford Binet Intelligence Scale, 5th Edition (SB5)

The Stanford-Binet Intelligence Scales, 5th Edition (SB5) was administered as a measure of [CHILD]'s cognitive abilities across five factors: Fluid Reasoning, Knowledge, Quantitative Reasoning, Visual-Spatial Processing, and Working Memory. During standardized testing, [CHILD] demonstrated {good/variable attention and sustained motivation}. Based on these observations, the scores reported below are considered {valid estimates/underestimates} of [CHILD]'s current cognitive functioning.

The SB5 yields a Full Scale IQ (FSIQ) composed of scores from ten subtests spanning both Verbal and Nonverbal domains. The FSIQ, Nonverbal IQ [NVIQ], Verbal IQ [VIQ], and five Factor Index scores are reported with a mean of 100 and a standard deviation of 15; individual subtest scores are reported with a mean of 10 and a standard deviation of 3. [CHILD]'s FSIQ was ##, which falls in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range for children his/her age and at the ###th percentile.

[OR use for significant discrepancies between Nonverbal and Verbal domains]

[CHILD]'s score in the Nonverbal domain was significantly higher than his/her score in the Verbal domain. As such, his/her cognitive abilities are not well represented by a single summary score such as the FSIQ. Instead, [CHILD]'s abilities are best understood by examining his/her Nonverbal IQ (NVIQ) and Verbal IQ (VIQ) separately, as well as the five Factor Index scores.

[CHILD] obtained a Nonverbal IQ (NVIQ) of ##, which falls at the ###th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. The Nonverbal domain of the SB5 measures reasoning, problem-solving, and acquired knowledge through tasks that minimize expressive language demands. It is composed of Nonverbal subtests from each of the five cognitive factors described below.

[CHILD] obtained a Verbal IQ (VIQ) of ##, which falls at the ###th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. The Verbal domain of the SB5 measures similar cognitive abilities through tasks that require verbal responses and draw on language-based knowledge and reasoning. It is composed of Verbal subtests from each of the five cognitive factors described below.

[CHILD] obtained a Fluid Reasoning Index score of ##, which falls at the ###th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. This factor measures the ability to solve novel problems using logic and inductive/deductive reasoning, independent of previously learned knowledge. The Nonverbal subtest (Object Series/Matrices) requires [CHILD] to identify patterns in visual sequences, while the Verbal subtest (Early Reasoning/Verbal Absurdities/Verbal Analogies) requires verbal analogical and logical reasoning.

[CHILD] obtained a Knowledge Index score of ##, which falls at the ###th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. This factor assesses the breadth and depth of knowledge acquired from the environment, reflecting learning and long-term memory. The Nonverbal subtest (Procedural Knowledge/Picture Absurdities) measures practical and conceptual knowledge through pictures, while the Verbal subtest (Vocabulary) measures expressive vocabulary and word knowledge.

[CHILD] obtained a Quantitative Reasoning Index score of ##, which falls at the ##th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. This factor measures the ability to solve quantitative and numerical problems, drawing on both mathematical reasoning and procedural knowledge. The Nonverbal subtest (Nonverbal Quantitative Reasoning) presents numerical problems in a visual format, while the Verbal subtest (Verbal Quantitative Reasoning) requires verbal mathematical problem-solving.

[CHILD] obtained a Visual-Spatial Index score of ##, which falls at the ##th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. This factor assesses the ability to understand spatial relationships and analyze visual-spatial patterns. The Nonverbal subtest (Form Board/Form Patterns) requires [CHILD] to assemble puzzle-like forms, while the Verbal subtest (Position and Direction) measures understanding of spatial orientation and directions using verbal description.

[CHILD] obtained a Working Memory Index score of ##, which falls at the ##th percentile and in the {Very Low/Low/Below Average/Average/Above Average/High/Very High} range. This factor measures the ability to hold information in mind and mentally manipulate it over short periods. The Nonverbal subtest (Delayed Response/Block Span) assesses visual-spatial working memory, while the Verbal subtest (Memory for Sentences/Last Word) assesses auditory working memory for sentences and word sequences.

