

Autism Spectrum Disorder Evaluation

General Information

Client Name

Date of Birth

Evaluation Date

Evaluator Name/Title

Presenting Concerns

Developmental History

Pregnancy & Birth History

Early Developmental Milestones

Medical & Family History

Medical History

Family History (including ASD, mental health, etc.)

Educational History

School/Daycare Information

Academic Performance

Assessment Methods

Interviews conducted with:

Behavioral Observations

Standardized Tests/Measures Used

Core Symptom Domains

Social Communication & Interaction

Repetitive Behaviors and Restricted Interests

Other Relevant Behaviors (sensory, motor, etc.)

Summary & Impressions

Diagnosis (DSM-5 Criteria)

Recommendations