

ADX CASE Form

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ECHO **Autism**: Advanced Diagnosis Case Presentation Form

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Complete this form to the best of your ability. This survey is individualized and should only be completed and submitted by the listed clinician. A unique confidential patient ID number (ECHO ID) has been provided that must be utilized when identifying your patient during clinic.

Email our program coordinator **Michael Hansen** at michaelhansen@health.missouri.edu if you have any questions or comments.

PLEASE NOTE: Project ECHO de-identified case discussions do not create or otherwise establish a clinician-patient relationship between any University of Missouri Health Care clinician and any patient whose case is being discussed in a Project ECHO setting. All information is deidentified and the participants and content experts are engaged in case-based learning.

Clinician Information

Presenting Clinician Name:

Evan Weber

Clinic/Facility Name:

SEMO Autism Center

City:

Cape Girardeau

ECHO ID:

DX112

Presentation Date:

03-13-2024

Presentation Type:

☒ New ☐ Follow Up

Patient Information

Sex assigned at birth:

☒ Male ☐ Female

Gender patient identifies with:

☒ Male ☐ Female ☐ Non-binary ☐ Other ☐ Prefer not to respond

Patient Age:

Race:

- ☐ Multiracial
- ☐ White/Caucasian
- ☐ Native Hawaiian/Pacific Islander
- ☒ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Prefer not to say
- ☐ Other

Ethnicity:

- ☐ Hispanic/Latino or Spanish Origin
- ☒ Not Hispanic/Latino or Spanish Origin
- ☐ Prefer not to say

Insurance:

- ☐ None
- ☒ Medicaid
- ☐ Private

Insurance Company:

What is the main language spoken in the home?



Which other languages are spoken in the home?

- ☐ English
- ☐ Arabic
- ☐ Burmese
- ☐ Chinese (e.g., Mandarin, Cantonese)
- ☐ French
- ☐ Navajo

- ☐ Spanish
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Other

What is the child's dominant language when communicating with others?

Patient Outcomes

Is this patient an existing patient or a new patient?

- ☐ Existing patient
- ☒ New patient

Who referred the individual to you (ECHO Autism Clinician)?

Do you know if the person who referred this patient to you are also part of ECHO Autism Communities?

- ☐ Yes
- ☒ No
- ☐ I Don't Know

Is this patient currently on another waitlist for a diagnostic evaluation?

- ☐ Yes
- ☒ No
- ☐ I Don't Know

How long did the patient wait to see you, the ECHO Autism Clinician, to START their autism assessment?

How long did it take you to complete your assessment?

Estimate the total time between receipt of referral to when you will give/gave family diagnosis?

How far did the patient travel to get to your office?

Miles

Approximately, how long does it take the patient to drive to your office?

Hours:

Minutes

List the questions you would like help with.

1)

If a patient has developmental delay and results of developmental assessment or intelligence test reveals delayed development in multiple areas (speech, social-communication, adaptive functioning, etc) and/or has low IQ scores. During your evaluation you also have concerns about features of autism, the DSM criteria in social-communication for a diagnosis are obvious but their RRB are less obvious. When taking into consideration their overall developmental and mental age (i.e. a 5 year old plays and acts more like a 2 year old) compared to their chronological age, how might that impact how your ADOS or standardized autism assessment tool is interpreted?

2)

Building off questions 1, how do you approach the diagnosis of intellectual disability vs ASD vs ASD with cognitive impairment? Are there ways to try to tease out, are the child's characteristics better explained by ID alone and not ASD?

3)

How do you decide who warrants intelligence testing when the question is "do they have autism"? What are scenarios intelligence or developmental testing may not be needed? How can you utilize outside assessments as part of your diagnostic assessment of intelligence?

Birth History

Exposures during pregnancy:

☐ Smoking ☐ Alcohol ☐ Valproic Acid ☐ Street drugs ☐ Other ☒ Unknown

Gestational age:

Unknown

Birth weight:

Unknown

oz

Delivery mode:

☒ Vaginal ☐ C-section

Presentation:

☐ Breech ☒ Head first

Head circumference:

Unknown

Were there newborn problems?

