

## NEURODEVELOPMENTAL AND BEHAVIORAL HEALTH TESTS

### Section A: Visual Spatial Skill

<b>Beery VMI-6 (≥8 yrs)</b>	If not done, please select one response: <input type="checkbox"/> Too Low Functioning <input type="checkbox"/> Refused <input type="checkbox"/> Unable to complete <input type="checkbox"/> Other, specify: _____
<b>Date of assessment:</b>	_ _ - _ _ - _ _ _ _  M M - D D - Y Y Y Y
<b>Administration language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <b>Initials of psychometric tester:</b> ___ ___ ___
	<b>Standard Score</b>
<b>Beery VMI:</b>	_   _   _  (Range 45-155)

### Section B: Intelligence

<b>Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V) (Age &lt;16)</b>	If not done, please select one response: <input type="checkbox"/> Not Applicable (Age ≥16) <input type="checkbox"/> Refused <input type="checkbox"/> Too Low Functioning <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unable to complete
<b>Date of assessment:</b>	_ _ - _ _ - _ _ _ _  M M - D D - Y Y Y Y
<b>Administration language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <b>Initials of psychometric tester:</b> ___ ___ ___
	<b>Scaled Score</b>
Block Design	_   _  (Range 1-19)
Similarities	_   _  (Range 1-19)
Matrix Reasoning	_   _  (Range 1-19)
Digit Span	_   _  (Range 1-19)
Coding	_   _  (Range 1-19)
Vocabulary	_   _  (Range 1-19)
Figure Weights	_   _  (Range 1-19)
Symbol Search	_   _  (Range 1-19)
	<b>Standard Score</b>
Verbal Comprehension Index	_   _   _  (Range 45-155)
Fluid Reasoning Index	_   _   _  (Range 45-155)
Processing Speed Index	_   _   _  (Range 45-155)
Full-Scale IQ	_   _   _  (Range 40-160)



**IMMEDIATE Recall Picture Memory Subtest**

Refused

	Raw Score	Scaled Score
Picture Memory	_   _  (Range 0-51)	_   _  (Range 1-19)

**DELAYED Recall Story Memory Subtest**

Refused

	Raw Score	Scaled Score
Story Memory Recall	_   _  (Range 0-78)	_   _  (Range 1-19)
Story Recognition	_   _  (Range 0-40)	_   _  (Range 1-19)

**DELAYED Recall Picture Memory Subtest**

Refused

	Raw Score	Scaled Score
Picture Memory Recognition	_   _  (Range 0-44)	_   _  (Range 1-19)

**Section D: Math / Reading / Writing**

**WRAT4 (≥8 yrs)**

If not done, please select one response:

- Too Low Functioning     Refused  
 Unable to complete     Other, specify: \_\_\_\_\_

**Date of assessment:**    |\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
M M - D D - Y Y Y Y

**Administration language:**     English     Spanish

**Initials of psychometric tester:**    \_ \_ \_

	Raw Score	Standard Score
Word Reading	_   _  (Range 0-70)	_   _   _  (Range 55-145)
Sentence Comprehension	_   _  (Range 0-50)	_   _   _  (Range 55-145)
Spelling	_   _  (Range 0-57)	_   _   _  (Range 55-145)
Math Computation	_   _  (Range 0-55)	_   _   _  (Range 55-145)
Reading Composite	_   _   _  (Range 110-290)	_   _   _  (Range 55-145)

**Section E: Executive Function**

**D-KEFS (≥8 yrs)** **If not done, please select one response:**  
 Too Low Functioning  Refused  
 Unable to complete  Other, specify: \_\_\_\_\_

**Date of assessment:** |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

**Administration language:**  English  Spanish **Initials of psychometric tester:** \_\_ \_\_ \_\_

**Verbal fluency Subtest**  Refused

	Raw Score	Scaled Score
Letter Fluency: Total Correct	__   __   __  (Range 0-120)	__   __  (Range 1-19)
Category Fluency: Total	__   __  (Range 0-99)	__   __  (Range 1-19)
Category Switching: Total Correct Responses	__   __  (Range 0-99)	__   __  (Range 1-19)
Category Switching: Total Switching Accuracy	__   __  (Range 0-99)	__   __  (Range 1-19)

