**STUDENT** SERVICES

**AUTISM SPECTRUM DISORDER** ASSESSMENT REPORT

***This report is CONFIDENTIAL and strictly for your information.***

***It will not be distributed in any way and must not be copied.***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Student |  | School/level:  |  |
| Address:  |  | Date of birth:  |  |
|  | Evaluation Date:  |  |
| Telephone No.:  |  | Age:  | 9 years, 2 months |

**Reason and source of request:**

The student was referred by the School's school team specifically to confirm if he meets the diagnostic criteria for Autism Spectrum Disorder.

**Background:** Student has been attending school since kindergarten. He received services in speech therapy and psychology and therefore a detailed history is found in his previous reports and will not be summarized. During the psychological assessment in March 2022, the school psychologist noticed several behavioural traits and social skills challenges that are observed in children with autism and recommended a formal assessment to screen for autism. Parents and school staff agreed. Student benefits from a transversal PAT adaptation plan since last year to ensure his academic success.

**Assessment Tools/Sources of Information:**

* Review of the student's file (psychology/speech-language pathology assessment)
* Interview with parents (done by Teams); Questionary – History of playing skills
* QHSP (parent/teacher) socio-pragmatic skills questionnaire
* Social Responsiveness Scale – Second Edition (SRS-2; parents et enseignant)
* Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)

**EVALUATION FINDINGS**

**Behaviours observed during the assessment**

When the specialist went to pick up Student from his class, he hid his head on his desk for a few seconds. While the specialist explained that she was there to play games with him, he took blocks from his desk and stood up abruptly to leave the classroom. In the corridor, he walked next to the specialist making atypical hand movements and with an atypical e gait (clumsy and on tiptoe). Once in the assessment room, the student was able to store his blocks in his trouser pockets following the specialist's suggestion. Student demonstrated excellent participation and cooperation during the evaluation session. He touched on many personal details with the specialist, but conversations were limited in reciprocity. When it was time to return to class, Étudiant walked quickly down the hallway, several meters in front of the specialist, and did not react when she said goodbye.

**Autism Diagnostic Observation Schedule – Second Edition (ADOS-2)**

Student completed the Autism Diagnostic Observation Schedule – Second Edition (ADOS-2), Module 3. It is a standardized assessment of communication skills, social interactions, and imaginary play. Module 3 is designed for children who communicate verbally with ease. The administration was completed by the undersigned school psychologist.

Étudiant was well engaged during the administration of ADOS-2. He spoke in complete sentences with quite complex grammatical structures. The intonation of his voice was generally appropriate depending on the context, however some script sentences (e.g., Look!) were presentedwith abnormal intonation. In addition, the rhythmof the speech was irregular and marked by pauses and breathes that cut words and sentences. Pupil did not make immediate echolalic imitations. He used some statements that were stereotypical or delayed echoes (e.g. "and his name is... ", "and his birthday is... »; direct quote with exact intonation of a toy ad). The student frequently presented information about his own thoughts and opinions but did not ask for the specialist's perspective. He was able to recount in precise detail a past event. Conversations with the Student were generally easy to start but difficult to maintain and consisted of few exchanges without specialist support (questions, comments, additions). Student frequently used informative gestures (pointing) and some descriptive gestures ("small") during the assessment. He had great difficulty integrating the use of gestures with his verbal communication.

Eye contact made by the student who was aware of the assessment was frequent but often short in duration. Eye contact was not well integrated with gestures and verbal communication. Student responded well to the essays ofthe specialist to elect a smile. He made a few spontaneous smiles that were directed at the specialist. He demonstrated obvious pleasure a few times during the administration of the test. Student has not demonstrated a good knowledge or understanding of emotions in others. He also failed to demonstrate a good understanding of social relations despite specific questions about it. Student required two clues to identify friends who are not cousins. He presented examples of actions completed by his brother to describe what a friend is. In general, Student did several social initiations that were positive and engaging. The subject of social openings was sometimes disconnected from the context and related to his personal interests. Student responded to the social initiations offered by the specialist inconsistently and sometimes inappropriately. The conversation was not reciprocated; he offered a lot of information about his personal life as well as his interests but never asked for information from the specialist and resisted or ignored offers of personal information. In sum, interactions with Student were easy to develop and maintain, but awkward and self-centered.