[Add if significant discrepancy between Nonverbal and Verbal subtests within a factor] There was a significant difference between [CHILD]'s scores on the two subtests comprising the {Factor Name} Index. He/She performed significantly better on the {Nonverbal/Verbal} subtest than on the {Nonverbal/Verbal} subtest. Therefore, [CHILD]'s Factor Index score may not fully capture the variability seen in his/her skills within this domain.

[CHILD] obtained the following scores on the SB5:

Scale	Standard Score	Percentile	Classification
Full Scale IQ (FSIQ)		th	
Nonverbal IQ (NVIQ)		th	
Verbal IQ (VIQ)		th	
Fluid Reasoning		th	
Knowledge		th	
Quantitative Reasoning		th	
Visual-Spatial		th	
Working Memory		th	

Standard scores are based on a mean of 100 with a standard deviation of 15.

Subtest	Scaled Score	Percentile
Fluid Reasoning		
NV: Object Series / Matrices	##	##th
V: Verbal Analogies / Absurdities	##	##th

Subtest	Scaled Score	Percentile
Knowledge		
NV: Procedural Knowledge / Picture Absurdities	##	##th
V: Vocabulary	##	##th
Quantitative Reasoning		
NV: Nonverbal Quantitative Reasoning	##	##th
V: Verbal Quantitative Reasoning	##	##th
Visual-Spatial		
NV: Form Board / Form Patterns	##	##th
V: Position and Direction	##	##th
Working Memory		
NV: Delayed Response / Block Span	##	##th
V: Memory for Sentences / Last Word	##	##th

IQ and Index scores have a mean of 100 and a standard deviation of 15. Subtest scaled scores have a mean of 10 and a standard deviation of 3.

Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2), Module **Toddler/1/2/3/4**

The Autism Diagnostic Observation Schedule (ADOS-2) is a semi-structured way to observe a child's current social and communication skills. The ADOS-2 provides several opportunities for social interaction and communication, measuring behaviors that are of particular interest for diagnosing autism spectrum disorders. [CHILD] displayed a range of social communication skills during the ADOS-2. Throughout most of the assessment, [CHILD] appeared relaxed and positive. His/her activity level matched the demands of the assessment/was high, although he/she were able to complete all planned activities.

[Use for Modules Toddler, 1 or 2]

Social Communication. [CHILD] used single words and vocalized to communicate during the ADOS-2. His/Her speech sometimes sounded different because of his/her intonation and pitch. [CHILD] occasionally used gestures such as clapping, but they were less frequent than expected for his/her stage of development. He/She also moved the examiner's hand without making eye contact to get a toy – a less common way to communicate. [CHILD] pointed to objects out of his/her reach, especially when making requests. However, [CHILD] did not coordinate his/her eye contact with pointing. [CHILD] made direct eye contact during some social interactions (e.g., XXX), but his/her eye contact was inconsistent overall. For example, he/she frequently vocalized without clearly directing his/her communication toward others. [CHILD] directed several facial expressions toward other people, including enjoyment, frustration and surprise. [CHILD] did not immediately respond when the clinician called his/her name; [CHILD] turned when his/her mother called his/her name. [CHILD] shared his/her interest by looking back and forth between a toy and the clinician. He/She did not consistently keep social interactions going and sometimes became focused on certain toys rather than interacting with his/her father/mother/caregiver or the clinician. Overall, [CHILD] is demonstrating some early social communication skills, but he/she is using them in a way that is less coordinated and consistent than expected for his/her developmental level.

Creative Play and Other Behaviors. [CHILD] was shown a variety of toys throughout the assessment and invited to play with them. He/She played with a toy phone, toy utensils, objects for a doll's

pretend birthday party, and toys that made sounds. In terms of creative play, [CHILD] did not play with the doll. He/She imitated the use of actual objects (e.g., X) but did not use objects to represent something else (e.g., XX). In addition to expected play, [CHILD] momentarily became preoccupied with sensory aspects of toys (e.g., XXX). [CHILD] engaged in repetitive motor movements during the ADOS-2, including holding his/her hands in unexpected positions, flapping his/her hands, and rocking his/her body. [CHILD] had difficulty transitioning away from preferred toys and activities (e.g., bubbles) but was able to complete all activities with extra encouragement.

