

# Cornerstone Pediatric Psychology, PLLC

Child & Developmental Assessment Center

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## COMPREHENSIVE DIAGNOSTIC EVALUATION

Autism Spectrum Disorder Assessment — Confidential Psychological Report

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### Identifying Information

<b>Patient Name</b>	Liam M. Carter
<b>Date of Birth</b>	January 15, 2023
<b>Chronological Age</b>	3 years, 4 months
<b>Sex</b>	Male
<b>Primary Language</b>	English (only language spoken in the home)
<b>Parents / Guardians</b>	Jennifer Carter and David Carter
<b>Dates of Evaluation</b>	May 12, 2026 and May 20, 2026 (two sessions)
<b>Date of Report</b>	May 28, 2026
<b>Referred By</b>	Dr. Anita Rao, M.D. (Pediatrician, Springfield Children's Clinic)
<b>Insurance / Plan</b>	[Payer name] — Member ID [#]; Group [#] (placeholder)
<b>Evaluating Clinician</b>	Sarah Whitfield, Ph.D., Licensed Clinical Psychologist
<b>License Number</b>	IL Clinical Psychologist #071

### Reason for Referral & Presenting Concerns

Liam Carter is a 3-year, 4-month-old boy referred by his pediatrician, Dr. Anita Rao, for a comprehensive diagnostic evaluation due to concerns regarding delayed language development, limited social engagement, and repetitive behaviors. Concerns were first formally documented at Liam's 24-month well-child visit, at which a positive autism screening (M-CHAT-R/F) prompted referral to Early Intervention. Despite six months of speech-language and developmental services, his parents and providers continued to observe a significant gap between Liam's communication and social skills and those expected for his age.

Mrs. Carter's chief concerns at intake were summarized as follows:

- “He doesn’t respond to his name and rarely looks at us when we talk to him.”
- “He has only a few words and lost two words he used to say around 18 months.”
- “He lines up his cars for long stretches and gets very upset if we move them.”
- “He covers his ears at everyday sounds and flaps his hands when excited.”

This evaluation was requested to clarify whether Liam meets diagnostic criteria for Autism Spectrum Disorder (ASD), to characterize his cognitive, communicative, and adaptive functioning, and to inform recommendations for medically necessary intervention.

## Developmental, Medical, Family & Social History

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### Prenatal, Birth & Early Development

Liam was the product of a full-term pregnancy (40 weeks) without reported complications. Mrs. Carter denied use of tobacco, alcohol, or illicit substances during pregnancy. Delivery was via uncomplicated spontaneous vaginal birth; birth weight was 7 lb 9 oz, with Apgar scores reported as within normal limits. There were no neonatal intensive care admissions.

Early motor milestones were achieved within expected ranges: Liam sat independently at 6 months and walked at 13 months. Language milestones, however, were delayed and uneven. He babbled around 9 months and produced first words (“mama,” “ball”) near 14 months, but his parents report he stopped using these words around 18 months. At the time of evaluation, his expressive vocabulary consisted of approximately five inconsistently used single words. He does not combine words, point to share interest, or use gestures such as waving.

### Medical History

Liam's medical history is unremarkable. He has no history of seizures, significant head injury, hospitalizations, or chronic illness. Hearing was formally evaluated by audiology in March 2026 and found to be within normal limits bilaterally, ruling out hearing loss as a cause of his language delay. Vision screening was normal. He is up to date on immunizations. He is not currently taking any medications. Sleep is described as fragmented, with frequent night waking; appetite is selective, with a strong preference for crunchy, beige-colored foods.

### Family & Social History

Liam lives with both biological parents and a typically developing 6-year-old sister. Family history is notable for a paternal cousin diagnosed with autism spectrum disorder and a maternal history of anxiety. There is no family history of intellectual disability. The home environment is described as stable, nurturing, and English-speaking. Liam attends a community daycare three mornings per week, where staff report that he tends to play alone, does not seek out peers, and becomes distressed during transitions between activities.

