

Autism Spectrum Evaluation Report Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

An autism spectrum evaluation report integrates developmental history, caregiver interview, direct observation, and standardized instruments into a DSM-5-TR criteria mapping, a diagnosis with severity by domain, and functional recommendations. Schools, payers, and funding programs act on what it establishes.

Identifying info & referral question who is asking, for what decision

Do: record client, DOB, evaluation dates, evaluator credentials, referrer, and the question in one sentence.

Pitfall: no referral question means no medical necessity; a school-only purpose reads as an educational service.

Sources of information & consent name the modality of each component

Do: list interviews, informants, instruments with version and module, records reviewed, and who consented.

Pitfall: an unnamed remote component; some programs accept a virtual interview but not a virtual observation.

Developmental history & onset evidence early developmental period, with a source

Do: cover milestones, language, medical and family history; anchor onset in records and dated caregiver examples.

Pitfall: onset asserted from memory alone; masked presentations make this section the report's backbone.

Observations across settings one office session is one setting

Do: describe direct observation and what teachers and caregivers see; state whether results are interpretable.

Pitfall: a single-context observation treated as the whole picture; the criteria ask for more.

Instrument results, by source classifications are not diagnoses

Do: report each instrument as its manual presents results, then the pattern of agreement and divergence.

Pitfall: jumping from instrument output to conclusion; no single tool can carry the diagnosis alone.

Cognitive, language & adaptive functioning the evidence behind severity levels

Do: give the cognitive estimate, current language level, and adaptive data that ground the specifiers.

Pitfall: severity assigned with no adaptive or functional data behind it; a level with no evidence is a label.

Criteria mapping & differential all three A characteristics since 2022

Do: evidence each social-communication characteristic and the B patterns; rule out language, ID, ADHD, anxiety.

Pitfall: Criterion A met on a subset, the first thing a trained reviewer checks now.

Diagnosis, severity & formulation code it, level it, ground it

Do: give F84.0 with specifiers, severity per domain with its basis, and a formulation naming strengths.

Pitfall: hedged conclusions that neither open services nor close the question; document a negative clearly too.

Recommendations, feedback & signature written for its destination

Do: rank functional recommendations matched to findings, document feedback and releases, sign with credentials.

Pitfall: a generic list; this report is reread for years by schools, funders, and often the person it describes.

Before you sign

- ☐ Referral question stated and answered
- ☐ All three Criterion A characteristics evidenced
- ☐ Two settings and multiple sources documented
- ☐ Onset and adaptive evidence with named sources
- ☐ Differential and co-occurring reasoning written down
- ☐ Severity levels tied to functional data
- ☐ Checked against the destination; signed with credentials

Drafting with AI

Capture 30 seconds of bullets after the feedback session: sources by setting, criteria evidence, severity basis, differential, recommendations.

"Draft an autism spectrum evaluation report from these bullets, 6-year-old referred by his pediatrician, observation and caregiver interview consistent across home and school, average cognitive estimate, Level 2 social communication, recommending school supports and speech-language services: ..."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

4 to 15 pages
typical length

4 to 8 hrs by hand
clinical team estimate

All 3 A characteristics
required since 2022

Family · school · funder
who reads it

Autism Spectrum Evaluation Report Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): _____ DOB / age: _____ Evaluation date(s): _____ Report date: _____

Evaluator / credentials: _____ Referred by + question: _____ Modality: _____

Referral question

Who is asking, and what decision the answer feeds; medical purpose distinct from any school request

Sources of information & consent

Interviews and dates; instruments with version, module or form, informant, setting; records reviewed; consent; modality of each component

Developmental history & caregiver interview

Milestones and language development; regression if any; medical and family history; onset evidence with source

Observations across settings / validity statement

Direct observation including standardized; what teachers and caregivers see; whether results are interpretable and why

Instrument results, by source and setting

Instrument / version / module or form / informant / setting; results as the manual presents them; agreement and divergence

Cognitive, language & adaptive functioning

Cognitive estimate; current language level; adaptive data grounding the specifiers and severity

DSM-5-TR criteria mapping & differential

All three A characteristics with sources; B patterns of four; onset; impairment; alternatives ruled out

Diagnosis, severity & formulation

ICD-10-CM code and specifiers; severity by domain with functional basis; strengths and needs

Recommendations, feedback & follow-up

Each tied to a finding and its destination; feedback session; report shared with (consent); review timing

Testing time (if billed): _____ Signature / credentials: _____ Date signed: _____