Student easily participated in the imaginary game for a solitary time and with the specialist. He presented creative and spontaneous ideas for the game and also managed to follow some game suggestions offered by the specialist. The use of objects during play time, however, was almost always functional (i.e., a ball is a ball; a measuring cup is for measuring).

Student has demonstrated an atypical sensory interest in the form of rubbing his pants/thighs on a few occasions. He also often had his hands in his pockets to touch blocks. Student demonstrated several repetitive behaviours/movements during the assessment. The most obvious was the clapping of hands. He also made some mannerisms ofhis fingers and less obvious eyebrows. Ritual and/or restricted behaviors were sometimes noted in the form of a need to list items and arrange markers in specific order.

**Social Responsiveness Scale 2 (SRS-2)**

The SRS-2 is a test that measures traits associated with autism for school-aged children. The SRS-2 compares a child's social behaviours to their peer group to determine if the child is demonstrating social traits that are typical for their age or that are at a significant level (indicating more difficulty, compared to their peers). The test is in quiz format that is answered by a parent or teacher. The SRS-2 is composed of 5 scales that assess different social skills that are associated with autism: social awareness (recognition and responsiveness to social cues in one's immediate environment); social cognition (accurate interpretation of the facial expressions and body language of others, evidence of imagination and creativity, understanding jokes, overstimulation); social communication (verbal and non-verbal communication of feelings, eye contact, respect for personal space, appropriate participation in conversations); social motivation (ease in social situations, social withdrawal, self-confidence) and restricted interests and repetitive behaviours (compulsions, rigid routines, stereotyped behaviours, specific and limited interests). Two summary indices are composed by the above scales: 1) the SRS-2 index which is an aggregate measure of all scales; and 2) the Social Communication and Interaction Index (SCI) which is composed of all scales except restricted interests and repetitive behaviours. IBS and the scale of restricted interests and repetitive behaviors are consistent with the diagnostic criteria for ASD in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

*Teacher's questionnaires:* The teacher's questionnaire was completed in the format of the school psychologist (Nicolas Gravel) with the teacher, Mr. Colbert Mouthé. The analysis of the questionnaire was done by the undersigned psychologist. The SRS-2 and ICS indices, as well as all scales, are above (and therefore significant) above the average. This indicates that at school, Étudiant demonstrates several significant deficits in social skills. His greatest challenges are related to his social awareness (recognizing the emotions and thoughts of others, not seeming to worry about him not acting like other children, paying attention to what others are doing) and repetitive and restrictive behaviors (shows strange behaviors, atypical sensory interests, a limited variety of interests, stereotyped movements).

*Parent questionnaire:* The parent questionnaire was completed by the undersigned psychologist in a format of interview with the student's mother and father (through Teams). Based on their responses, the SRS-2 and SCI indices, as well as the scales, are all above average. The parents' response patterns were similar to the teacher's responses. However, parents report a slightly more developed social cogniti than what is observed at school.

**Summary/Clinical Impressions:**

Student is a 9-year-old boy who has been referred specifically to determine if he meets the criteria for an ASD diagnosis.

The results of ADOS-2 indicate that Student demonstrates several ongoing challenges in communication and social interaction. Student has difficulty maintaining reciprocal conversations without clues or questions to support; demonstrates difficulty integrating gestures (non-verbal) and words (verbal); he demonstrates frequent but brief eye contact and limited variety of emotions; his responses to social openings are inconsistent and sometimes awkward; he has shown mutual pleasure in several activities; and a connection was easily established between him and the specialist. ADOS-2 also indicated that Student demonstrates some stereotypical use of sentences, repetitive and stereotyped movements, and restricted and atypical interests at the sensory level.

The SRS-2 questionnaires indicated that Student demonstrates significant challenges in social skills and repetitive and restrictive behaviours based on teacher and parent observations.

The qualifying questionnaires (early childhood play history and QHSP) indicate that Student demonstrates a history of social interaction and withdrawal challenges, a preference for routines and often requires support to integrate with other children.

