



Autism Evaluation Diagnostic Report

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Child's Name: Bobby Brown, Jr.
DOB: 01/01/2023
Caregiver(s) Name(s): Sue and Robert Brown
Date(s) of Evaluation: 07/01/25, 07/07/25
Provider Completing Assessment: Stephanie Corn, MD, FAAP
Primary Care/Referring Physician: Dr. Sue Duenym
Report Date: 07/30/25

This consultation was provided via telemedicine using two-way, real-time interactive telecommunication technology between the patient, his parent(s) and the physician. The interactive telecommunication technology included audio and video. The parent was offered telemedicine as an option for care delivery and consented to this option. The parent(s) attested to being in their home in the state of Middletown, USA.

PRIMARY CONCERNS

Bobby is a 2 year, 6-month-old M who presented for an evaluation due to developmental and behavioral concerns, specifically whether he might have autism spectrum disorder (ASD). Bobby's parents served as the primary informants during this evaluation. Available medical and educational records were also reviewed.

DIAGNOSIS

Autism Spectrum Disorder (DSM-5 Code: 299.00, ICD-10 Code: F84.0)

Level of Support: 3

Severity Specifiers

- *Social Communication Level: 3*
- *Restricted Repetitive Behaviors Level: 3*

SUMMARY OF RECOMMENDATIONS

Based on caregiver report and direct observational assessments, Bobby exhibits several characteristics indicative of autism which are significantly impacting his functioning and development. As such, it is strongly recommended that the family access autism-specific services available through community providers, through involvement with the early intervention system, and/or their school system.

Additional recommendations:

- Bobby should be referred for a thorough Audiology evaluation to ensure he has normal hearing.
 - Bobby should have yearly follow-up with a developmental pediatric clinic to ensure the ongoing accuracy of his diagnosis and to monitor his progress.
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EVALUATION PROCEDURES

- Clinical Interview, virtual exam, informal observation
 - DSM-5 embedded parent interview
 - Modified Tool for Autism in Toddlers and Young Children (MCHAT-R)
 - Tele-ASD-PEDS (TAP) Autism Spectrum Disorder Assessment¹
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RELEVANT HISTORY

Bobby is a 2 yr, 6-month-old male who resides with his parents in Middletown, USA; he has no siblings. His parents live together, co-parent well and there is no known history of consanguinity.

SUBJECTIVE DEVELOPMENTAL HISTORY & ASD CONCERNS

What follows is caregivers' report describing Bobby's verbal & nonverbal communication, social-communication, social-emotional reciprocity, relationships and play, and presence of atypical patterns of interests, speech, repetitive/sensory behaviors, or challenging behaviors:

- He is non-verbal, making only near-constant repetitive sounds
- Does not play with toys appropriately
- Only intermittently plays with children his own age
- Does not pretend-play
- Does not point to things he wants & has difficulty asking for help, using parents' hands as tools
- Does not often engage parents in his in play
- Frequently mouths objects & is afraid of loud noises
- Hyper-fixation with trucks and cars
- Very picky eater is sensitive to food textures
- Exhibits hand flapping, hand/finger tensing/flicking, body tensing, rocking and spinning behaviors

PAST MEDICAL HISTORY

- Complications of pregnancy or delivery: he was the 8 lb, 6oz product of a full-term uncomplicated pregnancy, labor and SVD with an uncomplicated neonatal course.
- Other medical/health history: None reported
- Vision/hearing concerns: None reported; passed his newborn hearing screen but has not had a recent audiology evaluation.
- Current medications: None reported
- NKDA

DEVELOPMENTAL HISTORY

- Speech: First words – delayed; makes sounds but no words
- Motor: rolled over at 4 months, sat up at 6 months, crawled at 8 months, cruised at 9 months, first steps at 12 months
- Social: did not smile at 2 months or laugh/giggle at 4 months, has never consistently turned to his name or point to objects.

ACTIVITIES OF DAILY LIVING (ADLSs)

- Sleep: difficulty falling asleep
- Feeding: markedly limited/picky/texture issues
- Toileting: still in diapers; no interest in potty training

FAMILY HISTORY - negative for developmental issues, genetic syndromes, autism

SOCIAL HISTORY – Lives with his parents in Middletown, USA. Both parents work in IT and Bobby attends daycare.

MENTAL/BEHAVIORAL HEALTH HISTORY

- Aggression – None
- Tantrums - He exhibits frequent tantrums

OTHER RISK FACTORS

- Victimization/Trauma History: Denied
- Recent Stressors : None

EDUCATIONAL / SERVICES HISTORY

- Previous Assessment/Screening history
 - Date of recent Well Child Check: 04/15/25 - concerns for autism were raised during that visit
- Current Services/Early Intervention (EI)/Special Education: He is being evaluated for speech and occupational therapy through EI.

