

# AUTISM SPECTRUM RATING SCALES (ASRS) (GOLDSTEIN & NAGLIERI, 2009)

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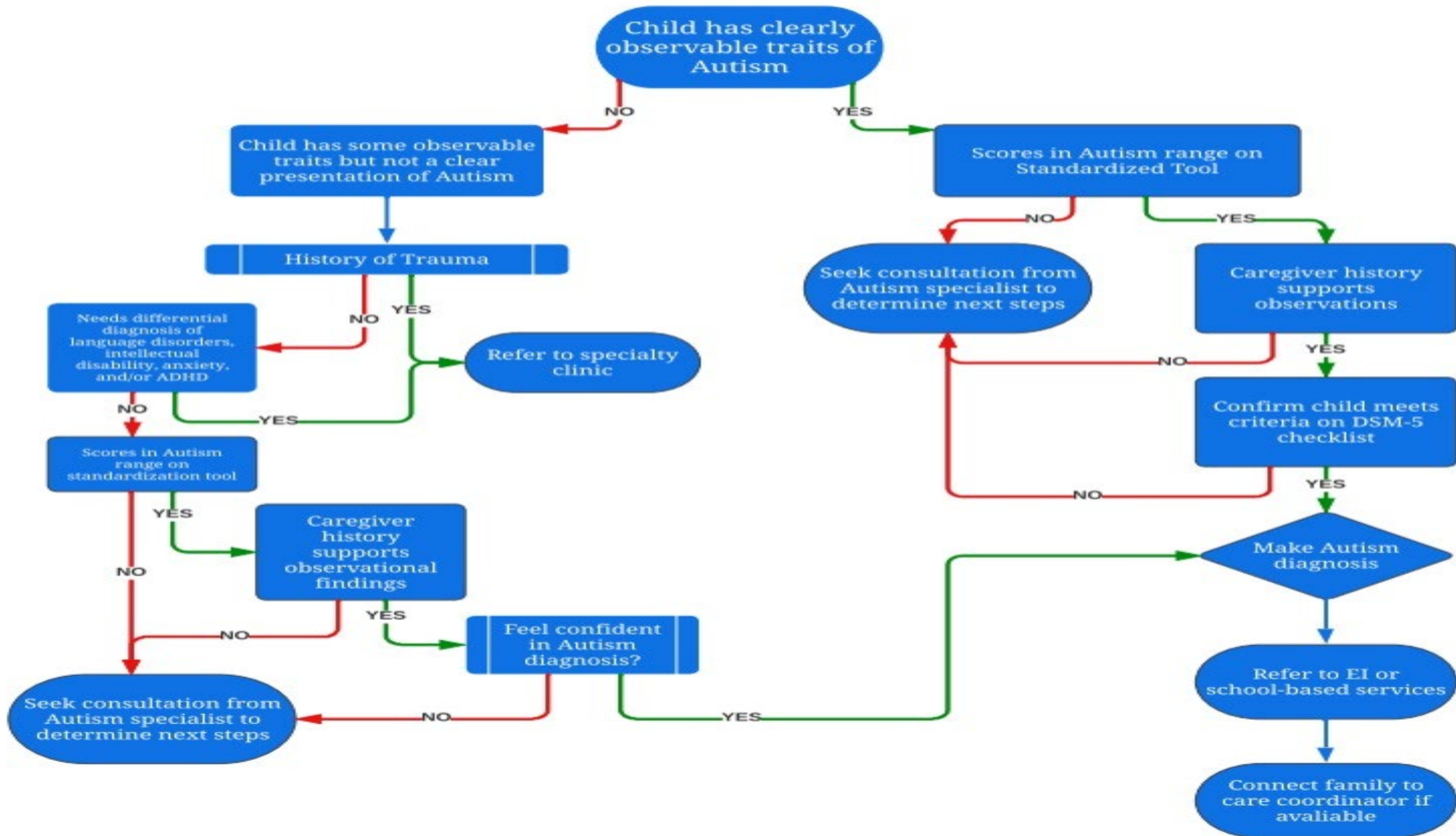
# Why Pediatric Providers and the ASRS?

The ASRS is an interactive level 2 screening test. Although the ASRS suggests a final diagnosis must be made by a clinician specializing in ASD testing through a comprehensive evaluation, we encourage providers to make a referral for services if you are confident in your assessment which is confirmed by your family interview and observations.



