SUGGESTED TEMPLATE

SPECIALIST NEURODEVELOPMENTAL PSYCHOLOGICAL ASSESSMENT REPORT

Full Name: *[Insert full name]*

Date of Birth: *[DD/MM/YYYY]*

Age at Assessment: *[X years Y months]*

Date(s) of Assessment: *[DD/MM/YYYY]*

Date of Report: *[DD/MM/YYYY]*

Assessing Clinician: *[Insert name and professional title]*

Strictly Private & Confidential

How to Use This Template

This suggested template is provided by Global ADHD Network to support delegates in writing clear, integrated and defensible neurodevelopmental assessment reports. It is a guide, not a fixed format. Adapt the structure and wording to the individual you have assessed, your professional role, and the requirements of your service and regulator.

Conventions used

- Text in *[square brackets and italics]* is an instruction or prompt. Replace it with your own content and delete the brackets.
- Where options are separated by a slash, for example *[is / is not]*, keep the option that applies and delete the others.
- Paragraphs marked as guidance with a vertical line in the margin explain what the section should achieve. Delete them before issuing the report.
- Example wording is offered as a starting point only. Every statement in the final report must reflect your own findings.

Key principles

- Base conclusions on the convergence of evidence (history, observation, informant reports and standardised measures), never on a single score or questionnaire.
- Describe observed behaviour and reported history before interpreting it.
- Balance difficulties with strengths, and write in respectful, non-deficit language.
- Report only measures you are trained and qualified to administer and interpret.
- Ensure the individual cannot be identified by anyone who should not have access, and follow your organisation's data protection policy.

1. Reason for Referral

> *Guidance: state who made the referral, the main concerns and the questions the assessment is designed to answer.*

[Name] was referred by *[parents / carers / GP / school / SENCo / self / other: specify]* for a specialist neurodevelopmental assessment. Concerns were raised regarding *[insert presenting concerns, for example social communication, peer relationships, attention, emotional regulation, behavioural rigidity, learning, sensory differences]*.

The assessment aimed to *[evaluate cognitive and academic profile / assess executive functioning / assess social communication / determine whether the presentation is consistent with Autism Spectrum Condition / ADHD / other: specify]*, and to identify strengths and areas of need to inform *[educational / occupational / clinical]* planning and support.

2. Assessment Procedures

> *Guidance: explain that conclusions are based on an integrated formulation, then list every measure used. Delete any measures you did not administer and add any not listed.*

This report presents an integrated clinical formulation drawing on developmental, behavioural and psychometric information. No single instrument was treated as decisive. Behavioural observations formed an integral part of the formulation and were considered alongside developmental history and standardised assessment.

Information was gathered through *[insert assessment methods, for example structured developmental interview with parents / carers, clinical interview, direct observation, school reports, review of previous reports, parent and teacher questionnaires]*.

The following measures were administered:

- *[Insert cognitive measure, for example WISC-V UK / WAIS-IV UK]*
- *[Insert attainment measure, for example WIAT-III UK]*
- *[Insert developmental interview, for example ADI-R / 3di / DISCO]*
- *[Insert observational measure, for example ADOS-2, module X]*
- *[Insert executive functioning measure, for example Delis Rating of Executive Function, parent / teacher]*
- *[Insert social communication rating scales, for example SRS-2, parent / teacher]*
- *[Insert ADHD or behavioural rating scales, for example Conners 4 / SDQ]*
- *[Insert any other measures used]*

3. Developmental History

> *Guidance: summarise the history obtained, stating sources. Report what informants described rather than interpreting at this stage. Include both typical and atypical features.*

Developmental history was obtained through *[insert sources, for example ADI-R interview with parents, background questionnaires, school information and follow-up discussion]*.

Family history: *[There is / There is no]* reported family history of *[Autism Spectrum Condition / ADHD / specific learning difficulties / other: specify]*.

Pregnancy, Birth and Early Development

Pregnancy and delivery were reported to be *[uncomplicated / complicated by: specify]*. *[There was / There was no]* history of developmental regression. Early milestones were *[achieved within expected timeframes / delayed: specify, for example crawling, walking, toileting, sleep]*.

Language and Communication Development

[Describe early language development and current communication style. Possible areas to comment on: timing of first words, hyperlexia, literal interpretation, understanding of figurative language, conversational reciprocity, tendency towards monologue, use of formal or unusually precise language, eye contact.]

Reciprocal Social Interaction

[Describe peer relationships and social understanding. Possible areas: preference for adults or younger children, desire for friendships, ability to maintain friendships, social naivety, recognising teasing, understanding others' intentions, adapting behaviour to context.]

