

ASRS[®]



Autism Spectrum Rating Scales (2-5 Years) Parent Ratings

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Interpretive Report

Child's Name/ID: abc
Age: 4 years
Gender: Male
Birth Date: April 01, 2011
Childcare Setting: Home childcare with a parent/guardian
Parent's Name/ID: bcd
Administration Date: August 18, 2015
Assessor's Name:
Data Entered By:
DSM Scoring Option: DSM-5

This Interpretive Report is intended for use by qualified assessors only.



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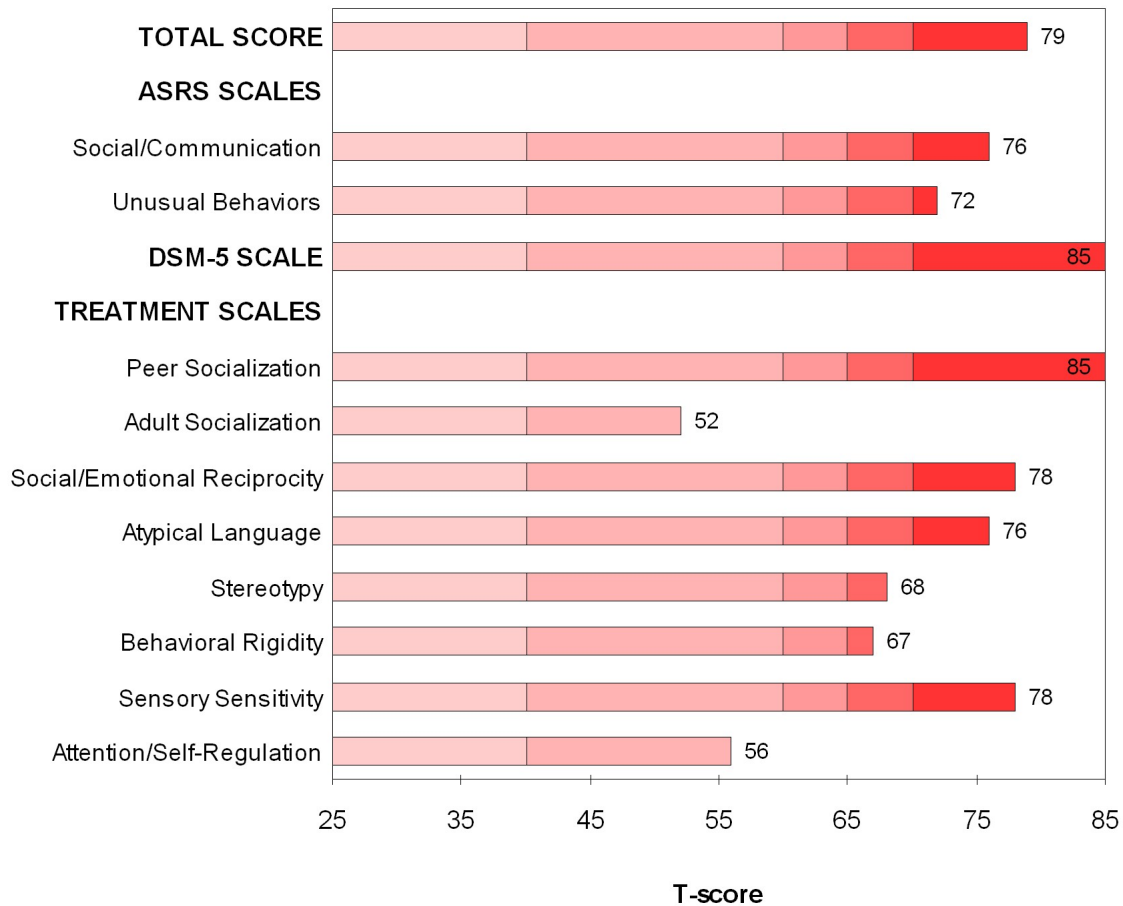
ver. 1.3

Overview of Results

The Autism Spectrum Rating Scales (2-5 Years) Parent Ratings form [ASRS (2-5 Years) Parent] is used to quantify observations of a child that are associated with Autism Spectrum Disorder. When used in combination with other information, results from the ASRS (2-5 Years) Parent form can help determine the likelihood that a child has symptoms associated with Autism Spectrum Disorder; this information can then be used to determine treatment targets. This computerized report provides quantitative information from the ratings of the child. Additional interpretive information can be found in the *ASRS Technical Manual*. This Interpretive Report is intended for use by qualified assessors only.

