CARS-2 Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The CARS-2 (Childhood Autism Rating Scale, Second Edition, WPS, 2010) is a clinician-rated autism severity scale, not a diagnosis. It has a Standard and a High-Functioning form plus an unscored caregiver questionnaire. Report severity in words, note that percentiles rank against a clinical sample of people with autism, not the general population, and keep item ratings and cutoff values out.

1. Instrument, form, administration which form, and why

Do: name the CARS-2 (2010), the form used (Standard or High-Functioning) and why (age, verbal fluency, estimated IQ), who rated and their training, and that it was one part of the evaluation.

Pitfall: naming the CARS-2 with no form, or writing it up as though the rating produced the diagnosis.

2. Basis of the rating what the score rests on

Do: state who observed, over what period and setting, and which collateral (records, caregiver questionnaire, teacher or parent report) informed the rating.

Pitfall: a severity number with no stated basis, so a reader cannot judge how well grounded it is.

3. Severity result, in words describe, do not decode

Do: state the severity level in plain language tied to behavior; if a percentile is cited, say it ranks against the clinical sample, not the population.

Pitfall: reading a percentile as population-based, or printing item ratings, anchors, or band cutoff values.

4. Integration with observation and history the rating is evidence

Do: place the CARS-2 beside the ADOS-2, developmental history, and rating scales; state where they agree and diverge.

Pitfall: averaging a CARS-2 and an ADOS-2 that disagree instead of reconciling them in words.

5. DSM-5-TR formulation the diagnosis is clinical judgment

Do: state the determination and the judgment behind it, naming the CARS-2 as one severity input among several.

Pitfall: a diagnosis resting on the CARS-2 alone; the scale informs a diagnosis, it does not make one.

6. Limitations and validity what could shift the picture

Do: note form choice at the boundary, rater subjectivity, single-setting sampling, masking, remote gathering, and the thinner High-Functioning evidence base.

Pitfall: silence on limitations, especially high-masking presentations that a rating can under-detect.

7. Recommendations linkage close the loop

Do: tie every recommendation, whether supports, services, or further assessment, to a specific finding.

Pitfall: recommendations that could follow any evaluation.

Before you sign

- [ ] Form named and justified
- [ ] Severity stated in words, no anchors or cutoffs
- [ ] Percentile tied to the clinical sample, not population
- [ ] Rating integrated with observation and history
- [ ] Diagnosis credited to DSM-5-TR, not the scale alone
- [ ] Each recommendation traces to a finding

Drafting with AI

Paste the form used, the severity level, and your behavioral observations. Not item ratings, not anchors, not cutoff numbers.

> *"Draft a CARS-2 section: High-Functioning form for a verbally fluent 10-year-old; moderate severity; percentile framed against the clinical sample, not the population; integrate with an elevated SRS-2 and history; note masking can lower office-based ratings."*

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

300 to 550 words	**5 to 10 min**	**Ages 2 and up**	**Autism teams · payers · parents**
CARS-2 section	to rate	clinician-rated	who reads it

CARS-2 Results Section Template

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

Client (initials): | Age: | Rating date:

Form used (ST or HF): | Rated by: | Referral question:

Instrument, form, and administration

Edition, form chosen and why, rater's training, one part of the evaluation

Basis of the rating

Who observed, over what period and setting; records, caregiver questionnaire, teacher or parent report

Severity result, in words

Severity level tied to behavior and support needs; percentile ranked against the clinical sample, not population; no anchors or cutoffs

Integration with observation and history

Direct observation, developmental history, rating scales; where they converge or diverge, reconciled not averaged

DSM-5-TR formulation

The determination and clinical judgment; the CARS-2 is one severity input, not the diagnosis

Limitations and validity

Form choice at the boundary, rater subjectivity, single setting, masking, remote gathering, thinner HF evidence

Recommendations linkage

Each recommendation tied to a finding

Discordant results addressed: | Re-evaluation considered:

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: