



Autism Spectrum Rating Scales (6-18 Years) Parent Ratings

By Sam Goldstein, Ph.D. & Jack A. Naglieri, Ph.D.

Interpretive Report

Youth's Name/ID: **Joey D**
 Age: 10 years
 Gender: Male
 Birth Date: January 02, 1999
 Grade: 5
 Parent's Name/ID: Mrs. D
 Administration Date: July 02, 2009
 Assessor's Name: Dr. G
 Data Entered By: Maria
 DSM Scoring Option: DSM-5

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



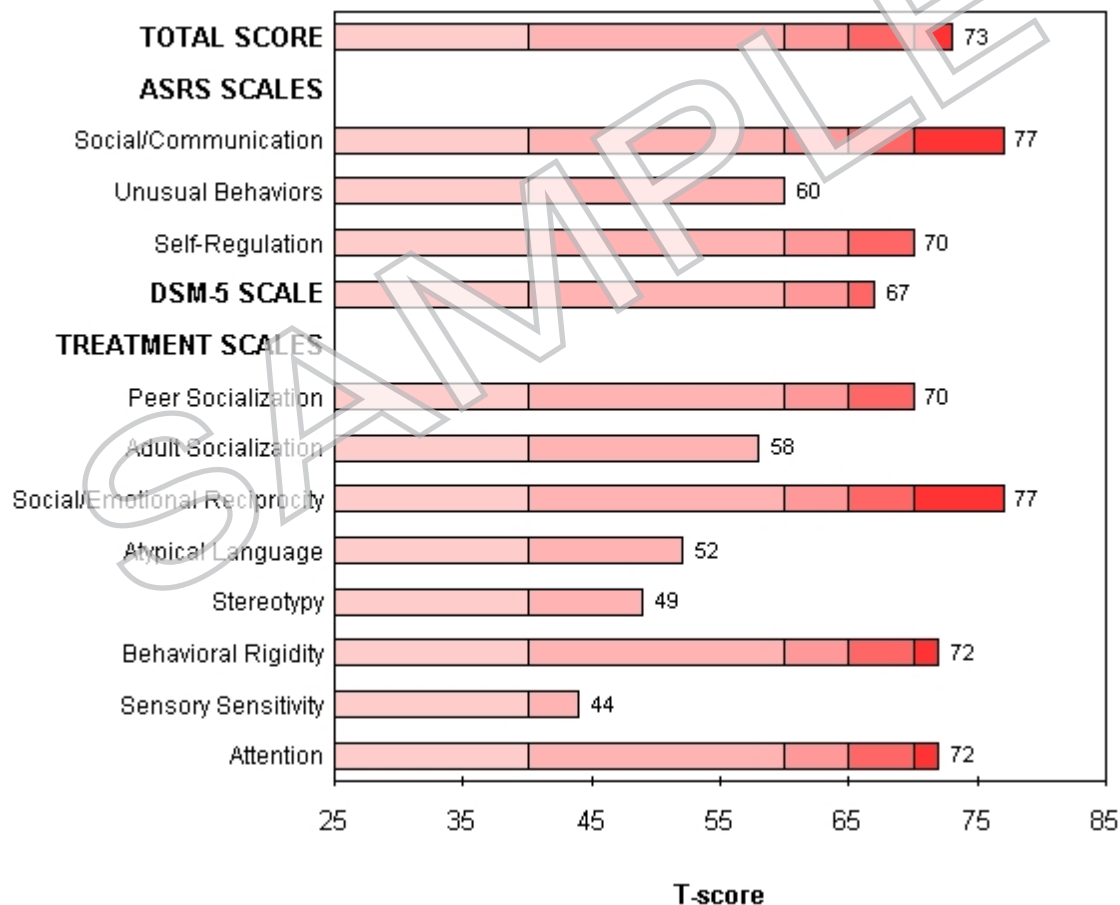
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Overview of Results

The Autism Spectrum Rating Scales (6-18 Years) Parent Ratings form [ASRS (6-18 Years) Parent] is used to quantify observations of a youth that are associated with Autism Spectrum Disorder. When used in combination with other information, results from the ASRS (6-18 Years) Parent form can help determine the likelihood that a youth 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 youth. 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 (6-18 Years) Parent form, Joey D relates well to adults, uses language appropriately, does not engage in stereotypical behaviors, and reacts appropriately to sensory stimulation; however, he has difficulty using appropriate verbal and non-verbal communication for social contact, engages in unusual behaviors, has problems with inattention and/or motor and impulse control, has difficulty relating to children, has difficulty providing appropriate emotional responses to people in social situations, has difficulty tolerating changes in routine, and has difficulty focusing attention.