☐ Yes ☐ No ☒ Unsure

Please check all of the following that apply:

- ☐ In NICU
- ☐ Required intubation
- ☐ Seizures
- ☐ Birth defects
- ☐ Feeding issues in infancy
- ☐ Other

Comments:

Limited prenatal or birth history is known as child is adopted. Adoptive parents were informed biological mother did not receive prenatal care. No known NICU stay or jaundice. Exact gestational age is unknown.

Development History

Please indicate the age (in months) when milestone was achieved.

If unknown, please type unknown.

Uses single words:

24

Uses 2-3 word phrases:

42

Speak in full sentences:

50 mo/still emerging, rare

Walking:

24

Daytime bladder control:

48

Nighttime bladder control:

48

Bowel control:

48

Social smile:

Unknown

Communication Ability (Please indicate the child's highest form of communication/s)

- ☐ Nonverbal (e.g., no functional words)
- ☐ Uses single words
- ☒ Uses 2-3-word phrases
- ☐ Uses sentences
- ☐ Chats with others
- ☐ Uses gestures (e.g., pointing, waving and/or leads other to wants/needs)

Behavior Concerns

- ☒ Short attention span
- ☐ Hyperactivity
- ☐ Unusual or excessive fears
- ☐ Self-injury (e.g., head banging, biting, scratching, cutting, picking, etc.)
- ☒ Irritability/Moodiness
- ☐ Depression
- ☐ Elopement/Running off
- ☐ Toileting issues, accidents
- ☐ Defiant
- ☐ Aggressive
- ☐ Hurting animals or other people
- ☐ Obsessive-compulsive
- ☐ Hallucinations

Please check all that apply

Do parents share your concern about autism?

☒ Yes ☐ No

Has there been significant loss of an acquired skill or skills?

☐ Yes ☒ No

Comments:

Child demonstrated simple phrased speech, much of which was rehearsed phrasing that seemed automatic. Verbal language primarily consisted of demands with "I want". Multiple phonological errors noted. Informal speech sample included "I take truck home", "okay", "uh oh not working", "do it", "no, give to me", "I want kitchen back". There was no response to open ended questions and did not verbally make a choice from two options.

Medical/Psychiatric History

Please list all diagnoses or illnesses:

Diagnosis/Illness:

Seasonal Allergies

Age:

Unknown

Date - Year:

Unknown

Professional making diagnosis:

PCP

Diagnosis/Illness:

Recurrent ear infections

Age:

Unknown

Date - Year:

Unknown

Professional making diagnosis:

PCP

Diagnosis/Illness:

Parental hearing concerns, normal hearing

Age:

Unknown

Date - Year:

Unknown

Professional making diagnosis:

N/A

Diagnosis/Illness:

Strabismus

Age:

Unknown

Date - Year:

Unknown

Professional making diagnosis:

Pediatric Ophthalmologist

Diagnosis/Illness:

OSA s/p T&A

Age:

4

Date - Year:

2023

Professional making diagnosis:

Pediatric Sleep Medicine, Abnormal Sleep S

Diagnosis/Illness:

Staring Spells

Age:

Unknown

Date - Year:

Unknown

Professional making diagnosis:

Pediatrics Neurology, normal EEG

Please list current medications and supplements:

Medication:

Claritin as needed

Dosage:

5mg

Age when started:

Unknown

Reason for medication:

Seasonal allergies

Is it helping?

☒ Yes ☐ No

Medication:

Additional Conditions

Please check all of the following that apply:

- ☐ Seizures
- ☐ Tic Disorder
- ☒ Staring spells
- ☐ Toe walking
- ☐ Hypertonia
- ☒ Hypotonia
- ☐ Microcephaly
- ☐ Macrocephaly
- ☐ Chronic stomach ache/pain/reflux
- ☐ Chronic constipation
- ☐ Chronic diarrhea
- ☒ Chronic ear infections
- ☐ Food allergy
- ☒ Environmental allergies
- ☐ Skin problems (e.g., rash, eczema)

Comments:

Child has history of seasonal allergies, recurrent ear infections, hearing concerns with normal OAE (no ABR), OSA s/p tonsillectomy and adenoidectomy with repeat sleep study "better", Staring spells with normal EEG, Strabismus follows with Ophthalmology

Medical Testing

Have the following medical tests been performed?