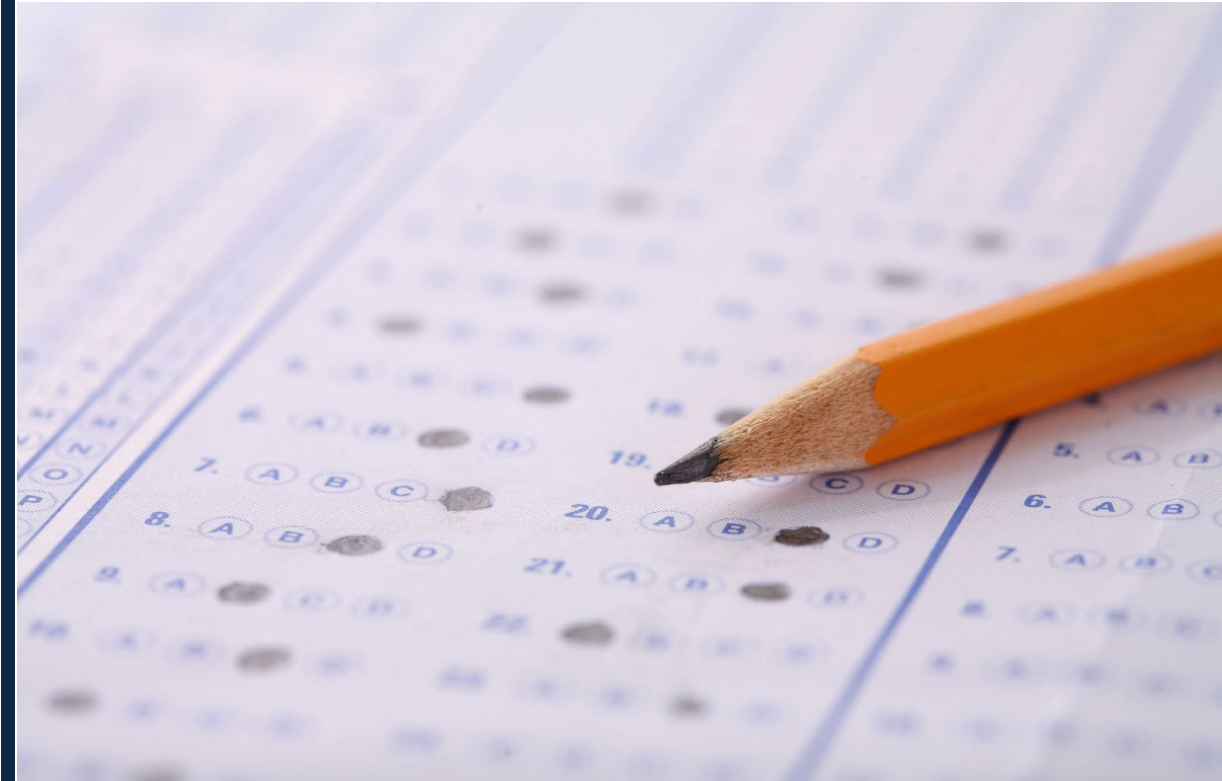
# Pediatric ASD Diagnostic Flowchart

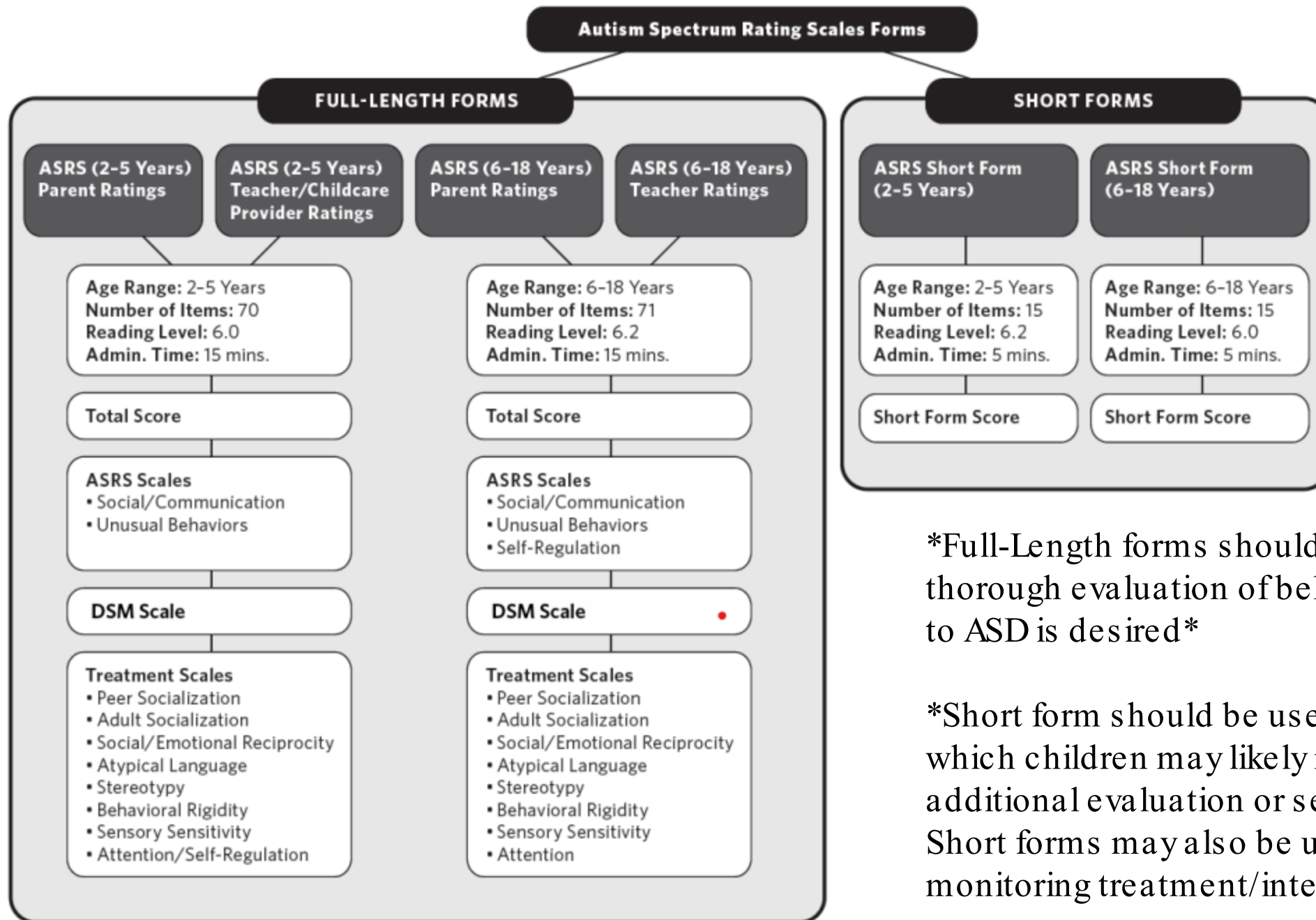
Refer to the checklist when making a diagnosis via flowchart



# Description

- Level 2 interactive screening questionnaire
- Measures & quantifies behaviors of children associated ASD
- Designed for children between the ages of 2-18 years.