**Trail Making Subtest**  Refused

	Raw Score	Scaled Score
Visual Scanning	__   __   __  (Range 0-151)	__   __  (Range 1-19)
Number Sequencing	__   __   __  (Range 0-151)	__   __  (Range 1-19)
Letter Sequencing	__   __   __  (Range 0-151)	__   __  (Range 1-19)
Number-Letter Switching	__   __   __  (Range 0-241)	__   __  (Range 1-19)
Motor Speed	__   __   __  (Range 0-151)	__   __  (Range 1-19)

**Tower Subtest**  Refused

	Raw Score	Scaled Score	Cumulative Percentile Rank
Total Achievement Score	__   __  (Range 0-30)	__   __  (Range 1-19)	
Total Rule Violations	__   __  (Range 0-99)		__   __   __  % (Range 0-100)
Move Accuracy Ratio	__ . __	__   __  (Range 1-19)	

### Section F: Language

**WIAT-III Oral Language Composite**  
(≥8 yrs)

If not done, please select one response:

- Too Low Functioning     Refused  
 Unable to complete     Other, specify: \_\_\_\_\_

**Date of assessment:**    |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

**Administration language:**     English     Spanish    **Initials of psychometric tester:**    \_\_ \_\_ \_\_

**Listening Comprehension**  Refused

	Standard Score
Listening Comprehension	__   __   __     (Range 40-160)

**Oral Expression**  Refused

	Standard Score
Oral Expression	__   __   __     (Range 40-160)
Oral Language Index	__   __   __     (Range 40-160)

### Section G: Social Cognition

**Reading the Mind in the Eyes Task**  
(≥8 yrs)

If not done, please select one response:

- Too Low Functioning     Refused  
 Unable to complete     Other, specify: \_\_\_\_\_

**Date of assessment:**    |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

**Administration language:**     English     Spanish    **Initials of psychometric tester:**    \_\_ \_\_ \_\_

**Version administered:**     Child (<18 yrs)     Adult (≥18 yrs)

<b>Total Correct</b>	__   __     (Range: Child version 0-28) (Range: Adult version 0-36)
----------------------	--



Item A-7      |\_\_| |\_\_|      (Range 0-3)

Item A-8      |\_\_| |\_\_|      (Range 0-8)

**B. Reciprocal Social Interaction**

Item B-1      |\_\_| |\_\_|      (Range 0-2)

Item B-2      |\_\_| |\_\_|      (Range 0-3)

Item B-3      |\_\_| |\_\_|      (Range 0-2)

Item B-4      |\_\_| |\_\_|      (Range 0-3)

Item B-5      |\_\_| |\_\_|      (Range 0-3)

Item B-6      |\_\_| |\_\_|      (Range 0-3)

Item B-7      |\_\_| |\_\_|      (Range 0-3)

Item B-8      |\_\_| |\_\_|      (Range 0-2)

Item B-9      |\_\_| |\_\_|      (Range 0-2)

Item B-10     |\_\_| |\_\_|      (Range 0-2)

Item B-11     |\_\_| |\_\_|      (Range 0-3)

Item B-12     |\_\_| |\_\_|      (Range 0-3)

Item B-13a    |\_\_| |\_\_|      (Range 0-7)

Item B-13b    |\_\_| |\_\_|      (Range 0-8)

Item B-14     |\_\_| |\_\_|      (Range 0-3)

Item B-15     |\_\_| |\_\_|      (Range 0-3)

Item B-16     |\_\_| |\_\_|      (Range 0-3)

**C. Play**

Item C-1      |\_\_| |\_\_|      (Range 0-3)

Item C-2      |\_\_| |\_\_|      (Range 0-3)

**D. Stereotyped Behaviors and Restricted Interests**

Item D-1      |\_\_| |\_\_|      (Range 0-3)

Item D-2      |\_\_| |\_\_|      (Range 0-3)

Item D-3      |\_\_| |\_\_|      (Range 0-2)

Item D-4      |\_\_| |\_\_|      (Range 0-3)

**E. Other Abnormal Behaviors**

Item E-1      |\_\_| |\_\_|      (Range 0-7)

Item E-2      |\_\_| |\_\_|      (Range 0-3)

Item E-3      |\_\_| |\_\_|      (Range 0-2)

**Module 2** Not Done**Social Affect (SA)**      |\_\_| |\_\_|      (Range 0-20)**Restricted and Repetitive Behavior (RRB)**      |\_\_| |\_\_|      (Range 0-8)**Overall Total ADOS-2 Score**      |\_\_| |\_\_|      (Range 0-28)