Vision screening

☒ Yes ☐ No ☐ Unknown

Results:

Strabismus

Audiologic (hearing) screening

☒ Yes ☐ No ☐ Unknown

Results:

Passed bilaterally

Lead blood level

☒ Yes ☐ No ☐ Unknown

Results:

<3

Chromosomal Microarray

☐ Yes ☒ No ☐ Unknown

Karyotype

☐ Yes ☒ No ☐ Unknown

Fragile X DNA

☐ Yes ☒ No ☐ Unknown

MRI of the brain

☐ Yes ☐ No ☒ Unknown

EEG

☒ Yes ☐ No ☐ Unknown

Results:

No evidence of seizures, reportedly normal

Sleep study

☒ Yes ☐ No ☐ Unknown

Results:

OSA s/p tonsillectomy and adenoidectomy

Comments:

Dietary/Nutrition/Metabolic

Please check all of the following that apply:

- ☐ Problem eater (Less than 10 foods)
- ☐ Picky eater (Less than 20 foods)
- ☐ Special Diet
- ☐ Pica (Eating/craving non-food items)
- ☐ Chewing or swallowing issues
- ☐ History of growth concerns - Overweight
- ☒ History of growth concerns - Underweight

Sleep History

Rarely = never or 1 time/week; **Sometimes** = 2-4 times/week; **Usually** = 5 or more times/week

Does the child fall asleep within 20 minutes? If yes, how often?

- ☐ No ☐ Rarely ☐ Sometimes ☒ Usually

Does the child co-sleep? If yes, how often?

- ☒ No ☐ Rarely ☐ Sometimes ☐ Usually

Does the child awaken more than once during the night? If yes, how often?

- ☒ No ☐ Rarely ☐ Sometimes ☐ Usually

Does the child snore loudly?

- ☐ No ☒ Rarely ☐ Sometimes ☐ Usually

Is snoring a problem?

- ☐ Yes ☒ No

Does the child seem tired during the day? If so, how often?

- ☒ No ☐ Rarely ☐ Sometimes ☐ Usually

Comments:

Trauma/Abuse History

	No	Yes
Trauma/Abuse History	<input type="radio"/>	<input checked="" type="radio"/>
Physical Abuse	<input checked="" type="radio"/>	<input type="radio"/>
Sexual Abuse	<input checked="" type="radio"/>	<input type="radio"/>

Comments:

No known history of abuse, however, was removed from biological parent due to neglect. Adoptive mother has concerns about neglect vs shaken baby syndrome.

Social History

Individual resides with:	Adoptive Parents ▼
Has legal custody:	Other ▼
Biological parents are:	Separated ▼
How many people live in the home <i>not</i> including the individual being evaluated?	3 ▼

Who lives in the home?

Relationship (1/2 sib, step-parent, etc.):	Adopted Mother ▼
Age:	>60
Gender:	Female ▼
Relationship:	Sister ▼
Age:	4
Gender:	Female ▼
Relationship:	Half-Sister ▼

13

Female

Adoptive mother is cousin of biological father. Adoptive mother's mother frequently is involved and present.

Condition/Disorder

[illegible]

Birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysmorphology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Full sister with learning disorder
Half sister with bipolar

Child Care or Educational History

What is the child's current child care or educational placement? (Please check all that apply)

- ☐ Parents provide full time child care at home
- ☐ In-home child care (other caregiver)
- ☐ Day care center
- ☒ Preschool
- ☐ Head Start or Early Head Start
- ☐ School (K-12)

Does the child participate in any of the following?

