



Autism Spectrum Screener Report

Report Last Updated: 06-04-2026 06:49 AM



Disclaimer

This screener is not meant to diagnose autism. The sole function of this tool is to assist in identifying possible characteristics of autism in a structured manner. Each item on the screener has been validated against a globally well-researched indicator/symptom of autism. All responses selected as 'Always' and 'Often' must be paid attention to, as it can help establish the specific protocol for comprehensive assessment and remedial support.

ID: Date: Mar 29, 2026

Gender: Female Email:

Age: 13 Years Academic level:

Overall Autism Spectrum Score

has a score of 66, indicating a strong presence of Autistic symptoms. This suggests that their communication, relationships, and behavioral challenges might be significant enough to warrant a comprehensive professional evaluation. Specific interventions and support plans should be developed to address these challenges. Additional screenings for related conditions, such as executive functioning, anxiety, and depression are also advised to identify any comorbidities. The following subtest scores and individual responses highlight specific areas of concern:

- CSI: Communication & Social Interaction
- RBR: Repetitive Behavior and Routines
- LSS: Levels of Sensory Sensitivity
- SCD: Speech and Communication Development
- SBC: Specific Behavioral Challenges

66 (Severe)

Minimal

Severe

Interpretation of total score

Less than 30: Minimal signs of autism

31 to 60: Moderate signs of autism

More than 60: Severe signs of autism

Screener Completed By:

(Parent,

Detailed findings

showed SEVERE risk indicators consistent with autism type difficulties based on CSI, LSS and SBC . This is critical and requires urgent attention and remediation.

also has MODERATE risk indicators consistent with autism type difficulties on RBR and SCD.

The bar graph below indicates the severity levels by types of autism based on the responses.

Autism Spectrum Types Performance

All the scores above the line of significance indicate areas of reported difficulties.

MinimalModerateSevere

CSI

RBR

LSS

SCD

SBC

0%

20%

40%

60%

80%

100%

CSI: Communication & Social Interaction

RBR: Repetitive Behavior and Routines

LSS: Levels of Sensory Sensitivity

SCD: Speech and Communication Development

SBC: Specific Behavioral Challenges

individual responses indicating issues

[View Responses](#)

Interpretation of Scores

1. Communication & Social Interaction (Severe): [REDACTED] demonstrates significant challenges in core social communication areas. She consistently avoids eye contact during conversations, struggles to behave appropriately across different social situations, and often appears unaware of others' emotional states. These patterns indicate substantial difficulties with the fundamental social reciprocity skills that are essential for peer relationships and classroom interactions at her age level.
2. Levels of Sensory Sensitivity (Severe): [REDACTED] shows pronounced sensory processing differences that significantly impact her daily functioning. She consistently overreacts or underreacts to sensory input such as temperature, pain, sound, and textures, and regularly attempts to block sensory input by covering her ears or seeking dim lighting. These intense sensory experiences can be overwhelming and may contribute to behavioral responses as she tries to manage her environment.
3. Specific Behavioral Challenges (Severe): [REDACTED] engages in concerning self-injurious behaviors including biting or hitting herself, which suggests she may be experiencing significant internal distress or difficulty communicating her needs. She also demonstrates coordination difficulties and appears clumsy, which may further impact her confidence and participation in activities with peers.
4. Repetitive Behavior and Routines (Moderate): [REDACTED] shows some reliance on predictable patterns and demonstrates repetitive movements like rocking, spinning, or hand-flapping. While these behaviors provide her with regulation and comfort, they occur with sufficient frequency to be noticeable in her daily routine.
5. Speech and Communication Development (Moderate): [REDACTED] shows emerging conversational skills but experiences some challenges with the natural flow and appropriateness of verbal exchanges. She sometimes repeats words or phrases and may use an unusual tone or rhythm when speaking, which can affect how others understand and respond to her communication attempts.

Recommendations

1. Implement a comprehensive sensory support plan including sensory breaks throughout the day, access to noise-canceling headphones, fidget tools, and a quiet retreat space when sensory input becomes overwhelming.
2. Develop a positive behavior intervention plan to address self-injurious behaviors by identifying triggers, teaching alternative coping strategies, and ensuring immediate access to support when distress occurs.
3. Provide explicit social skills instruction through structured programs that teach conversation skills, perspective-taking, and social problem-solving using visual supports and role-playing activities appropriate for her grade level.
4. Create predictable routines and use visual schedules to help [REDACTED] understand daily expectations while gradually introducing flexibility to build tolerance for change.
5. Collaborate with speech-language pathology services to support pragmatic language development and conversational skills while honoring her communication style.
6. Consider occupational therapy evaluation to address coordination difficulties and develop strategies for improving fine and gross motor skills that support classroom participation.
7. Monitor for co-occurring conditions such as anxiety disorders, ADHD, or learning differences which frequently accompany autism spectrum characteristics and may require additional targeted interventions.