Based on responses to the ASRS (2-5 Years) Parent form, abc relates well to adults, and does not have problems with attention and/or motor and impulse control; however, he has difficulty using appropriate verbal and non-verbal communication for social contact, engages in unusual behaviors, has difficulty relating to children, has difficulty providing appropriate emotional responses to people in social situations, uses language in an atypical manner, engages in stereotypical behaviors, has difficulty tolerating changes in routine, and overreacts to sensory stimulation.

T-scores



Detailed Scores

The following table summarizes the rater's observations of abc and provides general information about how he compares to the normative group. Please refer to the *ASRS Technical Manual* for more information on the interpretation of these results.

Scale	T-score (90% CI)	Percentile	Classification	Interpretive Guideline
TOTAL SCORE				
Total Score	79 (75-81)	99	Very Elevated Score	Has many behavioral characteristics similar to children diagnosed with Autism Spectrum Disorder.
ASRS SCALES				
Social/ Communication	76 (72-78)	99	Very Elevated Score	Has difficulty using verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact.
Unusual Behaviors	72 (67-75)	99	Very Elevated Score	Has trouble tolerating changes in routine. Engages in apparently purposeless, stereotypical behaviors. Overreacts to certain sensory experiences.
DSM-5 SCALE				
DSM-5 Scale	85 (80-87)	99	Very Elevated Score	Has symptoms directly related to the DSM-5 diagnostic criteria for Autism Spectrum Disorder.
TREATMENT SCALES				
Peer Socialization	85 (76-86)	99	Very Elevated Score	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with other children.
Adult Socialization	52 (45-58)	58	Average Score	No problem indicated.
Social/Emotional Reciprocity	78 (71-80)	99	Very Elevated Score	Has limited ability to provide an appropriate emotional response to another person in a social situation.
Atypical Language	76 (62-76)	99	Very Elevated Score	Spoken communication may be repetitive, unstructured, or unconventional.
Stereotypy	68 (58-71)	96	Elevated Score	Engages in apparently purposeless and repetitive behaviors.
Behavioral Rigidity	67 (60-70)	96	Elevated Score	Has difficulty tolerating changes in routine, activities, or behavior; aspects of the environment must remain unchanged.
Sensory Sensitivity	78 (66-79)	99	Very Elevated Score	Overreacts to certain experiences sensed through touch, sound, vision, smell, or taste.
Attention/ Self-Regulation	56 (49-61)	73	Average Score	No problem indicated.

Note. CI = Confidence Interval.

Summary of Results

The following section summarizes the rater's observations of abc on the ASRS (2-5 Years) Parent form. Scores reported in this section include the obtained T-score, 90% Confidence Interval (CI), and Percentile Rank. Higher scores indicate greater problems.

ASRS Scales

Ratings on the **Social/Communication** scale indicate the extent to which the child uses verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact. Ratings on this scale yielded a T-score of 76 (90% CI = 72-78), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Unusual Behaviors** scale indicate the child's level of tolerance for changes in routine, engagement in apparently purposeless and stereotypical behaviors, and overreaction to certain sensory experiences. Ratings on this scale yielded a T-score of 72 (90% CI = 67-75), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Treatment Scales

Ratings on the **Peer Socialization** scale indicate the child's willingness and capacity to successfully engage in activities that develop and maintain relationships with other children. Ratings on this scale yielded a T-score of 85 (90% CI = 76-86), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Adult Socialization** scale indicate the child's willingness and capacity to successfully engage in activities that develop and maintain relationships with adults. Ratings on this scale yielded a T-score of 52 (90% CI = 45-58), which is ranked at the 58th percentile, and falls in the Average Score range.

Ratings on the **Social/Emotional Reciprocity** scale indicate the child's ability to provide an appropriate emotional response to another person in a social situation. Ratings on this scale yielded a T-score of 78 (90% CI = 71-80), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Atypical Language** scale indicate the extent to which the child is able to utilize spoken communication in a structured and conventional way. Ratings on this scale yielded a T-score of 76 (90% CI = 62-76), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Stereotypy** scale indicate the extent to which the child engages in apparently purposeless and repetitive behaviors. Ratings on this scale yielded a T-score of 68 (90% CI = 58-71), which is ranked at the 96th percentile, and falls in the Elevated Score range.