- Two sets of rating forms based on age with separate parent and teacher rating forms for each age group.
  - Full-length ASRS (2-5 Years) with 70 items
  - Full-length ASRS (6-18 Years) with 71 items
- Sensitivity:  $>.90$
- Specificity:  $>.90$



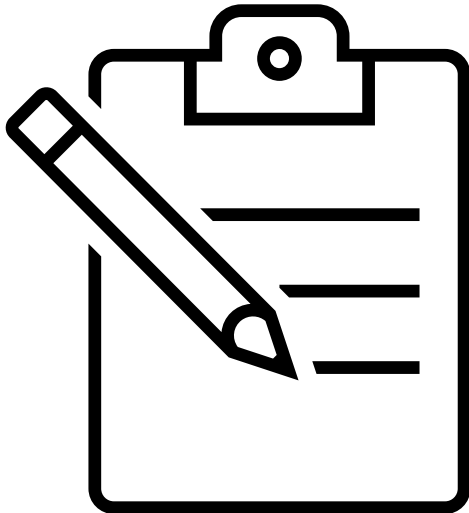
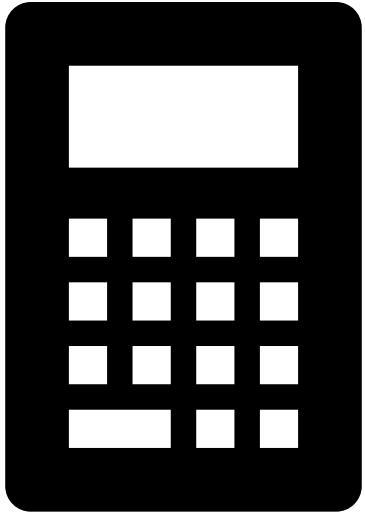


