

## 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](mailto: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: Kelly Wright

Clinic/Facility Name: Northside Pediatrics

City: Springfield

ECHO ID: DX114

Presentation Date: 03-27-2024

Presentation Type: ☒ New ☐ Follow Up

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# Patient Information

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## 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?

English ▼

## 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)?

State Early Intervention (Missouri First Steps) ▼

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?

6 months ▼

How long did it take you to complete your assessment?

7 months ▼

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

12 months ▼

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

Miles

50

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

Hours:

1

Minutes

Minutes

## List the questions you would like help with.

1)

Confirm autism diagnosis (struggling some with A2)

2)

Provide resources/support to family

3)

## Birth History

### Exposures during pregnancy:

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

### Gestational age:

39.4

### Birth weight:

3420g

oz

### Delivery mode:

☐ Vaginal ☒ C-section

bicornuate uterus, poor cervical ripening

### If C-section, why?

### Presentation:

☐ Breech ☒ Head first

### Head circumference:

Inches

### Were there newborn problems?

☒ Yes ☐ No ☐ Unsure

### If yes, explain:

NICU x 10 days for pneumonia (requiring CPAP), respiratory distress, feeding difficulties

**Please check all of the following that apply:**

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

**Comments:**

## Development History

Please indicate the age (in months) when milestone was achieved.  
*If unknown, please type unknown.*

**Uses single words:**

2 years

**Uses 2-3 word phrases:**

2 years

**Speak in full sentences:**

3 years

**Walking:**

11 mo

**Daytime bladder control:**

not yet

**Nighttime bladder control:**

not yet

**Bowel control:**

not yet

**Social smile:**

not sure

**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:**

Mother expressed that child was late to start talking and then would have periods of time that he seemed to gain vocabulary and then have periods of time where he wouldn't talk at all for weeks before gaining more words again. These episodes of regressions occur periodically and then he seems to pick up again where he left off.

## **Medical/Psychiatric History**

**Please list all diagnoses or illnesses:**

**Diagnosis/Illness:**

swelling of left side of upper lip of unknown

**Age:**

Date - Year:

Professional making diagnosis:

Diagnosis/Illness:

**Please list current medications and supplements:**

Medication:

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## Additional Conditions

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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:

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## Medical Testing

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**Have the following medical tests been performed?**

Vision screening

☐ Yes ☐ No ☒ Unknown

### Audiologic (hearing) screening

☐ Yes ☐ No ☒ Unknown

### Lead blood level

☐ Yes ☐ No ☒ Unknown

### 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

### Sleep study

☐ Yes ☒ No ☐ Unknown

### Comments:

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## 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

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## Sleep History



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

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**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

**Are nighttime awakenings a problem?**

☒ Yes ☐ No

**Does the child snore loudly?**

☒ No ☐ Rarely ☐ Sometimes ☐ Usually

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

☒ No ☐ Rarely ☐ Sometimes ☐ Usually

**Comments:**

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## Trauma/Abuse History

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

**Comments:**

Father was physically abusive and was abusive to mother. She left that relationship quite some time ago and father has not been involved since then.

## Social History

Individual resides with:

Mother and Partner ▼

Has legal custody:

Mother ▼

Biological parents are:

▼

How many people live in the home *not* including the individual being evaluated?

2 ▼

### Who lives in the home?

Relationship (1/2 sib, step-parent, etc.):

Biological Mother ▼

Age:

Years

Gender:

Female ▼

Relationship:

Step Father ▼

Age:

Years

Gender:

Male ▼

List other significant caregivers that live outside the home (e.g., family, friends, grandparents, neighbor):

Lives with mother and mother's boyfriend. No other caregivers.

Comments:

# Family History

## Condition/Disorder

	Mom	Dad	Brother	Sister	Mat GM	Mat GF	Pat GM	Pat GF
Genetic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention-deficit/hyperactivity disorder (ADHD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder (e.g., epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Concerns (e.g., Depression, Anxiety Disorder, Bipolar)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" 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:

Mom wonders if she may be autistic herself but hasn't been diagnosed.  
Mom has dyslexia, anxiety, depression  
Dad is 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:**

Began First Steps at 15 months of age.  
Enrolled in ECSE.