Play, Interests and Behavioural Flexibility

[Describe interests (topic, intensity, how they affect conversation), imaginative play, response to change, tolerance of novelty and preference for routine.]

Restricted and Repetitive Behaviours and Sensory Profile

[Describe any repetitive motor mannerisms (for example hand flapping, spinning), vocal behaviours, sensory sensitivities (noise, texture, light, smell, touch), sensory-seeking behaviour and feeding history. State whether each is current or historical.]

Executive Functioning and Adaptive Skills

[Describe organisation, planning, task initiation, need for prompting, independence in self-care, influence of interest on attention, and fine motor skills such as handwriting, buttons and shoelaces.]

Summary of Developmental History

The developmental history *[indicates / does not indicate]* a longstanding pattern of differences in *[insert domains]* originating in the early developmental period. These features *[were / were not]* reported consistently across *[home / school / other settings]*.

4. Behavioural Observations

> *Guidance: describe what you directly observed. Be specific and behavioural (what the individual did and said), and note whether observations were consistent with the reported history.*

[Name] attended the assessment *[willingly / with some reluctance]* and rapport was established *[easily / gradually / with difficulty]*. *[Describe general presentation, for example manner, humour, motivation, engagement.]*

Attention and activity: *[Describe attention regulation, variation by task interest, need for encouragement or scaffolding, response to structure and reinforcement.]*

Social communication: *[Describe eye contact and its integration with speech, conversational reciprocity, awareness of listener, style of language (for example formal or pedantic), literal interpretation, perspective-taking and awareness of social conventions.]*

Restricted and repetitive behaviours: *[Describe any repetitive movements, vocalisations, echolalia, preference for order or patterns, and when these increased (for example excitement, anxiety, demand).]*

Motor skills: *[Describe pencil grip, handwriting, coordination and any discomfort with written tasks.]*

Overall, behavioural observations *[were / were not]* consistent with the developmental history and informant reports. *[Summarise the key observed features.]*

5. Cognitive Assessment

> *Guidance: name the measure, explain what it assesses, report index scores with percentiles and descriptive categories, and interpret the pattern. Always interpret with reference to confidence intervals and the conditions on the day.*

[Name] completed the *[insert measure, for example WISC-V UK]*, a standardised measure of *[insert domains assessed]*. Results reflect performance on the day of assessment and should be interpreted in light of confidence intervals and factors such as motivation, attention, fatigue and emotional state.

Index scores:

- Full Scale IQ (FSIQ): *[score]* (*[percentile]*, *[descriptive category]*)
- Verbal Comprehension Index (VCI): *[score]* (*[percentile]*, *[descriptive category]*)
- Visual Spatial Index (VSI): *[score]* (*[percentile]*, *[descriptive category]*)
- Fluid Reasoning Index (FRI): *[score]* (*[percentile]*, *[descriptive category]*)
- Working Memory Index (WMI): *[score]* (*[percentile]*, *[descriptive category]*)
- Processing Speed Index (PSI): *[score]* (*[percentile]*, *[descriptive category]*)
- *[Ancillary indices if used, for example GAI, NVI, CPI: score, percentile, category]*

[Name]'s overall intellectual functioning falls within the *[Extremely Low / Very Low / Low Average / Average / High Average / Very High / Extremely High]* range. The profile is *[broadly even / uneven]*, and *[the FSIQ is / is not]* considered a reliable summary of ability because *[insert reason]*.

Relative strengths: *[Describe areas of strength and how they were evident during testing.]*

Relative weaknesses: *[Describe lower scores and your interpretation, for example the influence of fine motor demands, processing speed, attention or anxiety, rather than reduced ability.]*

Attainment: *[If an attainment measure was used, summarise reading, spelling, numeracy and written expression, and comment on any discrepancy with cognitive ability.]*

Summary: *[Insert a concise interpretation of the cognitive profile and its implications for learning.]*

6. Executive Functioning

> *Guidance: integrate questionnaire results with history and observation. Name the domains affected and the functional impact.*

[Parent / teacher / self-report] information indicated *[no / mild / clinically significant]* difficulties in executive functioning, particularly in *[insert domains, for example organisation, planning, task initiation, working memory, self-monitoring, emotional regulation, behavioural regulation]*.

[Describe everyday examples and whether difficulties vary by setting or task interest.]

During assessment, *[Name] [did / did not]* show similar difficulties. *[Describe, for example benefit from structure, repetition of instructions, need for reassurance.]*

Overall, executive functioning difficulties *[are / are not]* considered to have a significant impact on daily functioning at *[home / school / work]*.

7. Social Communication and Autism Profile

> *Guidance: bring together all autism-relevant evidence by domain. Report questionnaire results with scores or clinical ranges where appropriate, and state whether findings converge across sources.*

This section integrates information from *[insert sources, for example ADI-R, ADOS-2, observation, parent and teacher questionnaires, school information]*.