### Prior Services & Records Reviewed

The following records were reviewed as part of this evaluation:

- Pediatric records from Springfield Children's Clinic, including the 24-month M-CHAT-R/F screening (score 9 — high risk) and growth/developmental notes.
- Early Intervention Individualized Family Service Plan (IFSP) and progress notes (October 2025 – April 2026).
- Audiology report (March 2026) documenting normal bilateral hearing.
- Speech-language therapy progress summary documenting minimal expressive gains over six months of weekly service.

## Behavioral Observations

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Liam was evaluated across two sessions in a quiet, child-friendly assessment room, with his mother present. He presented as a healthy-appearing, well-groomed boy of average height and build. Rapport was difficult to establish; Liam did not greet the examiner, make eye contact on entry, or respond to his name despite multiple bids across both sessions.

Throughout the evaluation, Liam gravitated toward a basket of toy cars, which he repeatedly lined up edge-to-edge along the table. When the examiner moved a single car, he became visibly distressed, vocalizing loudly and reconstructing the line. He demonstrated little interest in interactive or pretend play and did not engage in joint attention; bids to direct his attention to objects (“Look!”) were largely unsuccessful. Eye contact, when it occurred, was fleeting and not integrated with gestures or vocalization.

Repetitive motor behaviors were observed frequently, including bilateral hand-flapping when excited and brief finger-flicking near his eyes. He sought out spinning objects, repeatedly spinning the wheels of the toy cars close to his face. Sensory sensitivities were evident: Liam covered his ears in response to the ordinary sound of a toy with a musical chime and mouthed several non-food objects. Communication was predominantly nonverbal and need-based; he led the examiner's hand toward desired items rather than pointing or vocalizing. The behaviors observed were judged to be representative of his typical functioning per parental report, supporting the validity of the findings below.

## Assessment Procedures & Instruments Administered

A multi-method, multi-informant battery was used, combining direct standardized observation, structured caregiver interview, normed developmental testing, and rating scales. Procedures included:

- Clinical and developmental interview with both parents
- Review of records (as listed above)
- Direct behavioral observation across two sessions
- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Module 1
- Autism Diagnostic Interview–Revised (ADI-R)
- Mullen Scales of Early Learning (MSEL)
- Vineland Adaptive Behavior Scales, Third Edition (Vineland-3), Comprehensive Interview Form
- Childhood Autism Rating Scale, Second Edition (CARS-2), Standard Version
- Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F) — reviewed from records

### Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) — Module 1

Module 1 was administered because Liam is not yet consistently using phrase speech. The ADOS-2 is a semi-structured, standardized, play-based observation considered a gold-standard instrument for ASD assessment. Higher domain totals indicate greater symptom presence. The Comparison Score (range 1–10) indexes the level of autism-related symptoms relative to same-age children with ASD.

ADOS-2 Domain	Total Score	Autism Cutoff	Classification
Social Affect (SA)	15	≥ 12	Exceeds cutoff
Restricted & Repetitive Behavior (RRB)	5	≥ 4	Exceeds cutoff
Overall Total (SA + RRB)	20	≥ 16	Exceeds cutoff
Comparison Score (1–10)	8	—	High level of symptoms

Liam's overall total of 20 exceeds the autism cutoff ( $\geq 16$ ), and his Comparison Score of 8 indicates a high level of autism-spectrum-related symptoms. Observed features included absent response to name, limited and poorly integrated eye contact, absent pointing and showing, minimal shared enjoyment, and repetitive use of objects (lining and spinning).

### Autism Diagnostic Interview–Revised (ADI-R)

The ADI-R is a comprehensive, standardized caregiver interview keyed to diagnostic criteria. Algorithm scores meeting or exceeding the cutoff in each domain support an ASD classification.