**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**

Receives school based therapy services.

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# Screeners

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Name of Screening Tool:

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

## Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R)

Date of Administration (most recent):

08-09-2023

Total Score:

6

Risk Level:

- ☐ Low Risk (0-2) ☒ Medium Risk (3-7) ☐ High Risk (8-20)

**This child scored Medium Risk on the M-CHAT.  
What was their score after asking the follow-  
up questions on the M-CHAT-R follow-up?**

**Risk Level:**

- ☐ Low Risk (0-2)  
☐ Medium Risk (3-7)  
☐ High Risk (8-20)

Please describe any notable comments or concerns:

Comments:

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## Adaptive Functioning Test

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Name of Test:

Date of Administration (most recent):

Comments:

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## Intelligence/Developmental Testing

Name of Test:

Date of Administration (most recent):

Full Scale:

or Mullen ELC

Verbal Score:

Nonverbal Score:

or Mullen VS

Comments:

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## Other Tests/Assessments

Were any other tests or assessments completed?

☒ Yes

☐ No

Name of Test:

Date of administration:

Score:

**Comments:**

Ages and Stages Questionnaire  
Age Group : 30m  
Patient Age : 29m  
form adjusted for prematurity : No  
Communication : Medium Score  
Communication Score : 40  
Gross Motor : Low Score  
Gross Motor Score : 30  
Fine Motor : Low Score  
Fine Motor Score : 5  
Problem Solving : Low Score  
Problem Solving Score : 20  
Personal-Social : Low Score  
Personal-Social Score : 25

**Name of Test:****Date of administration:****Score:****Comments:**

Child engaged well with the STAT. He rolled the ball back and forth and engaged in doll play by putting the baby in the chair and fed the bottle to the baby. He had good eye contact throughout. He requested by saying "please" or "mommy help." He directed attention using three-point gaze shift or by showing objects by holding them up. He imitated 3 of 4 items well but refused the drum hands activity by saying "no."

Scoring:

Play

Number of failures: 0

Domain Score: 0

Requesting

Number of failures: 0

Domain Score: 0

Directing Attention

Number of failures: 0

Domain Score: 0

Imitation

Number of failures: 0 (1 refuse)

Domain Score: 0

Sum of Domain Scores: 0

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# Autism Diagnostic Observation Schedule Revised

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Date of Administration:

03-20-2024

Module:

2 ▼

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)

Social Affect (SA) Score:

4

Restricted Repetitive Behaviors (RRB) Total:

4

Overall Total:

8

Comparison Score:

4

Classification:

Autism Spectrum ▼

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## 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.**

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Date of Completion:

08-09-2023

## 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:**

Mother stated he only started talking in June of 2023 at the age of 28 months but had made significant progress very quickly. He would have times that he spoke in short 2-3 word phrases but other times when he refused to talk at all for a prolonged period of time. He would seem to regress particularly if there were changes in his routine. During these periods of regression, he doesn't talk, only cries and is very easily upset. This goes on for some time before he seems to settle and then will start making some progress again. He does generally respond to his name, and he does show objects to share enjoyment but won't allow mom to touch or take the item from him. He can be very affectionate, but it must be on his terms. He doesn't seem to read others' feelings very well. He is overly friendly with strangers and doesn't seem to understand danger. He will wave or say hi to anyone. Once he tried to climb into a stranger's truck in a parking lot; mom had turned her back on him just briefly to get the diaper bag out of the car and found him trying to climb into a truck while the owner was trying to exit the vehicle. Mom felt his eye contact was poor and that he has limited facial expressions. He generally doesn't combine words and gestures.

During ADOS, child was very talkative with examiner and observing student even though this was an unfamiliar environment. Child spoke very quickly and often had odd intonation. Child also had an unusual stutter only in certain situations.

**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:**

He can nod and shake his head, wave, point, and use a few signs like "all done," "please," "help," and "more." While he can point, he doesn't point very often. Mom felt his eye contact was poor and that he has limited facial expressions. He generally doesn't combine words and gestures.

