



# Autism Spectrum Rating Scales (6-18 Years) Teacher Ratings

*By Sam Goldstein, Ph.D. & Jack A. Naglieri, Ph.D.*

## Interpretive Report

**Student's Name/ID:** Joey D  
**Age:** 10 years  
**Gender:** Male  
**Birth Date:** July 02, 1999  
**Grade:** 5  
**Teacher's Name/ID:** Mr. J  
**Class(es) Taught:**  
**Time Known Student:**  
**Administration Date:** July 03, 2009  
**Assessor's Name:** Dr. G  
**Data Entered By:** Maria

This Interpretive Report is intended for use by qualified assessors only.



Copyright © 2010 Multi-Health Systems Inc. All rights reserved.  
P.O. Box 950, North Tonawanda, NY 14120-0950  
3770 Victoria Park Ave., Toronto, ON M2H 3M6

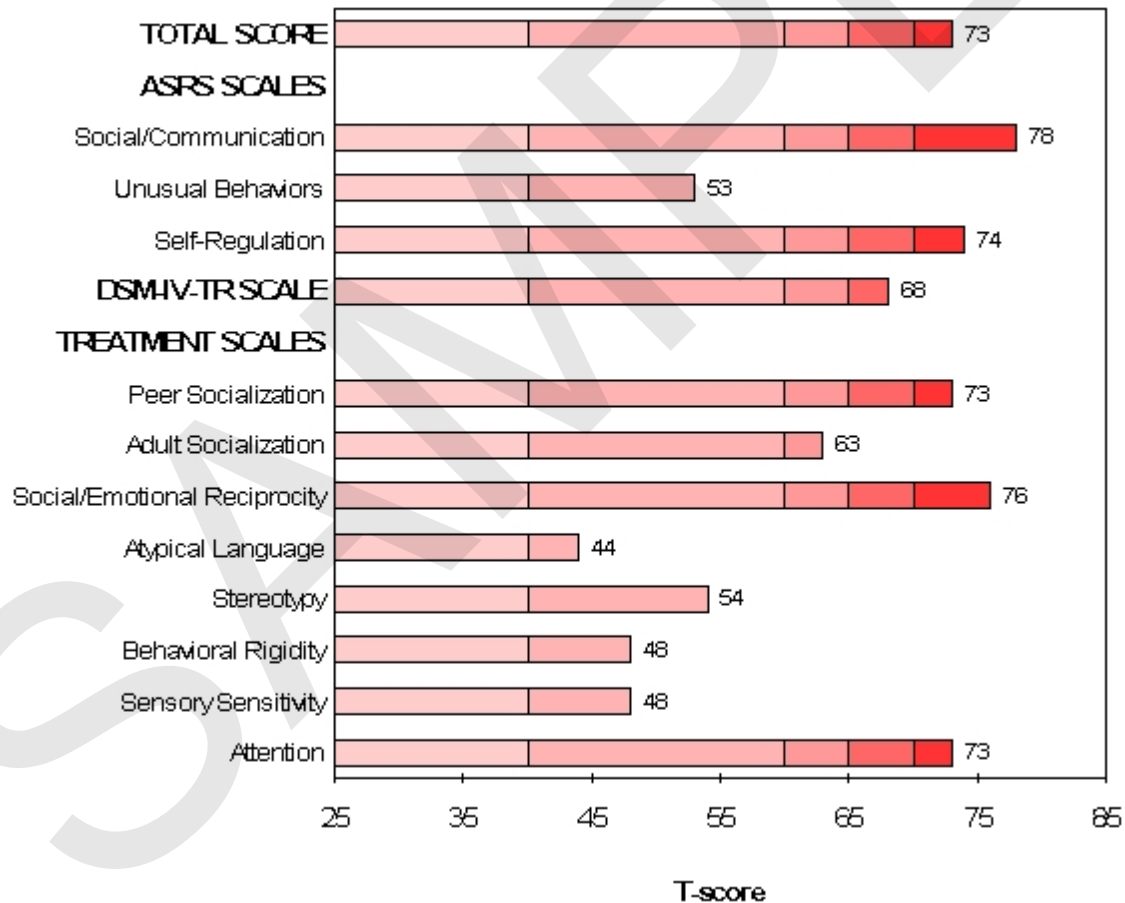
ver. 1

## Overview of Results

The Autism Spectrum Rating Scales (6-18 Years) Teacher Ratings form [ASRS (6-18 Years) Teacher] is used to quantify observations of a youth that are associated with the Autism Spectrum Disorders. When used in combination with other information, results from the ASRS (6-18 Years) Teacher form can help determine the likelihood that a youth has symptoms associated with the Autism Spectrum Disorders; this information can then be used to determine treatment targets. This computerized report provides quantitative information from the ratings of the youth. Additional interpretive information can be found in the *ASRS Technical Manual*. This Interpretive Report is intended for use by qualified assessors only.