- ☐ Early Intervention Services (First Steps or Birth-3 Program)
- ☒ Early Childhood Special Education (ECSE)
- ☒ IEP
- ☐ 504 Plan

Comments:

Current Resources:

- ☒ Speech Language Therapy (SLT)
- ☐ Occupational Therapy (OT)
- ☐ Physical Therapy (PT)
- ☐ First Steps
- ☐ Parents as Teachers (PAT)

- ☐ Behavioral Therapy/ABA
- ☐ WIC
- ☐ Children's Division
- ☐ Counseling (play, trauma informed, PCIT)
- ☐ Psychiatric Services
- ☐ Regional Office for Developmental Disabilities (Dept. of Mental Health)
- ☐ Bureau of Special Health Care Needs
- ☐ Easter Seals
- ☐ Social Security Disability (SSI)
- ☐ Other
- ☐ None of the above

Please check all that apply

Comments

Screeners

Name of Screening Tool:

- ☐ CARS-2
- ☐ M-CHAT
- ☐ SCQ Current
- ☐ SCQ Lifetime
- ☐ SRS-2
- ☐ Other

Comments:

DSMV interview 1/25/2022, did not meet criteria/threshold in social emotional, nonverbal communication, relationship deficits, stereotypical behaviors, sameness, restricted interests

Adaptive Functioning Test

Name of Test:

Vineland-3 Parent ▼

Date of Administration (most recent):

02-08-2024

Daily Living Score:

74

Socialization Score:

71

Motor Score:

55

Communication Score:

63

Composite Score:

68

Comments:

Percentile rank for overall score is 2%. Communication score corresponds to percentile range 1%. Daily Living Skills percentile rank 4%. Socialization percentile rank 3%.

Intelligence/Developmental Testing

Name of Test:

SB-5



Date of Administration (most recent):

02-08-2024

Full Scale:

54

or Mullen ELC

Verbal Score:

56

Nonverbal Score:

57

or Mullen VS

Comments:

Child average scale score is 4, moderate range of impairments. Strengths in working memory and knowledge. Weakness in visual spatial and quantitative reasoning. May require extensive repetition and concrete representations.

Other Tests/Assessments

Were any other tests or assessments completed?

☒ Yes

☐ No

Name of Test:

CBCL

Date of administration:

02-08-2024

Score:

Comments:

Score on pervasive developmental problems scale was in borderline clinical range. Otherwise scores on affective problems, anxiety problems, ODD, Attention deficit/Hyperactivity Disorder were in the normal range.

Name of Test:

GARS3

Date of administration:

02-08-2024

Score:

69

Comments:

Autism Index (AI) Scaled score 69, Percentile score 2%
Probability Probable
Severity Level 1

Autism Diagnostic Observation Schedule Revised

Date of Administration:

02-08-2024

Module:

1 ▼

Was the administration valid?

☒ Yes ☐ No

Please note any validity concerns:

(Note any circumstances with performance, such as fatigue, interruptions, changes to standard administration, etc. Ex: E-codes)

Adoptive mother was present initially, she naturally anticipated the child's communication and made intermittent attempts to prompt through requesting, however about 1/4-1/2 halfway through testing mother excused herself and did not return.

Social Affect (SA) Score:

12

Restricted Repetitive Behaviors (RRB) Total:

3

Overall Total:

15

Comparison Score:

6

Classification:

Autism

DSM-5

Instructions: Based on all available information provided during the parental interview and direct observation via the ADOS-2 and other development assessments, please use DSM-5 criteria to complete the following checklist. Please note any discrepancies between parent interview and direct observations.

Date of Completion:

02-21-2024

Section A: Social Communication

A1. Deficits in social-emotional reciprocity:

ranging from abnormal social approach and failure of normal back and forth conversation, to reduced sharing of interests, emotions or affect; to failure to initiate or respond to social interactions.

☐ 0 (Absent) ☐ 1 (Subthreshold) ☒ 2 (Present)

Justify or explain your observations of this behavior:

Child made few social overtures that were restricted to demands and strong interests. Responses to social interactions were limited. Despite frequent prompts for social play, child was not interested and gave little or no response. Child did not demonstrate shared enjoyment.

A2. Deficits in nonverbal communicative behaviors used for social interaction:

ranging from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body-language or deficits in understanding and use of gestures; to total lack of facial expressions and nonverbal communication.