Ratings on the **Behavioral Rigidity** scale indicate the extent to which the child tolerates changes in his environment, routines, activities, or behaviors. Ratings on this scale yielded a T-score of 67 (90% CI = 60-70), which is ranked at the 96th percentile, and falls in the Elevated Score range.

Ratings on the **Sensory Sensitivity** scale indicate the child's level of tolerance for certain experiences sensed through touch, sound, vision, smell, or taste. Ratings on this scale yielded a T-score of 78 (90% CI = 66-79), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Attention/Self-Regulation** scale indicate the extent to which the child is able to appropriately focus attention on one thing while ignoring other things, as well as how well the child controls his behavior and thoughts, maintains focus, and resists distraction. Ratings on this scale yielded a T-score of 56 (90% CI = 49-61), which is ranked at the 73rd percentile, and falls in the Average Score range.

Total Score and DSM-5 Scale

Ratings on the **Total Score** scale indicate the extent to which the child's behavioral characteristics are similar to the behaviors of children diagnosed with Autism Spectrum Disorder. Ratings on this scale yielded a T-score of 79 (90% CI = 75-81), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **DSM-5 Scale** indicate how closely the child's symptoms match the DSM-5 criteria for Autism Spectrum Disorder. Ratings on this scale yielded a T-score of 85 (90% CI = 80-87), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

This pattern of scores indicates that the child has symptoms directly related to the DSM-5 diagnostic criteria, and is exhibiting many of the associated features characteristic of Autism Spectrum Disorder.

Treatment Targets

This section provides treatment targets based on elevated item scores (see *ASRS Items by Scale and Raw Scale Scores* for a full list of elevated items). See the *ASRS Technical Manual* for more information on elevated items and their use in formulating treatment targets.

Elevated Treatment Scales

This section provides treatment targets based on elevated items from all Slightly Elevated, Elevated, or Very Elevated Treatment Scales.

Peer Socialization

- Increase the amount of play with others.
- Increase ability to carry on appropriate conversations with other children.
- Increase interactive play with others.
- Increase the ability to play interactively with other children.
- Increase the ability to respond appropriately when speaking to other children.
- Increase the ability to seek out other children for socialization.
- Improve social relations with peers.
- Increase the ability to understand and respond appropriately to humor.
- Improve quality of peer interactions.

Social/Emotional Reciprocity

- Improve the ability to understand the feelings of others.
- Increase the ability to look at others appropriately while talking with them.
- Increase the ability to look at others appropriately while interacting with them.
- Increase the ability to appreciate and understand the views of others.
- Increase the ability to share enjoyable activities with others.
- Increase the ability to appropriately recognize social cues.
- Increase the ability to look at others when being spoken to.
- Increase the ability to respond appropriately to others' interests.
- Increase the ability to share and express pleasure when interacting with others.

Atypical Language

- Elevate language skills to an age-appropriate level.
- Demonstrate appropriate pitch, tone, and rhythm in speech.
- Increase appropriate social language by reducing the frequency of repetitive, out-of-context speech.
- Increase appropriate use of pronouns.
- Reduce echolalia.

Stereotypy

- Reduce obsessive lining up behavior.
- Reduce self-stimulatory behavior (e.g., hand flapping).
- Reduce inappropriate use of objects.

Behavioral Rigidity

- Increase flexibility and reduce rigidity in being able to engage in activities in a variety of ways.
- Increase flexibility in dealing with unexpected changes.
- Reduce the need to keep certain objects with him/her at all times.
- Reduce rigidity and inflexibility in accepting changes in routine.

Sensory Sensitivity

- Increase the ability to tolerate touch and normal physical contact.
- Increase the ability to respond appropriately to loud noises.
- Reduce pica.
- Increase appropriate response to tactile stimulation.

Other Treatment Considerations

This section provides treatment targets based on all elevated items not described above (see the *ASRS Technical Manual* for details).