Child had appropriate eye contact during both STAT and ADOS administrations.

During observation, nodded for yes, shook head for no, gestured with two hands to indicate "this one and that one" and briefly put his hand to his mouth to move it back and forth to indicate brushing teeth. Pointed at objects within reach but did not point to distal objects.

**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:**

He often won't play with other children, will run the opposite direction if they approach and often goes off by himself to play. He does watch other children play but often keeps his distance.

## 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:**

He will drive cars and trains around in his play and he will use things like pens or sticks as tools to fix the trains or cars. He spins the wheels on his cars, will often turn things upside down so that he can spin them. He lines up toys, flaps his hands, and plays with his fingers. Mom notes that he does repeat words that she has said and he uses a lot of scripts or catch phrases from things like Blippi or will copy phrases he has heard mom use.

Had some stereotyped speech, frequently said "guess what guess what" and "I know just the thing." Play was also stereotyped at times, acted out similar scenario several times after it was modeled by examiner. Did not respond much to examiner's attempts at conversation but would initiate conversation on topics that interested him.

### **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:**

Routines are very important to him. If the routine changes mom says it is "hell on earth." Typically goes to an in home daycare. Mom's boyfriend gets him up and ready because mom is already at work. He picks the child up later because mom is still at work. If mom has a day off, he is upset that she is home; mom has to stay in her bedroom and out of sight or he will get upset. He struggles a lot with even little changes and will be out of sorts for some time before being able to settle in. When he is upset he can be aggressive, will slap, kick, bite, or pinch. He often won't be able to sleep for some time after some change has occurred. He doesn't like being in places he doesn't recognize. He has a very consistent bedtime routine; if this doesn't occur, he will not be able to sleep. He prefers his toys are arranged in certain ways and gets upset if they are moved.

### **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:**

He is obsessive about things like lawn mowers, weed eaters, vacuums and construction equipment (excavators in particular). He also likes flashlights (can play with one for hours), remotes, and anything that spins, rotates, or rolls. He likes to talk about Jeeps.

During ADOS was very interested in wheels, things that rotate or spin. He liked the wheels on the fire truck and the space shuttle and spun the metal disc and his snack plate. He also commented on how the miniature basketball rolled. He talked several times about his motorcycle at home.

**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:**

He often examines things closely. He likes to touch and rub different textures. Doesn't mind loud sounds from his favorite things like construction equipment or vacuums but hates other loud sounds like music (even if it isn't particularly loud). YES, won't wear corduroy, hates tags on shirts. He doesn't like playdough or slime. Won't eat certain textures. He loves deep pressure input. He doesn't seem bothered by pain at all.

Examined propeller on the bubble toy, held it against different surfaces to make different sounds (up next to his ear, on the table, and against a snack bag). Walked on tip toes intermittently.

## 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:**

Developmental delays first noted at 15 months; didn't begin talking until 28 months but then progressed rapidly.

## 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:**

He is overly friendly with strangers and doesn't seem to understand danger. Has periods of time where he cries, is very upset, and doesn't talk at all that can last days to weeks. Struggles with changes and can be very upset and sometimes aggressive when changes occur.

## 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
F2: Restricted and Repetitive Severity Level:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Yes		No
F3: With intellectual impairment:	<input type="radio"/>		<input type="radio"/>
F4: With language impairment:	<input 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)

Made rapid progress with therapy after age 2; very talkative about topics which interest him.

2)

Very intentional parent who has sought out appropriate resources for her son and worked with him herself.

3)

Cooperative, pleasant, and generally responded well to redirection

**Please list three primary challenges for the individual:**

1)

Communication difficulties: very fast speech is often difficult to understand and stutter sometimes present. Child also talks mostly about topics which interest him and often shuts down when stressed and is unable to communicate well in those situations.

2)

Lack of stranger danger presents a significant safety concern.

3)

Play often stereotyped, minimal creative/pretend play. Often plays by himself with minimal effort to involve others in his play.