☐ 0 (Absent) ☐ 1 (Subthreshold) ☒ 2 (Present)

Justify or explain your observations of this behavior:

Child's eye contact was poor, no eye contact with verbalized was observed throughout the duration of the visit. Showed fewer facial expressions than typical and did not direct them. Minimal gestures used (primarily communicative reach or using examiners hand as tool to gain access to toy). Pointing and gestures were not coordinated with eye contact. Most verbal responses were scripted.

A3. Deficits in developing, maintaining, and understanding relationships;

ranging from difficulties adjusting behavior to suit various social contexts; difficulties in sharing imaginative play or making friends; to absence of interest in peers.

☐ 0 (Absent) ☐ 1 (Sub-Threshold) ☒ 2 (Present)

Justify or explain your observations of this behavior:

Child showed little concern as to whether his mother or examiner was paying attention to him. Child struggles in interactions with others and social motivation is limited. Observed play was functional with solely transportation related toys. Child showed no interest in imaginative play.

Section B: Restricted/Repetitive Behavior

B1. Stereotyped or repetitive motor movements, use of objects, or speech;

such as simple motor stereotypes, lining up toys or flipping plates, echolalia, idiosyncratic phrases.

☐ 0 (Absent) ☐ 1 (Sub-Threshold) ☒ 2 (Present)

Justify or explain your observations of this behavior:

Child demonstrated restricted play, stereotyped use of objects such as lining up blocks and cars in a specific way. Also, intense interest in collecting all pieces of a toy. Atypical response to sensory tactile input. Child did respond to prompts or questioning, but verbal responses were rehearsed.

B2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior;

such as extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat the same foods every day.

☒ 0 (Not Present) ☐ 1 (Sub-Threshold) ☐ 2 (Present)

Justify or explain your observations of this behavior:

B3. Highly restricted, fixated interests that are abnormal in intensity or focus;

such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests.

☐ 0 (Absent) ☐ 1 (Sub-Threshold) ☒ 2 (Present)

Justify or explain your observations of this behavior:

Child showed restricted interest in transportation toys which resulted in difficulty transitioning especially if engaged in any activity involving a toy.

B4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment;

such as apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights of movement.

☐ 0 (Absent) ☐ 1 (Sub-Threshold) ☒ 2 (Present)

Justify or explain your observations of this behavior:

Child was noted to have atypical response to tactile input of certain textures such as repeatedly rolling playdoh and avoidant of touching the rabbit. Child was noted to have visual fascination with lights and reflection of himself in the mirror.

Section C: History of Delays

C1: Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learning strategies later in life)

☐ Absent ☒ Present

Justify or explain your observations of this behavior:

History somewhat limited prior to 2 years of age as child was adopted. However, at 2 years when child was placed with current adoptive mother child was only saying 1 word with ongoing speech-language delay. Also always noted to have fine motor delays. While does respond to questioning, responses appear rehearsed or learned.

Section D: Impairment

D1: Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

☐ Absent ☒ Present

Justify or explain your observations of this behavior:

Limited social interaction with peers, content playing alone
Educational impairments with learning difficulties

Section E: Clinical Diagnosis

E1: Autism Spectrum Disorder

* must provide value

☐ Absent ☒ Present

In order for ASD to be checked as Present all items in Section A must be checked Present (or by history), at least 2 items from Section B checked Present (or by history), C1 checked Present, and D1 checked Present.

Section F: Specifiers

	Level One: Requiring support	Level Two: Requiring substantial support	Level Three: Requiring very substantial support
F1: Social Communication Severity Level:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
F2: Restricted and Repetitive Severity Level:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3: With intellectual impairment:	Yes <input checked="" type="radio"/>		No <input type="radio"/>
F4: With language impairment:	<input checked="" type="radio"/>		<input type="radio"/>

How confident are you in your diagnostic determination?

- ☐ Not confident
☒ Slightly confident
☐ Moderately confident
☐ Very confident

Strengths and Challenges

Please list three strengths for the individual:

1)

Decreasing behavior challenges with transitions

2)

No picky eating concerns, eats variety of foods

3)

Minimal sleep difficulties

Please list three primary challenges for the individual:

1)

Social interaction and social skills

2)

Verbal and nonverbal communication. Communication difficulties including expressive-receptive language disorder, phonological disorder, and cognitive delays significantly impact ability to engage socially and progression academically is slow. Poor integration of gestures and limited range of facial expressions.