ADI-R Domain	Algorithm Score	Cutoff	Result
Reciprocal Social Interaction	18	10	Met
Communication (nonverbal)	12	7	Met

ADI-R Domain	Algorithm Score	Cutoff	Result
Restricted/Repetitive Behaviors	6	3	Met
Abnormality evident by 36 months	4	1	Met

Scores exceeded the diagnostic cutoff in all four domains, providing convergent, history-based evidence consistent with the direct observation findings.

### Mullen Scales of Early Learning (MSEL)

The MSEL assesses cognitive and motor development across five domains. T-scores have a mean of 50 and standard deviation of 10; the Early Learning Composite (ELC) is a standard score (mean 100, SD 15). Liam was cooperative with nonverbal tasks but difficult to engage on language items.

MSEL Domain	T-Score	Age Equivalent	Descriptive Range
Gross Motor	45	31 months	Average
Visual Reception (nonverbal)	46	32 months	Low Average
Fine Motor	44	30 months	Low Average
Receptive Language	29	19 months	Significantly Delayed
Expressive Language	27	17 months	Significantly Delayed
Early Learning Composite (SS)	82	—	Low Average

Liam's nonverbal problem-solving (Visual Reception) and motor skills fell in the low-average range, providing no evidence of a global intellectual impairment. In sharp contrast, both receptive and expressive language fell well below age expectations (age equivalents of 17–19 months at a chronological age of 40 months), establishing a clinically significant language impairment. This nonverbal–verbal discrepancy is characteristic of the profile seen in ASD with co-occurring language impairment.

### Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)

The Vineland-3 measures adaptive functioning — the practical, everyday skills needed for independence — via structured caregiver interview. Standard scores have a mean of 100 and standard deviation of 15.

Vineland-3 Domain	Standard Score	Percentile	Adaptive Level
Communication	68	2nd	Low
Daily Living Skills	77	6th	Moderately Low
Socialization	70	2nd	Low
Motor Skills	83	13th	Adequate
Adaptive Behavior Composite	72	3rd	Low

Liam's Adaptive Behavior Composite (72) falls in the Low range overall, with the greatest weaknesses in Communication and Socialization. These deficits indicate that his everyday functioning is substantially below that of same-age peers and that he requires significant adult support for daily routines, communication, and social participation.

### Childhood Autism Rating Scale, Second Edition (CARS-2)

The CARS-2 (Standard Version) is a clinician rating scale based on direct observation and caregiver report across 15 areas. A total raw score of 37 was obtained, falling in the range indicative of severe symptoms of autism spectrum disorder. Elevated ratings were noted for relating to people, emotional response, imitation, verbal and nonverbal communication, and adaptation to change.

### M-CHAT-R/F (from records)

At the 24-month well-child visit, Liam scored 9 on the M-CHAT-R/F, placing him in the high-risk range; structured follow-up confirmed the positive screen and prompted the original referral. This historical screening result is consistent with the current findings.

### Summary of Standardized Scores

The table below consolidates the principal standardized findings from this evaluation for quick reference.

Instrument	Key Index	Score	Interpretation
ADOS-2 (Module 1)	Overall Total / Comparison	20 / 8	Exceeds autism cutoff; high symptoms
ADI-R	All four algorithm domains	Met	Consistent with ASD
MSEL	Early Learning Composite	82 (SS)	Low Average cognition
MSEL	Expressive Language	27 (T)	Significantly delayed

Instrument	Key Index	Score	Interpretation
Vineland-3	Adaptive Behavior Composite	72 (SS)	Low adaptive functioning
CARS-2	Total raw score	37	Severe symptoms

### Validity of Results

The results of this evaluation are considered a valid and reliable representation of Liam's current functioning. Testing was conducted over two sessions to minimize fatigue, standardized administration procedures were followed, and findings from direct observation, caregiver interview, normed testing, and rating scales were strongly convergent. Parents reported that Liam's behavior during the evaluation was typical of his presentation at home and in the community.