ASSESSMENT/FINDINGS

DSM-5 Based Caregiver Interview*

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (*all 3 must be met*)

1. Deficits in social-emotional reciprocity: **present**
2. Deficits in nonverbal communicative behaviors: **present**
3. Deficits in developing, maintaining and understanding relationships: **present**

Level of Support/Severity Specifier for Social Communication: Level 3

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history: (*needs to meet >= 2 out of 4*)

1. Stereotyped or repetitive motor movements, use of objects, or speech: **present**
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior: **present**
3. Highly restricted, fixated interests that are abnormal in intensity or focus: **present**
4. Hyper/hyporeactivity to sensory input or unusual interests in sensory aspects of the environment: **present**

Level of Support / Severity Specifier - Restricted Repetitive Behaviors: Level 3

C. Symptoms have been present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).

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

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

***Note: these findings are based upon parental/guardian history only and may not be consistent with this examiner's objective observations or testing results.**

Clinical Observations

Bobby was observed during a clinical visit and exhibited clear features related to autism. These observations included (See TAP observations for more detail)

- Bobby is non-verbal, only making repetitive vowel sounds in non-functional ways
- Exhibited hand flapping, finger flicking, hand & body tensing and circling/spinning the room
- Difficult to catch and maintain his eye contact
- Does not initiate play with or respond to parental bidding to engage in play
- Used parent's hand as a tool/had difficulty requesting his wants/needs
- Exhibited intense interest/focus on cars and trucks

These observations during this evaluation were indicative of a high likelihood of ASD.

~Modified Checklist for Autism in Toddlers- Revised (M-CHAT-R)

The MCHAT-Revised is designed to assess concerns linked to ASD for young children.

Bobby's score of 13 on the MCHAT-R places him in the range of "High Risk" for autism (8-20).

TAP (TELE-ASD PEDS)¹

TELE-ASD PEDs is an interactive assessment tool validated to identify ASD characteristics in toddlers and young children via telehealth. It assesses key areas of social communication, including socially directed speech and sounds, frequency/flexibility of eye contact with coordinated vocalizations/speech and nonverbal behaviors. It also assesses presence of atypical/unusual vocalizations or repetitive behaviors, unusual/repetitive play behaviors and atypical sensory exploration or reactive behaviors. *That said, this protocol has, nonetheless, a more limited scope and depth than a comprehensive in-person neuropsychological or developmental evaluation and thus is most valid for young children with more severe signs of autism.*

What follows are details of this assessment and other structured behavioral observations during TAP testing:

- CHILD-DIRECTED PLAY - 2 MIN: Bobby rarely engaged Mom in play, preferring to play alone
- CALLING NAME - 3 TRIALS: no response on all trials
- DIRECTING ATTENTION - 2 TRIALS: no response on all trials
- JOINT PLAY - 2 MIN: it was difficult to engage him in play, only rolling a ball back & forth once
- FAMILIAR PLAY ROUTINE: he enjoyed being tickled but did not request more with eye-contact or other body language
- READY, SET, GO: he ran after the deflated balloon but did not give it back to Mom to request "more", merely picked it up, inspected it and put it in his mouth.
- REQUESTING SNACK: Bobby used his Mom's hand as a tool to get help opening the jar.
- INDEPENDENT PLAY - 2 MIN: he sat by himself, lining up toys, briefly picking them up to inspect them, stacked then threw them down. Did not engage Mom in play.

Bobby's total score on this instrument was 19 (with a cutoff of >12 = ASD risk) -see addendum for test details.

Bobby exhibited challenges regarding effective social communication (both verbal and nonverbal), social interaction, as well as atypical restricted and repetitive behaviors (i.e. strong/repetitive interests, challenges with social attention, characteristic body/object use) and unusual sensory exploration.

Overall, Bobby's performance on this instrument was indicative of a high likelihood of ASD, support level 3.

1. Corona, L., Hine, J., Nicholson, A., Stone, C., Swanson, A., Wade, J., Wagner, L., Weitlauf, A., & Warren, Z. (2020). TELE-ASD-PEDS: A Telemedicine-based ASD Evaluation Tool for Toddlers and Young Children. Vanderbilt University Medical Center. <https://vkc.vumc.org/vkc/triad/tele-asd-ped>

SUMMARY AND CONCLUSIONS

Bobby is a 2 yr, 6-month-old boy who was referred for an autism evaluation in order to clarify his diagnostic profile, assess his current socio-emotional functioning, and assist with recommendations for early intervention and educational programming.

Bobby is a sweet-natured child who has difficulty communicating with others using words or gestures. he has difficulty engaging in back-and-forth play/interaction and prefers to play independently, often in restricted or repetitive ways. Although he sometimes makes eye contact, it is hard to capture and keep his attention socially. In addition, Bobby presents with a significant number of restricted/repetitive behaviors and interests including repetitive movements, unusual play and atypical sensory behaviors. Taken together, these characteristics of autism have significantly impacted his social functioning and development of relationships. Therefore, the results of this evaluation are consistent with a diagnosis of an autism spectrum disorder as follows:

Autism Spectrum Disorder (ASD) (DSM-5 Code: 299.00, ICD-10 Code: F84.0)

Level of Support / Severity Specifier: 3

- Social Communication - Level 3
- Restricted Repetitive Behaviors - Level 3

PLAN & RECOMMENDATIONS

Bobby shows several areas of significant developmental concern that warrant ongoing intervention. I recommend that he continue to be followed closely by his care team over time to ensure that he continues to make appropriate progress. Recommendations as noted below will be discussed at a separate appointment TBA.