T-scores



Detailed Scores

The following table summarizes the rater's observations of Joey D 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	73 (70-75)	99	Very Elevated Score	Has many behavioral characteristics similar to youth diagnosed with Autism Spectrum Disorder.
ASRS SCALES				
Social/ Communication	77 (72-79)	99	Very Elevated Score	Has difficulty using verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact.
Unusual Behaviors	60 (56-63)	84	Slightly Elevated Score	Has trouble tolerating changes in routine. Engages in apparently purposeless, stereotypical behaviors. Overreacts to certain sensory experiences.
Self-Regulation	70 (64-73)	98	Very Elevated Score	Has deficits in attention and/or motor/impulse control; is argumentative.
DSM-5 SCALE				
DSM-5 Scale	67 (63-70)	96	Elevated Score	Has symptoms directly related to the DSM-5 diagnostic criteria for Autism Spectrum Disorder.
TREATMENT SCALES				
Peer Socialization	70 (62-73)	98	Very Elevated Score	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with other children.
Adult Socialization	58 (49-63)	79	Average Score	No problem indicated.
Social/Emotional Reciprocity	77 (69-79)	99	Very Elevated Score	Has limited ability to provide an appropriate emotional response to another person in a social situation.
Atypical Language	52 (46-58)	58	Average Score	No problem indicated.
Stereotypy	49 (43-56)	46	Average Score	No problem indicated.
Behavioral Rigidity	72 (65-75)	99	Very Elevated Score	Has difficulty tolerating changes in routine, activities, or behavior; aspects of the environment must remain unchanged.
Sensory Sensitivity	44 (39-51)	27	Average Score	No problem indicated.
Attention	72 (65-75)	99	Very Elevated Score	Has trouble appropriately focusing attention on one thing while ignoring distractions; appears disorganized.

Note. CI = Confidence Interval.

Summary of Results

The following section summarizes the rater's observations of Joey D on the ASRS (6-18 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 youth uses verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact. Ratings on this scale yielded a T-score of 77 (90% CI = 72-79), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Unusual Behaviors** scale indicate the youth'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 60 (90% CI = 56-63), which is ranked at the 84th percentile, and falls in the Slightly Elevated Score range.

Ratings on the **Self-Regulation** scale indicate how well the youth controls his behavior and thoughts, maintains focus, and resists distraction. Ratings on this scale yielded a T-score of 70 (90% CI = 64-73), which is ranked at the 98th percentile, and falls in the Very Elevated Score range.

Treatment Scales

Ratings on the **Peer Socialization** scale indicate the youth's willingness and capacity to successfully engage in activities that develop and maintain relationships with other youth. Ratings on this scale yielded a T-score of 70 (90% CI = 62-73), which is ranked at the 98th percentile, and falls in the Very Elevated Score range.

Ratings on the **Adult Socialization** scale indicate the youth'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 58 (90% CI = 49-63), which is ranked at the 79th percentile, and falls in the Average Score range.

Ratings on the **Social/Emotional Reciprocity** scale indicate the youth's ability to provide an appropriate emotional response to another person in a social situation. Ratings on this scale yielded a T-score of 77 (90% CI = 69-79), 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 youth is able to utilize spoken communication in a structured and conventional way. Ratings on this scale yielded a T-score of 52 (90% CI = 46-58), which is ranked at the 58th percentile, and falls in the Average Score range.

Ratings on the **Stereotypy** scale indicate the extent to which the youth engages in apparently purposeless and repetitive behaviors. Ratings on this scale yielded a T-score of 49 (90% CI = 43-56), which is ranked at the 46th percentile, and falls in the Average Score range.

Ratings on the **Behavioral Rigidity** scale indicate the extent to which the youth tolerates changes in his environment, routines, activities, or behaviors. Ratings on this scale yielded a T-score of 72 (90% CI = 65-75), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Sensory Sensitivity** scale indicate the youth's level of tolerance for certain experiences sensed through touch, sound, vision, smell, or taste. Ratings on this scale yielded a T-score of 44 (90% CI = 39-51), which is ranked at the 27th percentile, and falls in the Average Score range.