3)

Motor planning and motor coordination specifically related to oral motor skills and fine motor skills resulting in poor adaptive skills as well

Proposed Recommendations:

Select from the following next step options for this individual and family:

Services to Support Developmental Progress

- ☒ **Speech Language Therapy (SLP)**
- ☒ **Occupational Therapy (OT)**
- ☐ **Physical Therapy (PT)**
- ☐ **Applied Behavioral Analysis (ABA)** - (The goal of behavior therapy is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. Family may benefit from the implementation of techniques for understanding and changing behavior based on the principles of applied behavior analysis)
- ☐ **State-based Early Intervention program (e.g., First Steps)** - (Every state has a program to support children birth to 3 who are at-risk or identified with developmental delay. Autism is typically considered an automatic qualifying diagnosis for supports and services. It is a critical first step for many children with developmental delays.)
- ☒ **Early Special Education Services** - (Local school districts have early childhood programs for children between 3 and 5 years old with developmental delays who are determined to be eligible for services. Classroom based support and peer interactions are critical at an early age)
- ☐ **Head Start/Early Head Start** - (This federal program supports local child learning centers to provide high-quality, developmentally appropriate learning for children. Local communities offer different programs. This website can help determine what is available in the community: <https://headstartprograms.org/>)
- ☒ **Parent/Caregiver Skills Training** - (Parent training allows parents to become active participants in their child's learning and development. It can help parents learn about effective ways to support their child's skills, building and learn strategies to manage their interfering behaviors. *Help is in your hands* is a free resource by University of California-Davis with modules to show parents and clinicians how to help young children with autism connect, communicate, and learn through various activities and play exercises. Family can create a login and access all modules and videos for free at <https://helpisinyourhands.org/course>)
- ☐ **Picture Exchange Communication System (PECS)** - (PECS can be successful at helping children understand the idea of symbolic communication in a manner that maximizes their visual strengths as well as how to initiate communication. Link to website <https://pecs.com/>)
- ☐ **ADEPT (Autism Distance Education Parent Training)** - (Clinicians at the University of California-David developed these online, on-demand learning modules to help parents/caregivers learn more about behavior and autism. The following are particularly helpful: Module 1: Strategies for Teaching Functional Skills; Module 2: Positive Behavior Strategies for Your Child with Autism)
- ☒ **Other**

Please specify for speech language therapy:

- ☐ Continue current therapy
- ☒ Increase current therapy
- ☒ Prescribe outpatient clinical speech therapy to address social communication skills

Please specify for Outpatient Clinical Occupational therapy:

- ☐ Continue current therapy
- ☐ Increase current therapy
- ☒ Prescribe clinical outpatient occupational therapy to address adaptive skills

Please specify other services to support developmental progress:

Community Resources/Connections

- ☐ **ECHO Autism Community Connections** - (The University of Missouri ECHO Autism Community Connections Program helps support people on the spectrum and their families who receive a diagnosis by a community-based clinician. Trained Connectors help patients/families connect to clinician recommended services and supports, as well as navigate any barriers they may face. To get started, patients/families need to complete the Release of Information by accessing this link: <https://redcap.link/echoautismconnections>.)
- ☒ **Regional Office** - (To access support coordination and referral to the Missouri Autism Project. Find the local regional office and contact information by county. The website can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then scroll down to Missouri Resources)
- ☐ **ParentLink Warm Line** - (ParentLink connects you with a Family Support Specialist who offers no-cost parenting strategies, behavior and resource guidance. Call Toll Free at 1-800-552-8522 / Local 573-882-7323, Text: 585-FAMILY1 (585-326-4591), OR email parentlink@missouri.edu your parenting questions to parenting experts. Available Monday-Friday 8:00 am - 10:00pm and Saturdays and Sundays 12:00pm - 5:00pm. The website can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then scroll down to Missouri Resources)
- ☐ **Autism Speaks Rapid Response Team** - (Personalized autism information and resources for any step in the autism path can be found at <https://www.autismspeaks.org/autism-response-team-art>)
- ☐ **United for Children** - (This organization supports daycare professionals in helping successfully integrate children with autism and other developmental needs into daycare settings. They may also have some funding available for inclusion-based daycare. Call 1-800-467-2322 ext 32 OR visit www.unitedforchildren.org)
- ☐ **Parents as Teachers** - (This is a parent education program that helps to establish positive partnerships between home, school and the community and plays a vital role in supporting families and children from the very beginning toward school readiness. Contact the local school district for more information.)