\*Full-Length forms should be used when thorough evaluation of behaviors related to ASD is desired\*

\*Short form should be used to determine which children may likely require additional evaluation or services for ASD. Short forms may also be used for monitoring treatment/intervention\*



# Materials



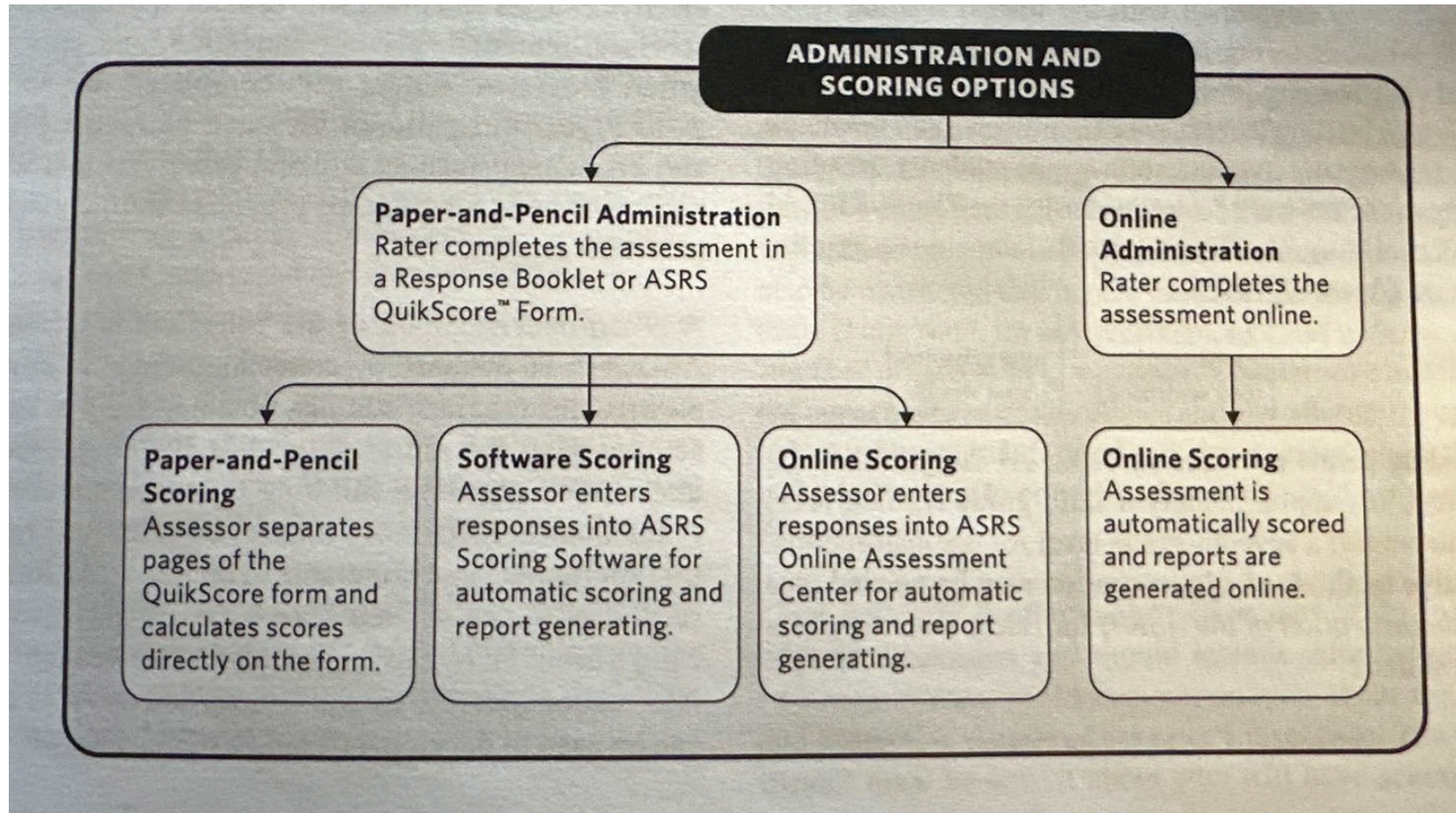
- Parent Ratings Form (either 2-5 years or 6-18 years) – completed by a primary caregiver
- Either Teacher/Childcare Provider Ratings Form ( for a child 2-5 years) OR Teacher Ratings Form (for a child 6-18 years) – completed by a teacher, nanny, or childcare provider

