

# GARS-3 Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no items, anchors, norms, or cut values

**The GARS-3** (Gilliam Autism Rating Scale, Third Edition; PRO-ED, 2014) is an informant rating scale for ages 3 through 22: six DSM-5-aligned subscales (scaled mean 10, SD 3) combine into Autism Index 4 or 6 (mean 100, SD 15) with probability-of-autism classification language. The write-up's hard parts are respondent context (the rating is one person's standardized report), the index choice (4 vs 6 by the communication-status rule), and the classification's meaning (a category label of resemblance to an autism reference sample, never a percentage, a diagnosis, or an eligibility).

**Identification + index** who rated, which composite, why

**Do:** name the respondent (relationship, setting, contact time), the version, the date, and Autism Index 4 or 6 with its communication-status reason.

**Pitfall:** "Parent completed the GARS-3" with an unlabeled index: uninterpretable twice over.

**Rating conditions** the observation window

**Do:** state the opportunity to observe and any limits: new placement, one setting only, virtual contact, interpreter, unanswered items.

**Pitfall:** a bare "results are valid" instead of the conditions that bound interpretation.

**Pattern before composite** six subscales, then the index

**Do:** describe which domains carried the elevation and which did not, in clinical language tied to concrete behavior.

**Pitfall:** a results section that paraphrases items instead of describing domains.

**Index + classification** meaning attached immediately

**Do:** report the index (mean 100, SD 15) with the licensed category, then define it: one respondent's pattern resembling the autism reference sample.

**Pitfall:** "90 percent probability of autism": the category is a band label, not a percentage.

**Convergence + divergence** write the reconciliation

**Do:** state where the rating agrees and disagrees with observation, history, and interview, and what the gap means.

**Pitfall:** measures in silos, or the higher score quietly treated as the truth.

**Diagnosis vs eligibility** two separate conclusions

**Do:** keep the clinical DSM-5 conclusion and the state educational determination distinct; neither follows from the score.

**Pitfall:** "Autism Index supports eligibility": eligibility is the team's call under the state rule.

**Recommendations + boundaries** individualized, bounded

**Do:** adapt (never paste) publisher objectives; no progress claims from re-administration; name what would resolve divergence.

**Pitfall:** "severity improved one category": no reliable-change standard exists.

## Before the note is signed

- ☐ Respondent named with relationship, setting, contact time
- ☐ Autism Index named (4 or 6), with the communication-status reason
- ☐ Subscale pattern described before the composite
- ☐ Classification quoted and defined; never a percentage
- ☐ Convergence and divergence written out, not averaged
- ☐ Diagnosis and educational eligibility kept separate
- ☐ No progress claims from re-administration alone

## Drafting with AI

Give it the facts: respondent and contact context, index used and why, subscale pattern, the licensed classification, observation and history findings, the eligibility framework.

*"Draft a GARS-3 results section: teacher respondent with daily contact since fall, Autism Index 6, social interaction and social communication most elevated, highest probability classification, convergent observation and history, school autism evaluation, eligibility decided by the team."*

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

**Index 4 or 6, say which**  
the communication-status rule decides

**Pattern before composite**  
six subscales, then the index

**Category, not percentage**  
resemblance to an autism sample

**One informant's report**  
converge with observation + history

# GARS-3 Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no test content.

Client (initials): \_\_\_\_\_ Age: \_\_\_\_\_ Respondent: \_\_\_\_\_ Index (4 or 6): \_\_\_\_\_

Referral question + evaluation context: \_\_\_\_\_ Rating conditions (contact, language): \_\_\_\_\_

## Identification and index choice

Full title + version · date completed · respondent relationship, setting, contact time · Autism Index (4 vs 6) + communication-status reason

\_\_\_\_\_  
\_\_\_\_\_

## Rating conditions and informational validity

Opportunity to observe · placement recency · settings known · virtual or in-person contact · interpreter · unanswered items

\_\_\_\_\_  
\_\_\_\_\_

## Subscale pattern

Most prominent domains + behavior themes · comparatively unremarkable domains · broad vs concentrated · clinical language, no item content

\_\_\_\_\_  
\_\_\_\_\_

## Index and classification with context

Standard score (mean 100, SD 15) · licensed category from the protocol · defined as one respondent's resemblance pattern, not a percentage

\_\_\_\_\_  
\_\_\_\_\_

## Convergence and divergence

Agreement + disagreement with observation, history, interview, records, other informants · what the discrepancy means · what would resolve it

\_\_\_\_\_  
\_\_\_\_\_

## Diagnosis versus eligibility

Clinical DSM-5-TR conclusion from the full evidence · educational eligibility as the team's determination (adverse effect + need) · neither from the score

\_\_\_\_\_  
\_\_\_\_\_

## Recommendations and boundaries

Individualized recommendations · publisher objectives adapted, never pasted · no progress claims from re-administration · further data if divergent

\_\_\_\_\_  
\_\_\_\_\_

Clinician (name and credentials): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_