Diagnostic Criteria		Supporting Data
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:		
	Deficits in Social-Emotional Reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	*By parent report, Robert has difficulties sharing his feelings and emotions. He does not seek interactions with others. Informal behavior checklists completed by his teachers further indicate difficulties expressing needs and wants in the classroom.*
	Deficits in Nonverbal Communicative Behaviors Used for Social Interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	*On the ADOS-2, Robert demonstrated poor eye contact and lacked facial expression when communicating. His overall score was 19, indicating Autism. The CELF-5 pragmatics profile showed inadequate nonverbal communication skills with a score of 50.*
	Deficits in Developing, Maintaining and Understating Relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	*On the ADOS-2, Robert demonstrated poor understanding of relationships. He was unable to demonstrate an understanding of his social role or that of others.*
Specify current severity: *Severity is based on social communication impairments and restricted, repetitive patterns of behavior.*		*Level 2: Requiring Substantial Support* *Robert shows concerns with limited initiations of social interactions, and marked deficits in verbal and nonverbal social communication as reported by parents and teachers.*
B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:		
√	Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	*Observed during ADOS-2 administration and classroom observation, Robert engages in hand-flapping and body rocking, especially when excited or stressed.*
	Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take	

	same route or eat same food every day).	
√	Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).	*By history reported by parent, when young, Robert would line up cars and become upset when they were moved. Also, he would perserverate on spinning the wheels of his cars. On the BASC-2, Robert's teachers report clinically-significant scores of 90 and 98 on the subtest Atypicality.*
	Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	
Specify current severity: *Severity is based on social communication impairments and restricted, repetitive patterns of behavior.*		*Level 3: Requiring Very Substantial Support* *Robert shows extreme difficulty coping with change, and shows great distress in transitions, as reported by his parents and teachers.*
C.	Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life.)	*By history, Robert's parents report difficulties in early development prior to the age of two in social and communication skills. It is indicated he was developing language and would interact socially until the age of 18 months, at which time he lost language and became distressed when in social situations.*
D.	Symptoms cause clinically-significant impairment in social, occupational, or other important areas of current functioning.	*Robert demonstrates impairment in his ability to communicate verbally and obtain necessary academic skills to function in the general classroom setting. TOLD-P:4 scores are as follows: Expressive Language = 55; Receptive Language = 73. Clinically-significant scores were noted in adaptive behavior on the ABAS-II in the areas of social, Social Composite, and Practical Composite scores.*
E.	These disturbances are not better explained by intellectual disability (intellectual development disorder) or global development delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnosis of autism spectrum disorder and	*Robert's IQ score does not fall in the range of cognitive disability. His ability score on the WISC-IV was 75.*

	intellectual disability, social communication should be below that expected for general developmental level.	