\*Ratings Forms are constructed as a booklet with hidden scoring sheets attached. The rater's scores will transfer to the scoring sheets for the assessor to tabulate\*





# ADMINISTRATION AND SCORING OPTIONS



# ADMINISTRATION

The ASRS can be administered individually, in a group setting, in person, or remotely in a quiet setting with few distractions

Confirm the rater understands all instructions prior to administration

Raters should complete the Rating Forms independently, in one sitting, to the best of their ability, and should save any questions until the end

Inform raters that the ASRS is a rating scale about things that could be said about some children and adolescents.

Raters should only consider behaviors observed within the last four weeks

Instruct raters using general unbiased language (do not use the word “autism”) and indicate that only their opinion is desired based on their own observations





# HELPFUL TIPS FOR ADMINISTRATION

If the ASRS is administered remotely, it is recommended the assessor contact the rater to inform them of any key information

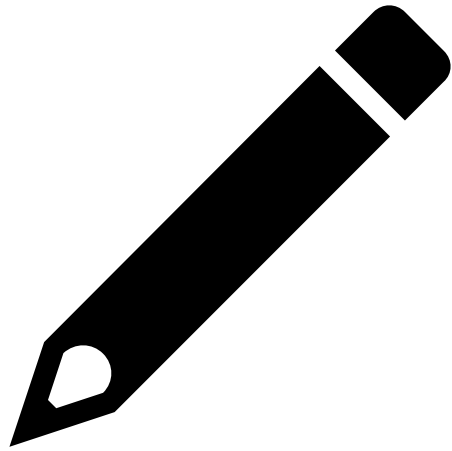
Instruct the rater to be cautious with the rating form and to not separate any pages of the rating form

If the rater makes an error, instruct them to mark the error with an “X” and to circle the intended answer (note: answers are not to be erased)

Ensure all demographic information is properly completed



## AFTER ADMINISTRATION



- Review the forms for any missing or unclear information
- Ask the rater to correct anything that is missing or unclear
- Inform the rater why the ASRS was conducted and when results/recommendations will be provided (if appropriate)
- Ask the rater if they have any remaining questions or comments



# HAND SCORING

The sum of each item rated (0-4) is taken to derive the raw score.

A conversion table is used to obtain t-scores and percentile ranks.

The lower the score, the less concerning the child's behaviors are when compared to a normative group



# COMPUTERIZED SCORING

ASRS Scoring Software program and ASRS Online Assessment Center offer computerized reports and scoring.

Interpretive reports, progress monitoring reports, and comparative reports are available.

The lower the score, the less concerning the child's behaviors are when compared to a normative group



# TYPES OF SCALES

- ASRS Total Score – most inclusive scale, equally weighted composite of Social/Communication, Unusual Behaviors, and Self-Regulation [6-18 years only]
- ASRS Subscales Scales – Social/Communication, Unusual Behaviors, Self Regulation
- DSM-IV-TR Scale – items included represent symptoms used as diagnostic criteria for ASD
- Treatment Scales – used to guide interventions in areas of peer socialization, social/emotional reciprocity, atypical language, stereotypy, behavioral rigidity, sensory sensitivity, and attention





# SCORING

T-Score	Percentile Rank	Interpretation
70+	98+	Very Elevated Score (many more concerns)
65-69	93-97	Elevated Score (more concerns)
60-64	84-92	Slightly Elevated Score (somewhat more concerns)
40-59	16-83	Average Score (typical levels of concern)
<40	<16	Low Score (fewer levels of concern)



Items may need to be omitted if they do not apply to children who do not speak or speak infrequently e.g. “ask questions that were off-topic?”

Appendix F in the manual outlines a prorating method of scoring, including conversion tables for obtained raw scores in each of the three subscales scales

When prorated raw scores are obtained, the assessor should input these scores in the QuikScore form and proceed with the directions as they are written

## SCORING CHILDREN WHO DO NOT SPEAK OR SPEAK INFREQUENTLY



## SELECTED REFERENCES

Goldstein, S., & Naglieri, J. (2009). Autism spectrum rating scales. Multi-Health Systems Inc.