### Differential Diagnosis Considered

Several alternative explanations were systematically considered and ruled out:

- Hearing loss — excluded by a normal audiological evaluation (March 2026); Liam's language delay is not attributable to a peripheral hearing impairment.
- Language Disorder (isolated) — does not account for Liam's restricted, repetitive behaviors, social reciprocity deficits, or sensory differences, all of which are present and pervasive.
- Global Developmental Delay / Intellectual Disability — not supported; nonverbal problem-solving and motor skills fall in the low-average range and are discrepant from his markedly impaired social and language functioning.
- Social (Pragmatic) Communication Disorder — excluded by the presence of clearly documented restricted and repetitive behaviors (Criterion B), which preclude this diagnosis.

The full pattern of findings is best and most parsimoniously explained by Autism Spectrum Disorder.

### DSM-5-TR Diagnostic Criteria Analysis

The following analysis documents how Liam's presentation meets each criterion for Autism Spectrum Disorder (DSM-5-TR, 299.00). Persistent deficits in all three areas of Criterion A and at least two of four areas of Criterion B were present, with onset in the early developmental period and clinically significant impairment.

#### Criterion A — Persistent deficits in social communication and social interaction (all three required; all met)

**A1. Deficits in social-emotional reciprocity:** Liam does not respond to his name, rarely initiates social interaction, does not share enjoyment or interests, and engages in little to no back-and-forth interaction. He leads adults by the hand to obtain items rather than communicating socially.

**A2. Deficits in nonverbal communicative behaviors:** Eye contact is fleeting and poorly integrated with speech or gesture. He does not point to share interest, show objects, wave, or nod. Facial expressions are not coordinated with social interaction.

**A3. Deficits in developing, maintaining, and understanding relationships:** Liam shows little interest in peers, plays in isolation at daycare, does not engage in imaginative or cooperative play, and does not adjust behavior to social context.

**Criterion B — Restricted, repetitive patterns of behavior, interests, or activities (at least two required; all four met)**

**B1. Stereotyped or repetitive motor movements, use of objects, or speech:** Bilateral hand-flapping, finger-flicking, lining up toy cars edge-to-edge, and repetitively spinning wheels.

**B2. Insistence on sameness, inflexible adherence to routines:** Marked distress when his lined-up objects are moved and difficulty with transitions between activities at home and daycare.

**B3. Highly restricted, fixated interests:** Intense preoccupation with spinning objects and toy cars, to the exclusion of varied or functional play.

**B4. Hyper- or hyporeactivity to sensory input:** Covers ears at ordinary sounds, mouths non-food objects, visually inspects spinning objects, and shows restricted, texture-based food selectivity.

**Criteria C, D & E**

- Criterion C — Symptoms were present in the early developmental period (first recognized by 18–24 months).
- Criterion D — Symptoms cause clinically significant impairment in social, communicative, and adaptive functioning.
- Criterion E — These disturbances are not better explained by intellectual disability or global developmental delay; nonverbal cognition falls in the low-average range and is discrepant from his markedly lower language and social functioning.

## Clinical Formulation & Integration of Findings

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Liam is a 3-year, 4-month-old boy who presents with a coherent and clinically unambiguous profile of Autism Spectrum Disorder. Across every method employed — gold-standard observation (ADOS-2), structured developmental history (ADI-R), normed cognitive testing (MSEL), adaptive assessment (Vineland-3), and clinician rating (CARS-2) — the findings converge on the same conclusion. He demonstrates pervasive deficits in social-communicative reciprocity, markedly delayed and regressed language, restricted and repetitive behaviors, and atypical sensory responses, all with onset in the early developmental period.

A defining feature of Liam's profile is the discrepancy between his relatively spared nonverbal cognition (low-average range) and his significantly impaired language and adaptive functioning. This pattern distinguishes ASD from a global developmental delay and underscores that, with appropriate intervention, Liam has cognitive capacities that can be leveraged to build communication and social skills. His current adaptive functioning, however, places him well below same-age peers and indicates a substantial need for support across home, daycare, and community settings.