[Use for Module 3]

Language and Social Communication. Throughout the assessment, [CHILD] spoke in complete sentences with two or more clauses. He/She used speech to share information about himself/herself (e.g., XXX) without being asked. [CHILD] also asked for information about the examiner's experiences on one occasion (e.g., XXX). [CHILD] provided a detailed description of an everyday routine (i.e., brushing teeth), but needed additional prompts to provide a clear and detailed account of a special event (e.g., XXX). [CHILD] engaged in one back-and-forth conversation about XX but did not keep other conversations going with the examiner. In terms of nonverbal communication, [CHILD] used descriptive gestures to augment his/her communication by gesturing to show how he/she brush his/her teeth and XXX. [CHILD] directed several facial expressions toward the examiner, but he/she did not consistently make eye contact during social interactions. Although he/she frequently tried to engage the examiner, [CHILD]'s attempts to connect with the examiner had less give-and-take and were less flexible than expected for his/her developmental level. [CHILD] responded to some of the examiner's questions, but his/her responses were generally limited to his/her own interests. [CHILD] had several chances to discuss social and emotional topics during the ADOS-2, including looking through pictures that included characters with emotional expressions and answering questions about his/her emotions and social experiences. He/She commented on the expressions or emotions of one character depicted in test materials (i.e., X), but had more difficulty describing his/her own emotional experiences. Likewise, [CHILD]'s understanding of social relationships was less well developed than would be expected for his/her age. For example, XXX.

Creative Play and Other Behaviors. [CHILD] was given several opportunities for creative play, including time to play freely with action figures and an assortment of random objects. [CHILD] enjoyed exploring the toys and occasionally followed the lead of the examiner during play. He/She showed limited flexibility in letting the examiner join in his/her play. No sensory-seeking behaviors were noted during the ADOS-2. [CHILD] did exhibit repetitive motor behaviors (e.g., XXX). Moreover, [CHILD] made consistent references to specific topics of interest during the ADOS-2, such as XXX. [CHILD]'s speech included occasional repetition of words (e.g., XXX) and unexpected word choice and phrasing (e.g., XXX).

Parent-Report Measures

Vineland Adaptive Behavior Scales, 3rd Edition (VABS-3)

The Vineland-3 provides information regarding developmental functioning in natural contexts. Adaptive behavior is defined as performance of the day-to-day activities necessary to take care of oneself and get along with others. Adaptive behavior represents the typical performance rather than the ability of an individual—what the person actually does as opposed to what he/she is capable of doing. The Vineland-3 provides information, based on caregiver report, about functioning in the following areas: Communication, Daily Living, Socialization and Motor Skills [INCLUDED DEPENDING ON AGE]. Scores in each of these domains are combined and expressed as an Adaptive Behavior Composite Score.

[CHILD]'s father/mother/caregiver was interviewed about his/her skills and behaviors at home in the Communication, Daily Living, and Socialization domains. Each domain and the overall Adaptive Behavior Composite result in a standard score (SS), with a mean of 100 and a standard deviation of 15, as well as percentile rank scores.

Based on paternal/maternal/caregiver report, [CHILD]'s overall Adaptive Behavior Composite score of ## falls in the {High, Moderately High, Adequate, Moderately Low, Low} range and at the ##th percentile. This score indicates that [CHILD]'s overall self-sufficiency and independent use of skills is below/consistent with/above chronological age expectations.

