SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

Autism Spectrum Disorders (C & A) Assessment Tool

Consumer Name:	DOB:	Record ID:
Agency Name:	Service(s) Reviewed:	
Reviewer:	Review Date:	

Questions:	Yes	No	N/A
1. Did the assessment include questions related to social, communication, sensory, and behavioral concerns?			
2. Were psychological or medical evaluation(s) completed to confirm diagnosis?			
3. Is there documentation of co-morbid disorder(s)?			
2. Does the treatment plan include elements of: (mark **NA** if not mentioned)			
a. Antecedent Based Intervention (ABI)			
b. Applied Behavioral Analysis (ABA)			
c. Functional Behavior Assessment (FBA)			
d. Modeling			
e. Parent-implemented Intervention (PII)			
f. Pivotal Response Therapy (PRT)			
g. Social Skills Training (SST)			
h. Structured education program			
i. Evidence of sensory integration therapy			
a. Evidence of communication plan based on the child's ability?			
4. Is there documentation of medication management?			
i. If YES; is there evidence of coordination with prescribing physician?			
ii. If NO; was an evaluation recommended?			
iii. Is there evidence of follow-up on recommendation status?			
1. Is there evidence of long-term planning with the family to support the individual?			
2. Is the treatment plan changed as the individual's needs & supports change?			

***For Prescribing Physicians Only (to be used in ADDITION to the above)**			
Questions:	Yes	No	N/A
1. Is appropriate lab work completed & any abnormal values addressed?			
3. Is there on-going assessment for side effects of medication?			
4. Is there on-going assessment for medication compliance?			
a. If non-compliant, were barriers addressed?			

	Date Below
(Printed Name of Clinical Reviewer above, if applicable)	
(Signature of Clinical Reviewer above, if applicable)	

P.O. Box 9, West End, NC 27376
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