Co-Occurring Conditions

- ☐ Sleep
- ☐ Constipation
- ☐ Feeding
- ☐ Seizures
- ☐ Other

Tools to Learn more about Autism Spectrum Disorder

- ☒ **Tool Kit: A Parent's Guide to Autism** - (This guide provides information about what autism is, shares common reactions to getting the diagnosis, reminding parents to take care of themselves, tips to manage the stress that they may experience, sharing tips for supporting siblings, advocating for your child, and building a support network, vignettes of stories from families and frequently asked questions. This tool kit can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then click A Parent's Guide to Autism)

- ☐ **Tool Kit: 100 Day Kit for Young Children** - (This guide is designed to provide you with the information and tools you need to make the best possible use of the days following the diagnosis. It is a comprehensive tool filled with facts and resources such as information about symptoms, treatment, legal rights and advocacy. This tool kit can be found at <https://echoautism.org/new-diagnosis-under-age-4/> then click *100 Day Kit for Newly Diagnosed Families of Young Children*)
- ☐ **Tool Kit: A Grandparent's Guide to Autism** - (This guide will help provide a better understanding of autism, as well as tips, tools, and real-life stories of how to guide and support the child and family immediately after the diagnosis and beyond. This tool kit can be found at <https://echoautism.org/family-support/> then click *A Grandparent's Guide to Autism*)
- ☐ **Tool Kit: An Introduction to Behavioral Health Treatments** - (This toolkit provides behavior basics and information that may help the family understand the functions of a child's behaviors, in addition to basic strategies of increasing appropriate behavior. This tool kit can be found at <https://echoautism.org/behavior-basics/> then click *Introduction to Behavioral Health Treatments*)
- ☒ **Sibling Developmental Monitoring** - (Given the increased autism risk in siblings of children with a diagnosis of ASD, consider sharing the CDC's "Learn the Signs. Act Early." resources with the family to monitor the younger sibling's developmental milestones.)
- ☐ **Autism Navigator - About Autism in Toddlers and Video Glossary** - (This self-paced program will teach families about autism symptoms and supports and intervention to help their child thrive. Autism Navigator also has information about evidence-based supports for everyday activities and developmental growth charts to recognize and monitor meaningful outcomes. Family can create a login and access modules and videos at <https://autismnavigator.com/courses/>)
- ☐ **Behavior Videos** - (The following videos offer some practical tips that may be helpful for this family: ABCs of Behavior and Reinforcement. The videos can be found at <https://echoautism.org/behavior-basics/> then click *Video Tool Kit: ABCs and Video Tool Kit: Reinforcement*)
- ☐ **Other**

Support for Parents/Family/Caregivers

- ☐ **Family to Family Peer Mentor Program** - (This program is a parent to parent/peer support network for parents/caregivers of children with developmental disabilities or special healthcare needs. This is a support system where families can ask questions, problem solve and receive support from peer mentors with similar experiences. You can find the link to their website at <https://echoautism.org/new-diagnosis-under-age-4/> then scroll down to *Missouri Resources*)
- ☒ **Missouri Parents Act (MPACT)** - (This organization provides families training and/or an advocate to support them in navigating the education system related to school-based supports and services through the Individuals with Disabilities Education Act (IDEA) and the Individual Education Plan (IEP) process. The link to the Missouri programs can be found at <https://echoautism.org/education/> then click *MPACT Parent Training & Information*. Information about programs in other states can be found at <https://www.parentcenterhub.org/find-your-center/>)
- ☐ **Other**

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