The Communication domain measures adaptive functioning in the areas of receptive, expressive, and written communication skills. [CHILD] obtained an overall score of ## in this area, which falls in the {High, Moderately High, Adequate, Moderately Low, Low} range. Receptive communication skills refer to skills such as understanding, listening and attending, and following instructions. Expressive communication skills refer to skills including grammar skills, interactive speech, and expression of complex ideas. Written communication skills refer to beginning reading and writing skills, as well as application of those skills in everyday life. [AREAS OF RELATIVE STRENGTH/WEAKNESS.]

The Daily Living Skills domain assesses adaptive functioning in terms of independent completion of day-to-day tasks in the home and community, and is divided into personal, domestic, and community skills. [CHILD]'s overall score of ## falls in the {High, Moderately High, Adequate, Moderately Low, Low} range. Domestic skills refer to the ability to demonstrate skills such as safety at home, kitchen tasks, and housekeeping tasks. Personal self-help skills include skills such as feeding oneself, toilet training, dressing, bathing, and grooming skills. Community skills include skills such as community and home safety awareness, telephone skills, knowledge of time and dates, and beginning money skills. [AREAS OF RELATIVE STRENGTH/WEAKNESS.]

The Socialization domain measures adaptive social skills in the areas of interpersonal relationships, play and leisure time skills, and coping skills. [CHILD] obtained an overall score of ## on this domain, falling in the {High, Moderately High, Adequate, Moderately Low, Low} range. Interpersonal relationships include skills such as responding to others, expressing and recognizing emotions, imitation skills, social communication skills, friendships, and thoughtfulness. Play and leisure time skills refer to play skills such as cooperation, sharing, turn-taking, imaginative play, seeking out others for play, going places with friends, playing interactive games with peers, and recognizing social cues. Coping skills refer to skills such as social manners, adaptability to change and transitions, apologizing for unintended mistakes, impulse control skills, keeping secrets, responsibility, and using appropriate social caution. [AREAS OF RELATIVE STRENGTH/WEAKNESS.]

The Motor Skills domain assesses gross and fine motor skills in daily life. [CHILD] obtained an overall score of ## on this domain, falling in the {High, Moderately High, Adequate, Moderately Low, Low} range. Gross motor involves using the large muscles of the body, while fine motor refers to small, coordinated movements of the hands and fingers. [AREAS OF RELATIVE STRENGTH/WEAKNESS.]

[CHILD] obtained the following scores on the VABS-3:

Domain	Standard Score	V-Scale Score	Percentile	Adaptive level
Communication				
Receptive				
Expressive				
Written				
Daily Living Skills				
Personal				
Domestic				
Community				
Socialization				
Interpersonal Relationships				
Play and Leisure Time				
Coping Skills				
Motor Skills				
Gross Motor Skills				
Fine Motor Skills				
Adaptive Behavior Composite				

Social Communication Questionnaire (SCQ)

The SCQ is a 40-item questionnaire that evaluates communication and social functioning challenges associated with ASD. The SCQ-Lifetime form focuses on the individual's developmental history, with an emphasis on the 4-5 year old age range. A total score at or above 15 is associated with a high likelihood of ASD. The SCQ-Lifetime was completed by [CHILD'S] [CAREGIVER]. [CHILD] obtained a total score of #, suggesting that his/her communication and social development history is/is not consistent with a diagnosis of ASD.

Summary and Recommendations

[CHILD] [LASTNAME] is a [DESCRIPTION] X-year-old child who participated in the Aligning Research to Impact Autism (ARIA) Innovative Medicine and Precision Approaches to Clinical Trial (IMPACT)-Ready Study at [SITE NAME]. During the assessment, [CHILD] demonstrated strengths that will serve him/her well in his/her continuing development. In particular, [CHILD] [STRENGTHS].

It was a pleasure to work with [CHILD] and your family, and we are very grateful for your participation in the study. In particular, thank you for your willingness to take time from your busy schedule to complete our measures and answer our questions in a thoughtful manner. If there are any questions regarding this report, please feel free to contact us at [SITE CONTACT INFO].

First, Last, Degree
Principal Investigator

First, Last, Degree
Lead Psychologist

First, Last, Degree
Psychometrist

First, Last, Degree
Study Coordinator