## 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

## 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](mailto: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](http://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**

### Sleep:

- ☒ **Tool Kit: Strategies to Improve Sleep in Children with Autism** - (This tool kit is designed to provide parents with strategies to improve sleep in their child affected by autism, based on both research and clinical experience of sleep experts. This tool kit can be found at <https://echoautism.org/sleep-resources/> then click ATN/AIR-P Strategies to Improve Sleep in Children with Autism)
- ☒ **Tool Kit: Melatonin and Sleep Problems: A Guide for Parents** - (This tool kit is designed to provide parents with information about melatonin and to help them decide if trying melatonin is right for their child. This tool kit can be found at <https://echoautism.org/sleep-resources/> then click on Melatonin & Sleep Problems in ASD)
- ☐ **Sleeping resources** - (The following links offer some practical tips in choosing a sleep training method that may help this family, 1) [Choosing a Sleep Training Method That Works for Your Family](#), 2) [Bedtime Routine video](#), 3) [Daytime Habits video](#)
- ☐ **Other**

### Feeding:

- ☒ **Tool Kit: Parent's Guide to Feeding Behavior in Children with Autism** - (This tool kit helps parents and professionals better understand feeding issues. It includes the sections 1) What are Feeding Problems?, 2)

Conditions that Might Affect Feeding, 3) When to be Concerned, 4) Tips to Help with Feeding Issues at Home, and 5) Frequently Asked Questions. This tool kit can be found at <https://echoautism.org/feeding/> then scroll down to *Autism Speaks - A Parent's Guide to Feeding Behavior in Children with Autism*

- ☐ **Tool Kit: A Parent's Guide to PICA** - (This tool kit helps parents and professionals understand more about pica. It includes the sections 1) What is pica?, 2) Why is pica a problem?, 3) Why do children with autism and other developmental disabilities have pica?, 4) Where can I go for help?, 5) Things parents can do, and 6) Treatments that require professional help. This tool kit can be found at <https://echoautism.org/feeding/> then click on *PICA Tool Kit*)
- ☐ **Feeding resources** - (Best practice feeding resources including books and articles can be found at [echoautism.org/feeding/](https://echoautism.org/feeding/). Some feeding resources include: 1) Helping Your Child *with* Extreme Picky Eating by Rowell, 2) Fearless Feeding by Castle, 3) Food Chaining by Walbert, 4) Kids Eat Right, and 5) Choose My Plate
- ☒ **Regular Meals and Snacks** - (Recommendations for parents to support routines at mealtimes would include establishing a regular time & place for 3 meals and 3 snacks per day. This routine helps your child to develop hunger/hunger drive and replaces the habit of grazing which can take away their normal hunger and fullness cues. Spacing meal and snack times about 1.5-2 hours is important to promote hunger drive.)
- ☒ **Fluid Needs** - (When considering meeting your child's fluids needs. General guidelines for types of fluids would look like milk at 16 ounces per day (less if also consuming other dairy products), 4-8 oz juice per day (depending on age of child) and additional fluid needs met with water. Water can be provided in between meals and snacks. Fluids can impact interest in foods and hunger drive, so it is important to have a balance of calories containing beverages and water.)
- ☒ **Increasing food variety** - (Here are some strategies for family to try that help increase child's interest in foods or promote exploration of new foods. 1. Placing a small piece of new food on plate with preferred food. Using the sensory hierarchy tool: touch, smell, kiss, taste, ask your child to explore in these ways. Involve your child in the cooking/baking process from meal planning to grocery shopping to putting away foods to prepping and cooking. Have them set the table, clear the table and help with dishes. Use the iPad to look up recipes and cooking shows. More details can be found at <https://echoautism.org/feeding/> then scroll down to *Autism Speaks - A Parent's Guide to Feeding Behavior in Children with Autism*.)
- ☒ **Connect with Registered Dietitian Nutritionist (RDN)** - (Connect family with a Registered Dietitian Nutritionist (RDN) through Early Intervention team (e.g., First Steps, local hospital or outpatient clinical setting)

## 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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### Form Status

Complete?

Complete ▼