

Assessment Tool Overview for Early Intensive Developmental and Behavioral Intervention (EIDBI) Providers

Tier 1

Tools identified by members of our Learning Collaborative to be preferred practice in the field.

When determining which assessment tools to use, consider this guidance:

- Diagnostic evaluation should include a medical history; detailed diagnostic interview with parents; direct observation of the child using a standardized observational measure; and standardized testing of cognitive, language, adaptive skill, and behavior.
- Cognitive and language measures should be chosen based on age and skill level.
- Cognitive measures should generate a separate verbal IQ and nonverbal IQ.
- Language measures should generate separate scores for receptive and expressive language.

Autism Diagnostic Observation schedule and its Severity Score (ADOS): an overall measure of autism severity with relative independence from a child's age and IQ. Commonly administered by psychologists and/or speech/language pathologists.

Vineland-II Adaptive Behavior Scales: assesses adaptive functioning, using four major domains: communication, socialization, daily living skills, and motor skills. Also includes an optional maladaptive behavior domain. Completed by a clinician with the parent or primary caregiver.

Autism Diagnostic Interview – Revised (ADI-R): a structured interview facilitated by clinicians with a parent or caregiver for children aged 2 and above. Focuses on language/communication; reciprocal social interactions; and restricted, repetitive, and stereotyped behaviors and interests.

Social Responsiveness Scale (SRS): Assesses symptom severity of ASD. Used for children aged 4-18. Can be used as a screener in clinical or educational settings, an aid to clinical diagnosis, or a measure of response to intervention. Can detect subthreshold autistic symptoms that may be relevant in evaluating children with a wide variety of psychological problems. Is completed by a parent or teacher.

Cognitive Measures:

- **Mullen Scales:** individually administered test of cognitive functioning for children aged birth – 68 months; yields the Early Learning Composite score.
- **Wechsler Intelligence Scales:** used for children aged 6-16; yields four index scores (verbal comprehension, perceptual reasoning, working memory, and processing speed) and an IQ value.

Tier 2

Other tools identified in literature review that might be useful for those providing therapy and care for children with autism.

Child Autism Rating Scale (CARS2): Identifies and distinguishes autism from other developmental disorders and determines ASD symptom severity. It focuses on core deficit behaviors. There are two forms of the CARS2, depending on age and IQ of the child. Administered by clinicians.

Autism Behavior Inventory (ABI): Used to assess changes in core and associated symptoms of ASD for those aged 3 and above. This is a newer measure, but shows promise as a tool for measuring change in core symptoms of autism.

The Autism Family Experience Questionnaire: Addresses family experiences with child adaptive functioning, parental mental health, and parental wellbeing. The Questionnaire shows promise as a tool for measuring change in family experiences.

Quality of Life Measure for Parents of Children with Autism Spectrum Disorder: Addresses parents' quality of life and parent report of how problematic their child's autism symptoms are.

The Aberrant Behavior Checklist (ABC): a behavior rating scale completed by parents or primary caregivers of individuals with autism. Used for individuals aged 5-54.

Behavior Assessment System for Children, Second Edition (BASC-2): Used to assess behavior and emotions in those aged 2 to 22 through parental and teacher ratings. Can be administered in clinical or school settings.

Child Behavior Checklist (CBCL): measures externalizing (aggression, hyperactivity, etc.) and internalizing (anxious, depressive, etc.) behavior problems. Focuses on associated symptoms rather than core deficit behaviors. Completed by parents. May be especially useful in measuring symptoms related to psychiatric comorbidities for children with autism.

Nisonger Child Behavior Rating Form (NCBRF): Assesses social competence and problem behavior in children with developmental disabilities. Used for children aged 3 to 16. Parent and teacher versions of the form are available.

Repetitive Behavior Scale – Revised (RBS-R): Assesses the presence and severity of repetitive behaviors. Measures some of the core deficit behaviors and associated behavior symptoms of ASD. Is used by parents for clinical settings.

Cognitive Measures:

- **Stanford-Binet Intelligence Scales:** individually administered test of general knowledge used for those aged 2-89; yields an IQ value.
- **Bayley Scales:** individually administered comprehensive measure of cognitive functioning used for children aged birth – 42 months; yields a cognitive score.

Pediatric Quality of Life Inventory™: assesses physical, emotional, social, and school functioning. Yields three scores: total scale, physical health summary, and psychosocial health summary scores. Used for children aged 2-18 and includes four age-appropriate versions for parent proxy-report. It does not include a module for ASD.

KIDSCREEN-27: assesses burden or disability of particular diseases, and includes measures of physical wellbeing, psychological wellbeing, autonomy, experiences with parents, peers and social support, and school environment. Used for children aged 8-18.

Child Health Questionnaire (CHQ): Assesses aspects of a child's health that might affect family functioning, behavior problems, and self-esteem of a child. Includes a parent-report questionnaire for children aged 4-11 and a child form for adolescents aged 10 and older.

Health Status Questionnaire. Used for routine assessment of impairment and disability in high-risk children aged 2 or older. Used to assess the level of impairment or disability, rather than the impact that impairment or disability has on a child's health.

Home Situations Questionnaire – Pervasive Developmental Disorders (HSQ-PDD or HSQ-ASD): assesses behavioral non-compliance in everyday situations. Used for children aged 3 to 14. Taken by parents and caregivers.

Child Health and Illness Profile (CHIP): Assesses the potential for resilience, satisfaction, risk avoidance, and future health and achievement for children aged 6-17. The CHIP-CE uses a child and parent form to assess these areas for younger children, and the CHIP-AE uses adolescent report.

QWB Scale: Combines three scales of functioning (mobility, physical activity, and social activity) with a measure of symptoms and problems to provide a measure of wellbeing. Some questions are not relevant for children and should be tailored by researchers when using with child populations.

AQoL Mark 2: Assesses six dimensions: independent living, social and family, mental health, coping, pain, and senses.

EQ-5D-Y: Assesses mobility, self-care, usual activities, pain/discomfort, and anxiety/depression related to current health status.

CHU9D: Assesses nine dimensions of health-related quality of life for children aged 7-11. Has not been used for children with ASD, but has several domains that would be relevant to ASD symptoms, such as questions about schoolwork, sleep, and daily routines.

Autism Family Experience Questionnaire (AFEQ): assesses child adaptive functioning, parental mental health, and parental wellbeing. Allows for assessment of change over time.

Tier 3 | Assessment tools not recommended for use by members of our Learning Collaborative.

Gilliam Autism Rating Scale (GARS): assists teachers, parents, and clinicians in identifying autism and estimating its severity. Individually administered. Used for individuals aged 3 to 22. Concerns have been noted about the assessment's validity, sensitivity, and specificity.

Batelle Developmental Inventory: uses observation, interviews with parents and caregivers, developmental and social history, and interactions with the child to assess developmental delays in children aged birth – 95 months.

RESOURCES

Providers can learn more about cultural responsiveness and how to conduct culturally appropriate clinical assessments, treatment, and training by going to the [DHS website](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-292819) or by contacting asd.dhs@state.mn.us (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-292819)