To determine whether a diagnosis of ASD is merited, evidence of the presence of behaviours that meet specific criteria must be established. Behaviours may be present now, or may be indicated as being present in the past (symptoms areoften more obvious and pronounced in early childhood). The table below provides an overview of the specific diagnostic criteria as well as evidence ofbehaviours obtained during the assessment.

|  |  |  |
| --- | --- | --- |
| **Qualitative deficiencies in social communication****(all 3 are required)** | **Criteria are met?** | **Examples of behaviour** |
| 1. Socio-emotional reciprocity
 | **Yes** | * frequent but limited/limited social initiations (ADOS-2)
* difficulties in responding to social opportunities (ADOS-2; SRS-2/p + e)
* mild difficulties with sharing emotions/with affect (SRS-2/p + e)
* limited reciprocal conversations (ADOS-2; SRS2/p + e)
 |
| 1. Non-verbal communication
 | **Yes** | * Atypical eye contact (SRS-2/p + e)
* Misuse/understanding of affect (ADOS-2; SRS-2/e)
* Atypical speech quality (ADOS-2; SRS-2/p)
 |
| 1. Develop, maintain or understand social relationships
 | **Yes** | * Lack of interest in others (ADOS-2; SRS-2/p + e)
* Difficulty making friends (SRS-2/p + e)
* Limited imaginary play (ADOS-2; SRS-2/p + e)
* Difficulty adapting behaviour tothe social context (ADOS-2; SRS-2/e)
 |
| **Restricted/repetitive behaviours (need 2)** | **Criteria met?** | **Examples of behaviours** |
| 1. Motor movements or use of stereotyped objects
 | **Yes** | * Stereotyped and repetitive motor movements (finger/arm/body mannerisms) (ADOS-2; SRS-2/p + e)
 |
| 1. Insistence on stability (refusal of changes)
 | **Yes** | * strict adherence to routines (SRS-2/e)
* demonstrates atypical behaviours that indicate inflexibility during stress (SRS-2/p + e)
* resistance to change (SRS-2/p + e)
 |
| 1. Fixed interest
 | **Yes** | * present items in Llists; talk about holidays/dates of birth; numbers (ADOS-2)
* blocks (historical; SRS-2/p)
 |
| 1. Hyper/hypo sensitivity to sensory
 | **Yes** | * reacts to excessive noise (SRS-2/p + e)
 |
| **Symptoms present in early childhood** | **Yes** | * Language scripted during the game (history)
* Stereotyped/repetitive use of objects (toy rowing) (history)
* Responds to excessive noise (history)
* Stereotyped and repetitive motor movements (finger/arm/body mannerisms) (history)
 |

According to the results of this assessment, Student exhibits with (several/few) common behaviors in individuals with ASD.

The behavioural evidence obtained from this assessment meets the DSM-5 criteria for a diagnosis of **Autism Spectrum Disorder without intellectual or language disabilities**. It is classified as Level **1** (requiring small but essential support) in the field of social communication and **Level 2** (requiring considerable support) in the area of restricted and repetitive behaviour.

**Recommendations:**

1. The results of the report will be shared with parents and the school, as well as with Student according to parents' wishes.
2. The school should maintain school plans (PAT and PR as applicable) to ensure that Student's diverse needs are met while in school. The recommendations of the previous reports remain applicable and shall remain in force. The following recommendations can be incorporated into its current plans.
3. Some socio-pragmatic skills have emerged as problematic for the student and can therefore be addressed within universal teaching with the whole class, in small groups or individually. Here are the skills that could be worked on:
4. Know when and how to have the attention of another (read the social context before acting)
5. Ask for items or information from others
6. Identify and express one's own feelings and opinions
7. Join an activity/conversation appropriately and without adult cues
8. Work appropriately in a group of students
9. Read social context indices
10. Here are some websites that families and schools may want to visit to learn about autism:
* <https://autismawarenesscentre.com/>
* <https://autismcanada.org/>
* <https://www.autismspeaks.org/>
* <https://www.socialthinking.com/>

Students will continue to receive divisional services as needed. The school and parents will be able to turn to their team of specialists for support for Student. If you have any questions specific to this evaluation, please do not hesitate to contact us.

|  |  |
| --- | --- |
|  |  |
| Oschool rthophonist DSFMFranco-Manitoban school vision1263 chem Dawson, Lorette MB; R5K 0S1(204) 878-4424 ext. 3649christine.laramee@dsfm.mb.ca | School Psychologist (M.A. School Psychology)Franco-Manitoban school vision1263 chem Dawson, Lorette MB; R5K 0S1(204) 878-4424 ext. 3648carla.derksen@dsfm.mb.ca |