- Increase the ability to point upon direction. (Social/Communication)
- Develop imaginary play. (Social/Communication)
- Increase the ability to appropriately start conversations with others. (Social/Communication)
- Increase the ability to maintain appropriate conversations. (Social/Communication)
- Increase the ability to play appropriately with toys. (Social/Communication)
- Increase the ability to make needs known to others. (Social/Communication)
- Increase ability to carry on an appropriate conversation with adults. (Adult Socialization)
- Increase ability to sustain attention for enjoyable activities. (Attention/Self-Regulation)
- Develop ability to sit still when required. (Attention/Self-Regulation)
- Increase ability to sustain attention in the presence of distractions. (Attention/Self-Regulation)

ASRS (2-5 Years) Parent Ratings Feedback Handout

Child's Name/ID: abc
Child's Age: 4 years
Date of Assessment: August 18, 2015
Parent's Name/ID: bcd
Assessor's Name:

This feedback handout explains scores from parent ratings of this child's behaviors as assessed by using the ASRS (2-5 Years) Parent form. This section of the report may be given to parents (caregivers) or to a third party upon parental consent.

What is the ASRS?

The ASRS is a set of rating scales that is used to gather information about the behaviors and feelings of children. These rating scales can be completed by parents and teachers/childcare providers. The ASRS forms were developed by Drs. Goldstein and Naglieri, experts in child and adolescent behavior and test development. Research has shown that the ASRS scales are reliable and valid, which means that you can trust these scores.

Why do parents complete the ASRS?

Information from parents (or guardians) about their child's behavior is extremely important, as parents generally know their child better than anyone else. Parents can describe their child's behaviors in a number of different situations, including in the home and in the community.

The most common reason for using the ASRS is to better understand a child who is having difficulty and to determine how to help. The ASRS can also be used to make sure that treatment services are helping, or to see if the child is improving. Sometimes the ASRS is used for a routine check, even if there is no reason to suspect the child is struggling with a problem. If you are not sure why you were asked to complete the ASRS, please ask the assessor listed at the top of this feedback handout.

How does the ASRS work?

The parent read 70 items, and decided how often the child displayed each behavior in the past four weeks ("Never," "Rarely," "Occasionally," "Frequently," or "Very Frequently"). The parent's responses to these 70 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, socialization). The parent's responses were compared with what is expected for children in the same age group as abc. This information helps the assessor know if abc is having more difficulty in a certain area than his peers. All of this information is used to determine if abc needs help in a certain area and what kind of help is needed.

Results from the ASRS

The assessor who asked the parent to complete the ASRS will help explain these results and answer any questions you might have. As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the results do not make sense to you, you should let the assessor know so that you can discuss other possible explanations for reported behaviors.

The following tables list the main topics covered by the ASRS (2-5 Years) Parent form. These tables give you information about whether the parent described typical or average levels of concern (that is, "not an area of concern"), or if the parent described "more concerns than average." The tables also give you a short description of the types of difficulties that are included in each possible problem area. abc may not show *all* of the problems in an area; it is possible to have "more concerns than average" even if only *some* of the problems are happening. Also, it is possible that a parent may describe typical or average levels of concern even if abc is showing *some* of the problems in an area. Note that a checkmark in the "more concerns than average" box does not necessarily mean that abc has a serious problem and is in need of treatment. ASRS results must be combined with information from other sources (for example, other test results and observations of the child) and be confirmed by a qualified clinician before a conclusion is made that an actual problem exists.

Socialization

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Has difficulty engaging in social contact through communication.
	✓	Has difficulty developing and maintaining relationships with other children.
✓		Has difficulty developing and maintaining relationships with adults.
	✓	Has difficulty providing an appropriate emotional response to another person in a social situation.

Unusual Behaviors

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	May not tolerate changes in routine. May engage in apparently purposeless, stereotypical behaviors. May overreact to certain sensory experiences.
	✓	Language is used in a repetitive, unstructured, or unconventional way.
	✓	Has difficulty tolerating changes in routine, activities, or behavior.
	✓	Engages in apparently purposeless and repetitive behaviors.
	✓	Overreacts to touch, sound, vision, smell, or taste.

Attention and Self-Regulation

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Has difficulty paying attention to one thing while ignoring distractions; appears disorganized. Has deficits in attention and/or motor/impulse control; is argumentative.