Service Coordination

- It is strongly recommended that Bobby's caregivers share this report with those currently involved in his care (e.g., his pediatrician, service coordinators, therapists, teachers) to further facilitate appropriate service delivery and interventions.
- If not already involved, the family is encouraged to contact and share this report/information with Early Intervention or Child Find and the local school system.
 - Early Intervention Services will evaluate Bobby and determine the amount and level of therapies (eg., Speech & Occupational) that he requires. Up until age 3 these services are generally provided at home.
 - The school district will help guide intervention services for children over the age of 3 and help coordinate possible classroom services through an Individualized Education Plan (IEP).

Applied Behavior Analysis (ABA) Services / Behavioral Consultation / Parent Training:

- Family is encouraged to start ABA therapy with a behavioral consultant (e.g., ABA consultant, Board Certified Behavior Analyst [BCBA]).
- Family should discuss availability and eligibility for such services with Bobby's insurance company, pediatric provider, and therapists.
- We will provide a referral/prescription to connect with an ABA agency.

Speech and Language Intervention:

- It is recommended that Bobby's intervention program include ongoing intensive speech and language therapy that is aimed at enhancing functional communication and social language use across all settings.
- It is recommended that speech/language therapy be considered for incorporation into Bobby's intervention or school plan on an ongoing basis.

Occupational Therapy:

- Bobby will also benefit from ongoing occupational therapy to promote development of his adaptive behavior skills, functional early classroom skills, and address sensory and motor vulnerabilities/interests.
- Such services should be considered for continued inclusion in Bobby's intervention or school plan.

Other Recommendations

- Bobby would benefit from an Audiology evaluation to ensure adequate hearing.
- Follow up within 12 months with a regional developmental pediatric center to ensure the ongoing accuracy of his diagnosis and monitor his progress.

Parent Support/Advocacy:

- The Autism Speaks, “**100 Day Kit for Parents**” was designed to help parents get organized and plan for the several months following a diagnosis of autism. The guide can be downloaded for free at **100 Day Kit for Young Children | Autism Speaks:**
<https://www.autismspeaks.org/tool-kit/100-day-kit-young-children>.

Alternatively, caregiver can call Autism Speaks directly and ask for them to send a free copy of the 100 Day Kit: 1-888-288-4762.

- Bobby’s caregivers are encouraged to participate in family education programs, such as the **Vanderbilt Kennedy Center/TRIAD Families First Workshops** to learn more about effective interventions for children with autism. These are available through Zoom and are recorded and stored for online viewing.

Please call 615-322-7565 to register or visit <https://vkc.vumc.org/vkc/triad/fam/>

- Other helpful websites
 - www.vkc.vumc.org/vkc/triad/fam
 - www.bridge2resources.org
 - www.autismspeaks.org
 - www.nationalautismassociation.org
 - www.nationalautismassociation.org/big-red-safety-box/
 - Sinclair, John., Don’t Mourn For Us. Our Voice, vol. 1, 1993. https://www.autreat.com/dont_mourn.html

I have sincerely appreciated the opportunity to evaluate Bobby – it represents the ultimate in trust that I do not take for granted. Please do not hesitate to contact this office with any questions or concerns about this evaluation or report.



Stephanie Corn, MD, FAAP

My Virtual ASD, PLLC

888-493-5525

www.myvirtualasd.com

myvirtualasd@gmail.com

A D D E N D U M

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TAP (TELE-ASD PEDS) Test Results

Bobby Brown

DOB: 01/01/23

Date of evaluation: 07/07/25

Item	Score
Socially directed speech and sounds	3 – consistently absent
Frequent & flexible eye contact	3 – infrequently makes eye contact
Unusual vocalizations	3 – consistently present
Unusual or repetitive play	2-present but not consistently
Unusual or repetitive body movements	3 – consistently present
Use of gestures & integration with eye contact & speech/vocalization	3-consistently absent
Unusual sensory exploration or reaction	2-present but not consistently
Total Score	19

A score of 19 is highly consistent with ASD, level 3

MCHAT-R Score

Bobby Brown

DOB: 01/01/23

Date of scoring: 07/01/25

Critical Items/Question numbers:

- 1 – Does not look at something that parent points to across the room
- 3 – Does not pretend-play or make-believe
- 5 – Makes unusual finger movements near his eyes
- 6 – Does not point to desired objects or to get help
- 7 – Does not point to show something interesting
- 8 – Is not interested in other children
- 9 – Does not show you things by bringing them to you or holding them up for you to see
- 10 – Does not respond to calling his name
- 12 – Is easily upset by everyday noises
- 14 – Does not make good eye contact
- 16 – Does not turn to look at something that is interesting to you
- 17 – Does not attempt to get others to watch him do something he's enjoying
- 19 – Does not look at parent's face to see how they feel about something new or exciting happening

Total Score: 13, consistent with high-risk of ASD