**ADOS-2 Classification:**  Autism  
 Autism Spectrum  
 Non Spectrum

**ADOS-2 Comparison Score:** |\_\_| |\_\_| (Range 1-10)

**What is your level of certainty for the diagnosis selected?**  
 Select the Clinical Certainty Score for the diagnosis from the scale below:

**1= Not at all certain**      **2**      **3= Somewhat certain**      **4**      **5= Very certain**

                      

**What specific factors had an impact on the level of certainty for diagnosis selected?**

- Level of cognitive impairment or deficits makes determination of ASD features difficult
- Discrepancy between clinician assessment and formal assessment measures
- Discrepancy between parent report and direct observation
- Limited testing and/or observation
- Comorbid conditions or concurrent illness
- Seizure activity during administration
- Recent medication changes
- Sedation for medical procedures prior to developmental testing
- Other, specify: \_\_\_\_\_

**A. Language and Communication**

Item A-1	__   __	(Range 0-3)
Item A-2	__   __	(Range 0-8)
Item A-3	__   __	(Range 0-3)
Item A-4	__   __	(Range 0-3)
Item A-5	__   __	(Range 0-3)
Item A-6	__   __	(Range 0-3)
Item A-7	__   __	(Range 0-8)

**B. Reciprocal Social Interaction**

Item B-1	__   __	(Range 0-2)
Item B-2	__   __	(Range 0-2)
Item B-3	__   __	(Range 0-3)
Item B-4	__   __	(Range 0-3)
Item B-5	__   __	(Range 0-2)
Item B-6	__   __	(Range 0-2)
Item B-7	__   __	(Range 0-3)
Item B-8	__   __	(Range 0-3)
Item B-9a	__   __	(Range 0-7)
Item B-9b	__   __	(Range 0-8)
Item B-10	__   __	(Range 0-3)
Item B-11	__   __	(Range 0-3)



Item B-12	__   __	(Range 0-3)
-----------	---------	-------------

**C. Play**

Item C-1	__   __	(Range 0-3)
----------	---------	-------------

Item C-2	__   __	(Range 0-3)
----------	---------	-------------

**D. Stereotyped Behaviors and Restricted Interests**

Item D-1	__   __	(Range 0-3)
----------	---------	-------------

Item D-2	__   __	(Range 0-3)
----------	---------	-------------

Item D-3	__   __	(Range 0-2)
----------	---------	-------------

Item D-4	__   __	(Range 0-3)
----------	---------	-------------

**E. Other Abnormal Behaviors**

Item E-1	__   __	(Range 0-7)
----------	---------	-------------

Item E-2	__   __	(Range 0-3)
----------	---------	-------------

Item E-3	__   __	(Range 0-2)
----------	---------	-------------

**Module 3**  Not Done

<b>Social Affect (SA)</b>	__   __	(Range 0-20)
---------------------------	---------	--------------

<b>Restricted and Repetitive Behavior (RRB)</b>	__   __	(Range 0-8)
---	---------	-------------

<b>Overall Total ADOS-2 Score</b>	__   __	(Range 0-28)
-----------------------------------	---------	--------------

<b>ADOS-2 Classification:</b>	<input type="checkbox"/> Autism <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Non Spectrum	<b>ADOS-2 Comparison Score:</b>  __   __  (Range 1-10)
-------------------------------	--	--

**What is your level of certainty for the diagnosis selected?**  
 Select the Clinical Certainty Score for the diagnosis from the scale below:

<b><u>1= Not at all certain</u></b>	<b>2</b>	<b><u>3= Somewhat certain</u></b>	<b>4</b>	<b><u>5= Very certain</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What specific factors had an impact on the level of certainty for diagnosis selected?**

- Level of cognitive impairment or deficits makes determination of ASD features difficult
- Discrepancy between clinician assessment and formal assessment measures
- Discrepancy between parent report and direct observation
- Limited testing and/or observation
- Comorbid conditions or concurrent illness
- Seizure activity during administration
- Recent medication changes
- Sedation for medical procedures prior to developmental testing
- Other, specify: \_\_\_\_\_