Based on responses to the ASRS (6-18 Years) Teacher form, Joey D does not engage in unusual behaviors, uses language appropriately, does not engage in stereotypical behaviors, tolerates changes in routine well, and reacts appropriately to sensory stimulation; however, he has difficulty using appropriate verbal and non-verbal communication for social contact, has problems with inattention and/or motor and impulse control, has difficulty relating to children, has difficulty relating to adults, has difficulty providing appropriate emotional responses to people in social situations, and has difficulty focusing attention. The pattern of scores on the ASRS (6-18 Years) Teacher form indicates that Joey D has symptoms directly related to the DSM-IV-TR diagnostic criteria, and is exhibiting many of the associated features characteristic of the Autism Spectrum Disorders.

## T-scores



## Detailed Scores

The following table summarizes the rater's observations of Joey D and provides general information about how he compares to the normative group. Please refer to the *ASRS Technical Manual* for more information on the interpretation of these results.

Scale	T-score (90% CI)	Percentile	Classification	Interpretive Guideline
<b>TOTAL SCORE</b>				
Total Score	73 (70-75)	99	Very Elevated Score	Has many behavioral characteristics similar to youth diagnosed with an Autism Spectrum Disorder.
<b>ASRS SCALES</b>				
Social/ Communication	78 (73-80)	99	Very Elevated Score	Has difficulty using verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact.
Unusual Behaviors	53 (49-57)	62	Average Score	No problem indicated.
Self-Regulation	74 (69-76)	99	Very Elevated Score	Has deficits in attention and/or motor/impulse control; is argumentative.
<b>DSM-IV-TR SCALE</b>				
DSM-IV-TR Scale	68 (64-71)	96	Elevated Score	Has symptoms directly related to the DSM-IV-TR diagnostic criteria for an Autism Spectrum Disorder.
<b>TREATMENT SCALES</b>				
Peer Socialization	73 (65-75)	99	Very Elevated Score	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with other children.
Adult Socialization	63 (54-67)	90	Slightly Elevated Score	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with adults.
Social/Emotional Reciprocity	76 (69-78)	99	Very Elevated Score	Has limited ability to provide an appropriate emotional response to another person in a social situation.
Atypical Language	44 (39-51)	27	Average Score	No problem indicated.
Stereotypy	54 (46-60)	66	Average Score	No problem indicated.
Behavioral Rigidity	48 (44-53)	42	Average Score	No problem indicated.
Sensory Sensitivity	48 (42-55)	42	Average Score	No problem indicated.
Attention	73 (67-76)	99	Very Elevated Score	Has trouble appropriately focusing attention on one thing while ignoring distractions; appears disorganized.

Note. CI = Confidence Interval.

## Summary of Results

The following section summarizes the rater's observations of Joey D on the ASRS (6-18 Years) Teacher form. Scores reported in this section include the obtained T-score, 90% Confidence Interval (CI), and Percentile Rank. Higher scores indicate greater problems.

### ASRS Scales

Ratings on the **Social/Communication** scale indicate the extent to which the youth uses verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact. Ratings on this scale yielded a T-score of 78 (90% CI = 73-80), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Unusual Behaviors** scale indicate the youth's level of tolerance for changes in routine, engagement in apparently purposeless and stereotypical behaviors, and overreaction to certain sensory experiences. Ratings on this scale yielded a T-score of 53 (90% CI = 49-57), which is ranked at the 62nd percentile, and falls in the Average Score range.

Ratings on the **Self-Regulation** scale indicate how well the youth controls his behavior and thoughts, maintains focus, and resists distraction. Ratings on this scale yielded a T-score of 74 (90% CI = 69-76), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

### Treatment Scales

Ratings on the **Peer Socialization** scale indicate the youth's willingness and capacity to successfully engage in activities that develop and maintain relationships with other youth. Ratings on this scale yielded a T-score of 73 (90% CI = 65-75), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Adult Socialization** scale indicate the youth's willingness and capacity to successfully engage in activities that develop and maintain relationships with adults. Ratings on this scale yielded a T-score of 63 (90% CI = 54-67), which is ranked at the 90th percentile, and falls in the Slightly Elevated Score range.

Ratings on the **Social/Emotional Reciprocity** scale indicate the youth's ability to provide an appropriate emotional response to another person in a social situation. Ratings on this scale yielded a T-score of 76 (90% CI = 69-78), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **Atypical Language** scale indicate the extent to which the youth is able to utilize spoken communication in a structured and conventional way. Ratings on this scale yielded a T-score of 44 (90% CI = 39-51), which is ranked at the 27th percentile, and falls in the Average Score range.