The *Autism Spectrum Screener* is designed to identify potential indicators or signs of Autism Spectrum Disorder (ASD) in individuals. Its goal is to highlight areas where a person may be experiencing difficulties with social interaction, communication, and behavior patterns, prompting further evaluation and potentially leading to targeted interventions or support. It's important to note that a screener serves as a preliminary assessment, not a diagnostic tool, aimed at guiding subsequent steps to understand and address potential challenges related to autism. Here are the specific areas covered by the screener:

1. **CSI (Communication & Social Interaction):** This domain measures the individual's ability to engage in social interactions and communicate effectively. It assesses skills such as understanding social cues, maintaining conversations, and forming relationships. Higher scores indicate greater challenges in these areas.
2. **RBR (Repetitive Behavior and Routines):** Evaluates the presence and extent of repetitive behaviors, routines, or interests. It encompasses behaviors like repetitive movements (e.g., hand flapping), adherence to strict routines, and intense interests in specific topics or objects.
3. **LSS (Levels of Sensory Sensitivity):** Assesses the individual's sensitivity to sensory stimuli, including sound, touch, taste, sight, and smell. It evaluates responses to sensory input, such as seeking or avoiding sensory experiences, and the impact of sensory sensitivity on daily functioning.
4. **SCD (Speech and Communication Development):** Focuses on the development of speech and language skills, including vocabulary acquisition, grammar usage, and speech clarity. It examines challenges related to speech production, comprehension, and language development milestones.
5. **SBC (Specific Behavioral Challenges):** Measures specific behavioral challenges that may be associated with Autism Spectrum Disorder (ASD). This includes behaviors such as aggression, self-injury, anxiety, and difficulty with transitions. Higher scores indicate more significant challenges in managing these behaviors.

Notes:

Clinical comments-

██████████ profile presents the triad that experienced clinicians recognise as a high-confidence signal:

Communication & Social Interaction (CSI), Sensory Sensitivity (LSS), and Specific Behavioral Challenges (SBC) all at Severe, with Repetitive Behavior/Routines (RBR) and Speech/Communication Development (SCD) at Moderate. This is an architecturally coherent profile. The severe CSI-LSS co-occurrence tells us that ██████████ social withdrawal is likely not purely social avoidance but is being driven, at least in part, by sensory overload in social environments. Classrooms, cafeterias, and peer interactions are simultaneously social *and* sensory experiences. When the sensory system is overwhelmed, the social system shuts down protectively.

The self-injurious behaviour flagged in SBC (biting, hitting self) is the most urgent clinical finding. In a 13-year-old girl, this indicates that internal distress is exceeding her available communication and regulation strategies. This is a behaviour that communicates - the question is *what*, and the answer almost certainly involves unmet sensory or emotional needs she cannot yet articulate.

The screener was only completed by the parent. It is helpful if a parallel self-report from ██████████ herself is available to get essential first-person insight, particularly for the sensory and emotional domains.

Occupational Therapy & Intervention Perspective (what should happen before formal diagnosis is made):

At home, establish a sensory diet immediately: scheduled movement breaks, access to noise-cancelling headphones, weighted blanket, and a designated low-stimulation space. Replace punishment-based responses to self-injury with co-regulation - sit with her, reduce environmental input, offer a sensory alternative.

At school, implement a sensory support plan with preemptive breaks *before* overload, not after meltdown. Reduce unstructured social demands (lunch, transitions) through structured peer support. Provide visual schedules and advance warnings for changes.

Pursue comprehensive diagnostic evaluation by a multidisciplinary team (developmental paediatrician, speech-language pathologist, occupational therapist). Screen concurrently for anxiety as autistic girls at 13 almost universally present with comorbid anxiety that amplifies every domain on this screener. The profile is clear. The supports should not wait for the label.

Responses

The following items were indicated as 'ALWAYS', 'OFTEN', and 'SOMETIMES' and should be reviewed individually to come up with a targeted remediation plan for [REDACTED]

Communication & Social Interaction : Severe

Repetitive Behavior and Routines : Moderate

Levels of Sensory Sensitivity : Severe

Speech and Communication Development : Moderate

Specific Behavioral Challenges : Severe