Social Communication and Reciprocal Interaction

[Summarise evidence from history and observation.]

Language and Pragmatics

[Summarise structural language ability and pragmatic language use, noting any contrast between the two.]

Restricted and Repetitive Behaviours

[Summarise repetitive behaviours, intensity of interests, and behavioural rigidity.]

Sensory Processing

[Summarise sensory differences and their impact.]

Standardised Measures

[Report results, for example: ADOS-2 total score [X], classification *[Autism / Autism Spectrum / Non-spectrum]*. SRS-2 parent T-score *[X]* (*[range]*); teacher T-score *[X]* (*[range]*). ADI-R algorithm scores *[meet / do not meet]* thresholds in *[domains]*.]

Integration of Findings

Findings across *[history / observation / informant reports / standardised measures] [were / were not]* consistent. *[Note and explain any discrepancies between informants or settings.]*

8. Clinical Formulation

> *Guidance: tell the story of the individual's profile. Link history, observation and test results, explain how strengths and difficulties interact (for example whether high ability may mask needs), and identify any co-occurring factors.*

[Name] presents as *[insert overall description]*. *[His / Her / Their]* developmental history, presentation and assessment results *[consistently / partially / do not]* demonstrate *[insert key domains of difference]* that have been present since *[early childhood / other]*.

[Describe key strengths and how they may influence the presentation.]

[Describe core areas of difference and explain why they cannot be accounted for by other factors.]

[Describe co-occurring needs, for example executive functioning, motor coordination, anxiety, learning difficulties, and their functional impact.]

9. Diagnostic Outcome and Differential Considerations

> *Guidance: state clearly whether diagnostic criteria are met, with reference to the classification system used, and show that alternative explanations were considered.*

The diagnostic outcome was based on the convergence of evidence across *[insert sources]*, rather than on any single measure.

Outcome: The presentation *[is / is not]* consistent with a diagnosis of *[Autism Spectrum Condition / ADHD, presentation: specify / other: specify]* according to *[DSM-5-TR / ICD-11]* criteria. *[If applicable: level of support needed, specifiers, or reasons a diagnosis was not given.]*

Possible alternative wording: *["The assessment findings do not currently meet diagnostic criteria for...; however..."] / ["The presentation is consistent with... occurring alongside..."] / ["A diagnosis cannot be confirmed at this time because...; a review is recommended in..."]*

Differential considerations:

- *[Alternative explanation 1, for example intellectual giftedness, anxiety, trauma, language disorder]*: *[Explain why this does or does not account for the presentation.]*
- *[Alternative explanation 2]*: *[Explain.]*
- *[Co-occurring conditions requiring further assessment, for example Developmental Coordination Disorder, ADHD, specific learning difficulty]*: *[Explain and state referral.]*

10. Strengths

> *Guidance: list specific, evidence-based strengths drawn from the assessment. Avoid generic praise.*

[Name] demonstrates a number of strengths that should be recognised and built upon, including:

- *[Insert strength, for example visual-spatial reasoning]*
- *[Insert strength, for example curiosity and love of learning]*
- *[Insert strength]*
- *[Insert strength]*

11. Recommendations

> *Guidance: make recommendations specific, practical and linked to findings. Tailor them to the setting (home, school, workplace) and include any onward referrals. Delete headings that do not apply.*

Educational / Occupational Provision

[Insert recommendations, for example level of challenge, explicit communication, classroom or workplace adjustments, EHCP or reasonable adjustments.]

Social Communication

[Insert recommendations, for example explicit teaching of social skills, perspective taking, structured peer opportunities.]

Executive Functioning

[Insert recommendations, for example visual schedules, task breakdown, advance warning of transitions.]

Sensory and Emotional Regulation

[Insert recommendations, for example quiet spaces, sensory strategies, understanding of self-regulatory behaviours.]

Onward Referrals

[Insert referrals, for example Occupational Therapy, Speech and Language Therapy, CAMHS, paediatrics, educational psychology.]

Monitoring and Review

[Insert review timescale and what should be reviewed.]

12. Concluding Remarks

> *Guidance: close with a brief, balanced and respectful summary for the family or individual.*

[Insert a short summary that recognises both strengths and support needs, for example: "With an environment that understands both [his / her / their] strengths and needs, *[Name]* is well placed to thrive."]

It was a pleasure meeting *[Name] [and family]. [Optional closing sentence.]*

[Clinician name], [Qualifications and professional registrations, for example HCPC / BPS / GMC / NMC number]
[Organisation]
[Location], [DD/MM/YYYY]

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