Ratings on the **Stereotypy** scale indicate the extent to which the youth engages in apparently purposeless and repetitive behaviors. Ratings on this scale yielded a T-score of 54 (90% CI = 46-60), which is ranked at the 66th percentile, and falls in the Average Score range.

Ratings on the **Behavioral Rigidity** scale indicate the extent to which the youth tolerates changes in his environment, routines, activities, or behaviors. Ratings on this scale yielded a T-score of 48 (90% CI = 44-53), which is ranked at the 42nd percentile, and falls in the Average Score range.

Ratings on the **Sensory Sensitivity** scale indicate the youth's level of tolerance for certain experiences sensed through touch, sound, vision, smell, or taste. Ratings on this scale yielded a T-score of 48 (90% CI = 42-55), which is ranked at the 42nd percentile, and falls in the Average Score range.

Ratings on the **Attention** scale indicate the extent to which the youth is able to appropriately focus attention on one thing while ignoring other things. Ratings on this scale yielded a T-score of 73 (90% CI = 67-76), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

## Total Score and DSM-IV-TR Scale

Ratings on the **Total Score** scale indicate the extent to which the youth's behavioral characteristics are similar to the behaviors of youth diagnosed with an Autism Spectrum Disorder. Ratings on this scale yielded a T-score of 73 (90% CI = 70-75), which is ranked at the 99th percentile, and falls in the Very Elevated Score range.

Ratings on the **DSM-IV-TR Scale** indicate how closely the youth's symptoms match the DSM-IV-TR criteria for an Autism Spectrum Disorder. Ratings on this scale yielded a T-score of 68 (90% CI = 64-71), which is ranked at the 96th percentile, and falls in the Elevated Score range.

This pattern of scores indicates that the youth has symptoms directly related to the DSM-IV-TR diagnostic criteria, and is exhibiting many of the associated features characteristic of the Autism Spectrum Disorders.

SAMPLE

## Treatment Targets

This section provides treatment targets based on elevated item scores (see *ASRS Items by Scale and Raw Scale Scores* for a full list of elevated items). See the *ASRS Technical Manual* for more information on elevated items and their use in formulating treatment targets.

### Elevated Treatment Scales

This section provides treatment targets based on elevated items from all Slightly Elevated, Elevated, or Very Elevated Treatment Scales.

#### Peer Socialization

- Increase the ability to seek out other children for socialization.
- Improve social relations with peers.
- Increase the amount of play with others.
- Increase the ability to understand and respond appropriately to humor.

#### Adult Socialization

- Increase the ability to maintain eye contact with adults in discussions of problem situations.
- Increase the ability to choose appropriate topics when conversing with adults.
- Improve social relations with adults.

#### Social/Emotional Reciprocity

- Improve appropriate emotional expression in social interactions.
- Increase the ability to share enjoyable activities with others.
- Increase the ability to look at others appropriately while talking with them.
- Increase the ability to look at others when being spoken to.
- Increase the ability to appreciate and understand the views of others.
- Increase the ability to appropriately recognize social cues.
- Increase the ability to share and express pleasure when interacting with others.
- Increase the ability to respond appropriately to others' interests.
- Increase the ability to smile appropriately in social and related situations.
- Increase the ability to look at others appropriately while interacting with them.

#### Attention

- Develop more efficient organizational skills.
- Increase participation in tasks that require sustained effort.
- Increase ability to sustain attention in the presence of distractions.
- Increase ability to sustain attention when completing homework, chores, and other required activities.
- Reduce hurried and careless mistakes in school work.
- Increase ability to complete homework and chores successfully.
- Increase the ability to listen when spoken to.
- Increase ability to sustain attention for enjoyable activities.
- Increase task completion.

### Other Treatment Considerations

This section provides treatment targets based on all elevated items not described above (see the *ASRS Technical Manual* for details).

- Increase the ability to play appropriately with toys. (Social/Communication)
- Increase the ability to maintain appropriate conversations. (Social/Communication)
- Increase the ability to appropriately start conversations with others. (Social/Communication)
- Develop conflict resolution skills to reduce arguing and fighting with other children. (Self-Regulation)
- Increase ability to wait his/her turn when required. (Self-Regulation)
- Decrease interrupting and/or intruding behaviors. (Self-Regulation)
- Develop ability to sit still when required. (Self-Regulation)
- Develop the ability to shift flexibly and not become obsessed with one subject. (Stereotypy)

## Item Responses

The rater marked the following responses for items on the ASRS (6-18 Years) Teacher form.