Ratings on the **Attention** scale indicate the extent to which the youth is able to appropriately focus attention on one thing while ignoring other things. Ratings on this scale yielded a T-score of 72 (90% CI = 65-75), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Total Score and DSM-5 Scale

Ratings on the **Total Score** scale indicate the extent to which the youth's behavioral characteristics are similar to the behaviors of youth diagnosed with Autism Spectrum Disorder. Ratings on this scale yielded a T-score of 73 (90% CI = 70-75), 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 youth's symptoms match the DSM-5 criteria for Autism Spectrum Disorder. Ratings on this scale yielded a T-score of 67 (90% CI = 63-70), which is ranked at the 96th percentile, and falls in the Elevated Score range.

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

SAMPLE

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 ability to carry on appropriate conversations with other children.
- Increase the amount of play with others.
- Increase the ability to understand and respond appropriately to humor.
- Improve quality of peer interactions.
- Increase the ability to respond appropriately when speaking to other children.

Social/Emotional Reciprocity

- Improve appropriate emotional expression in social interactions.
- Increase the ability to share enjoyable activities with others.
- Increase the ability to look at others appropriately while talking with them.
- Increase the ability to look at others when being spoken to.
- Improve the ability to understand the feelings of others.
- Increase the ability to appropriately recognize social cues.
- Develop the ability to respond appropriately to other people's thoughts or feelings.
- Increase the ability to share and express pleasure when interacting with others.
- Increase the ability to respond appropriately to others' interests.
- Increase the ability to smile appropriately in social and related situations.
- Increase the ability to look at others appropriately while interacting with them.

Behavioral Rigidity

- Reduce severity of reactions to changes in routine.
- 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 rigidity and inflexibility in accepting changes in routine.
- Develop the ability to flexibly deal with changes in routine.

Attention

- Develop more efficient organizational skills.
- Increase compliance and appropriate follow through with instructions.
- Increase participation in tasks that require sustained effort.
- Increase the ability to remember how to complete simple tasks.
- Increase ability to sustain attention when completing homework, chores, and other required activities.
- Reduce hurried and careless mistakes in school work.
- Increase the ability to listen when spoken to.
- Increase ability to sustain attention for enjoyable activities.
- Increase task completion.

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 maintain appropriate conversations. (Social/Communication)
- Increase the ability to appropriately start conversations with others. (Social/Communication)
- Increase ability to wait his/her turn when required. (Self-Regulation)
- Decrease interrupting and/or intruding behaviors. (Self-Regulation)
- Develop ability to sit still when required. (Self-Regulation)
- Increase the ability to maintain eye contact with adults in discussions of problem situations. (Adult Socialization)
- Increase the ability to choose appropriate topics when conversing with adults. (Adult Socialization)
- Improve social relations with adults. (Adult Socialization)

SAMPLE

Item Responses

The rater marked the following responses for items on the ASRS (6-18 Years) Parent form.

Item	Rating	Item	Rating	Item	Rating
1.	3	25.	1	49.	4
2.	0	26.	0	50.	2
3.	3	27.	0	51.	4
4.	3	28.	1	52.	3
5.	1	29.	0	53.	0
6.	2	30.	3	54.	2
7.	4	31.	2	55.	1
8.	2	32.	1	56.	0
9.	1	33.	4	57.	3
10.	1	34.	3	58.	2
11.	3	35.	4	59.	1
12.	3	36.	4	60.	4
13.	4	37.	3	61.	1
14.	3	38.	0	62.	0
15.	2	39.	1	63.	4
16.	3	40.	2	64.	2
17.	1	41.	2	65.	0
18.	0	42.	1	66.	2
19.	2	43.	1	67.	0
20.	0	44.	3	68.	0
21.	1	45.	0	69.	2
22.	2	46.	0	70.	2
23.	0	47.	1	71.	4
24.	4	48.	2		

Response Key:

0 = Never

1 = Rarely

2 = Occasionally

3 = Frequently

4 = Very Frequently

? = Omitted Item

ASRS (6-18 Years) Parent Ratings Feedback Handout

Youth's Name/ID: Joey D
Youth's Age: 10 years
Date of Assessment: July 02, 2009
Parent's Name/ID: Mrs. D
Assessor's Name: Dr. G

This feedback handout explains scores from parent ratings of this child's behaviors as assessed by using the ASRS (6-18 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. 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 71 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 71 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 Joey D. This information helps the assessor know if Joey D is having more difficulty in a certain area than his peers. All of this information is used to determine if Joey D 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 (6-18 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. Joey D 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 Joey D 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 Joey D 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 deficits in attention and/or motor/impulse control; is argumentative.
	✓	Has difficulty paying attention to one thing while ignoring distractions; appears disorganized.