**A. Language and Communication**

Item A-1	__   __	(Range 0-3)
Item A-2	__   __	(Range 0-7)
Item A-3	__   __	(Range 0-3)
Item A-4	__   __	(Range 0-3)
Item A-5	__   __	(Range 0-2)
Item A-6	__   __	(Range 0-3)
Item A-7	__   __	(Range 0-3)
Item A-8	__   __	(Range 0-3)
Item A-9	__   __	(Range 0-8)

**B. Reciprocal Social Interaction**

Item B-1	__   __	(Range 0-2)
Item B-2	__   __	(Range 0-2)
Item B-3	__   __	(Range 0-8)
Item B-4	__   __	(Range 0-3)
Item B-5	__   __	(Range 0-2)
Item B-6	__   __	(Range 0-3)
Item B-7	__   __	(Range 0-3)
Item B-8	__   __	(Range 0-7)
Item B-9	__   __	(Range 0-3)
Item B-10	__   __	(Range 0-3)
Item B-11	__   __	(Range 0-3)

**C. Imagination**

Item C-1	__   __	(Range 0-3)
----------	---------	-------------

**D. Stereotyped Behaviors and Restricted Interests**

Item D-1	__   __	(Range 0-3)
Item D-2	__   __	(Range 0-3)
Item D-3	__   __	(Range 0-2)
Item D-4	__   __	(Range 0-3)
Item D-5	__   __	(Range 0-2)

**E. Other Abnormal Behaviors**

Item E-1	__   __	(Range 0-7)
Item E-2	__   __	(Range 0-3)
Item E-3	__   __	(Range 0-2)

**Module 4**

Not Done

<b>Communication Total</b>	__   __	(Range 0-8)
<b>Social Interaction Total</b>	__   __	(Range 0-14)
<b>Communication + Social Interaction Total</b>	__   __	(Range 0-22)
<b>Imagination/Creativity</b>	__   __	(Range 0-2)
<b>Stereotyped Behaviors and Restricted Interests Total</b>	__   __	(Range 0-8)

**ADOS-2 Classification:**

Autism

Autism Spectrum

Non Spectrum

**What is your level of certainty for the diagnosis selected?**

Select the Clinical Certainty Score for the diagnosis from the scale below:

1= Not at all certain

**2**

3= Somewhat certain

**4**

5= Very certain

**What specific factors had an impact on the level of certainty for diagnosis selected?**

- Level of cognitive impairment or deficits makes determination of ASD features difficult
- Discrepancy between clinician assessment and formal assessment measures
- Discrepancy between parent report and direct observation
- Limited testing and/or observation
- Comorbid conditions or concurrent illness
- Seizure activity during administration
- Recent medication changes
- Sedation for medical procedures prior to developmental testing
- Other, specify: \_\_\_\_\_

**A. Language and Communication**

Item A-1	__   __	(Range 0-3)
Item A-2	__   __	(Range 0-7)
Item A-3	__   __	(Range 0-3)
Item A-4	__   __	(Range 0-3)
Item A-5	__   __	(Range 0-2)
Item A-6	__   __	(Range 0-3)
Item A-7	__   __	(Range 0-3)
Item A-8	__   __	(Range 0-3)
Item A-9	__   __	(Range 0-8)
Item A-10	__   __	(Range 0-8)

**B. Reciprocal Social Interaction**

Item B-1	__   __	(Range 0-2)
----------	---------	-------------

Item B-2	__   __	(Range 0-2)
Item B-3	__   __	(Range 0-8)
Item B-4	__   __	(Range 0-3)
Item B-5	__   __	(Range 0-3)
Item B-6	__   __	(Range 0-2)
Item B-7	__   __	(Range 0-3)
Item B-8	__   __	(Range 0-2)
Item B-9	__   __	(Range 0-3)
Item B-10	__   __	(Range 0-7)
Item B-11	__   __	(Range 0-3)
Item B-12	__   __	(Range 0-3)
Item B-13	__   __	(Range 0-3)

### C. Imagination

Item C-1	__   __	(Range 0-3)
----------	---------	-------------

### D. Stereotyped Behaviors and Restricted Interests

Item D-1	__   __	(Range 0-3)
Item D-2	__   __	(Range 0-3)
Item D-3	__   __	(Range 0-2)
Item D-4	__   __	(Range 0-3)
Item D-5	__   __	(Range 0-2)

### E. Other Abnormal Behaviors

Item E-1	__   __	(Range 0-7)
Item E-2	__   __	(Range 0-3)
Item E-3	__   __	(Range 0-2)