Item	Rating	Item	Rating	Item	Rating
1.	4	25.	0	49.	1
2.	0	26.	0	50.	1
3.	0	27.	0	51.	0
4.	3	28.	2	52.	3
5.	2	29.	0	53.	0
6.	4	30.	4	54.	0
7.	4	31.	2	55.	1
8.	1	32.	1	56.	0
9.	1	33.	4	57.	3
10.	1	34.	3	58.	0
11.	3	35.	4	59.	2
12.	0	36.	4	60.	4
13.	1	37.	2	61.	1
14.	2	38.	1	62.	0
15.	1	39.	2	63.	1
16.	2	40.	0	64.	2
17.	1	41.	2	65.	0
18.	0	42.	1	66.	3
19.	3	43.	1	67.	0
20.	0	44.	3	68.	0
21.	0	45.	1	69.	2
22.	0	46.	0	70.	3
23.	0	47.	1	71.	4
24.	0	48.	3		

**Response Key:**

0 = Never  
 1 = Rarely  
 2 = Occasionally  
 3 = Frequently  
 4 = Very Frequently  
 ? = Omitted Item

## ASRS (6-18 Years) Teacher Ratings Feedback Handout

**Student's Name/ID:** Joey D  
**Student's Age:** 10 years  
**Date of Assessment:** July 03, 2009  
**Teacher's Name/ID:** Mr. J  
**Assessor's Name:** Dr. G

***This feedback handout explains scores from teacher ratings of this child's behaviors as assessed by using the ASRS (6-18 Years) Teacher form. This section of the report may be given to parents (caregivers) or to a third party upon parental consent.***

### **What is the ASRS?**

The ASRS is a set of rating scales that is used to gather information about the behaviors and feelings of children. These rating scales can be completed by parents and teachers. The ASRS forms were developed by Drs. Goldstein and Naglieri, experts in child and adolescent behavior and test development. Research has shown that the ASRS scales are reliable and valid, which means that you can trust these scores.

### **Why do teachers complete the ASRS?**

Information from teachers about the child's behavior is very important, as teachers have the opportunity to observe the child in a school setting during both structured academic work as well as during unstructured peer interactions.

The most common reason for using the ASRS is to better understand a child who is having difficulty and to determine how to help. The ASRS can also be used to make sure that treatment services are helping, or to see if the child is improving. Sometimes the ASRS is used for a routine check, even if there is no reason to suspect the child is struggling with a problem. If you are not sure why you were asked to complete the ASRS, please ask the assessor listed at the top of this feedback handout.

### **How does the ASRS work?**

The teacher read 71 items, and decided how often the child displayed each behavior in the past four weeks ("Never," "Rarely," "Occasionally," "Frequently," or "Very Frequently"). The teacher's responses to these 71 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, socialization). The teacher's responses were compared with what is expected for children in the same age group as Joey D. This information helps the assessor know if Joey D is having more difficulty in a certain area than his peers. All of this information is used to determine if Joey D needs help in a certain area and what kind of help is needed.

### **Results from the ASRS**

The assessor who asked the teacher to complete the ASRS will help explain these results and answer any questions you might have. As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the results do not make sense to you, you should let the assessor know so that you can discuss other possible explanations for reported behaviors.

The following tables list the main topics covered by the ASRS (6-18 Years) Teacher form. These tables give you information about whether the teacher described typical or average levels of concern (that is, "not an area of concern"), or if the teacher described "more concerns than average." The tables also give you a short description of the types of difficulties that are included in each possible problem area. Joey D may not show *all* of the problems in an area; it is possible to have "more concerns than average" even if only *some* of the problems are happening. Also, it is possible that a teacher may describe typical or average levels of concern even if Joey D is showing *some* of the problems in an area. Note that a checkmark in the "more concerns than average" box does not necessarily mean that Joey D has a serious problem and is in need of treatment. ASRS results must be combined with information from other sources (for example, other test results and observations of the child) and be confirmed by a qualified clinician before a conclusion is made that an actual problem exists.



**Socialization**

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Has difficulty engaging in social contact through communication.
	✓	Has difficulty developing and maintaining relationships with other children.
	✓	Has difficulty developing and maintaining relationships with adults.
	✓	Has difficulty providing an appropriate emotional response to another person in a social situation.

**Unusual Behaviors**

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		May not tolerate changes in routine. May engage in apparently purposeless, stereotypical behaviors. May overreact to certain sensory experiences.
✓		Language is used in a repetitive, unstructured, or unconventional way.
✓		Has difficulty tolerating changes in routine, activities, or behavior.
✓		Engages in apparently purposeless and repetitive behaviors.
✓		Overreacts to touch, sound, vision, smell, or taste.

**Attention and Self-Regulation**

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Has deficits in attention and/or motor/impulse control; is argumentative.
	✓	Has difficulty paying attention to one thing while ignoring distractions; appears disorganized.