### Relative Strengths

Identifying strengths is important for intervention planning. Liam demonstrated the following:

- Age-appropriate gross-motor and fine-motor skills.
- Low-average nonverbal visual problem-solving, a foundation for visually supported teaching strategies.
- Sustained attention and persistence when engaged with preferred materials.
- An engaged, motivated family actively seeking services and follow-through.

## Diagnostic Impressions

Based on convergent findings from standardized observation (ADOS-2), structured caregiver interview (ADI-R), normed developmental testing (MSEL), adaptive assessment (Vineland-3), and clinician rating (CARS-2), Liam meets full DSM-5-TR criteria for Autism Spectrum Disorder.

<b>Diagnosis</b>	Autism Spectrum Disorder
<b>DSM-5-TR Code</b>	299.00
<b>ICD-10-CM Code</b>	F84.0
<b>Severity — Social Communication</b>	Level 2 (Requiring substantial support)
<b>Severity — Restricted/Repetitive Behaviors</b>	Level 2 (Requiring substantial support)
<b>Specifier</b>	Without accompanying intellectual impairment
<b>Specifier</b>	With accompanying language impairment
<b>Specifier</b>	Without catatonia
<b>Associated condition</b>	Not associated with a known medical or genetic condition

Severity Level 2 reflects marked deficits in verbal and nonverbal social communication, social impairments apparent even with supports in place, limited initiation of social interaction, and inflexible behavior that interferes with functioning across contexts — requiring substantial support.

## Statement of Medical Necessity

Liam presents with a confirmed diagnosis of Autism Spectrum Disorder (ICD-10 F84.0), Level 2, with significant deficits in social communication, adaptive functioning, and behavioral regulation that substantially impair his daily functioning and development. These impairments are medically significant and, without intensive evidence-based intervention, are likely to persist and worsen, with cascading effects on communication, learning, safety, and family functioning.

Applied Behavior Analysis (ABA) is the standard of care and the most extensively evidence-based intervention for young children with ASD. Early, intensive behavioral intervention is medically necessary to address Liam's deficits during a critical developmental window. It is therefore recommended that Liam receive:

- Comprehensive ABA therapy at an intensity of 32 hours per week, delivered by Registered Behavior Technicians (RBTs).
- Clinical design and oversight by a Board Certified Behavior Analyst (BCBA), including direct supervision of at least 10% of direct service hours.
- Structured caregiver/parent training a minimum of two hours per week to support generalization across settings.

- Treatment targets across communication, social skills, adaptive/self-help skills, play, and reduction of interfering behaviors, with measurable goals reviewed and updated at regular intervals.

*This recommended level of care is consistent with published clinical practice guidelines for the treatment of ASD and is medically necessary to enable Liam to make meaningful, measurable developmental progress.*

## Additional Recommendations

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- Speech-language therapy, individual, two sessions per week, with emphasis on functional and augmentative/alternative communication (AAC) as appropriate.
- Occupational therapy evaluation to assess sensory processing and feeding, given observed sensory sensitivities and food selectivity.
- Referral to developmental pediatrics and consideration of genetic consultation per standard ASD workup.
- Coordination with Early Intervention and transition planning toward an early-childhood special education (IEP) evaluation as Liam approaches age 3 eligibility transitions.
- Caregiver education and connection to local ASD family support and respite resources.
- Re-evaluation of cognitive, language, and adaptive functioning in approximately 12 months to monitor progress and update the treatment plan.

## Examiner Certification & Signature

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*I certify that I personally conducted this evaluation and that the findings and diagnostic conclusions above accurately reflect the results of the assessment*

*Sarah Whitfield, Ph.D.*

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### **Sarah Whitfield, Ph.D.**

Licensed Clinical Psychologist

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Cornerstone Pediatric Psychology, PLLC

Date of Report: May 28, 2026