UPSELL · ATRI PROTOCOL

# Spreadsheet Kit Manual

*Scoring Assistant · 8 clinical worksheets*

**WHAT YOU ARE HOLDING**

8 Excel worksheets · 506 live formulas · built-in consolidation
Longitudinal tracking · automatic calculation · 100% editable

ATRI PROTOCOL · 2026 EDITION
Clinical material · Professional use

WELCOME

# Welcome to the ATRI Spreadsheet Kit

This manual accompanies **eight Excel worksheets** built to help the clinician administer and integrate the assessment scales of the ATRI Protocol. Six worksheets score individual scales, one consolidates the patient's integrated profile, and one tracks progress over time.

The kit is designed to **save operational time**, standardize score calculation, cut down on arithmetic errors, and provide ready-made clinical dashboards that support the writing of the neuropsychological report.

CONTENTS OF THIS MANUAL

FUNDAMENTALS

# How the worksheets work

## Shared structure

All 8 worksheets follow the same three-tab architecture, so once you learn the first one, the rest are predictable:

| | |
|---|---|
| **Overview** | Introduction tab. Explains what the worksheet does, describes the scoring scale it uses, and shows the legal notice. |
| **Assessment / Record** | Data-entry tab. You record the patient's identification, fill in the responses, and add clinical notes. Yellow cells are the editable inputs. |
| **Results Panel / Dashboard / Progress** | Output tab. Shows metric cards, visual distributions, and next steps. Updates automatically. |

## Cell color code

- **Light yellow** — input fields; you type here (blue text)
- **White** — formula-calculated fields; do not edit by hand
- **Beige** — labels and secondary headers
- **Navy / Green** — section headers and highlight cards

## Built-in input validation

The response cells have **built-in data validation**. If you try to type a value outside the accepted range, Excel blocks the entry and shows an error message. This prevents inconsistencies in the score calculation.

> **TIP**
> Stick to the yellow cells. Everything in white is driven by a formula — overwriting it breaks the automatic calculation.

REFERENCE

# Instrument quick reference

A one-glance map of every instrument the kit can score or integrate. Use it to pick the right worksheet for the child's age and the question you are answering.

| Instrument | Purpose | Items | Per-item | Score range | Sheet |
|---|---|---|---|---|---|
| **M-CHAT-R** | Toddler screening | 20 | 0–1 | Total 0–20 | 01 |
| **CARS-2** | Behavior rating | 15 dom. | 1.0–4.0 | Total 0–60 | 02 |
| **SDQ** | Strengths & difficulties | 25 | 0–2 | 0–40 (+0–10) | 03 |
| **ATA** | Autistic traits | 23 | 0–3 | Total 0–46 | 04 |
| **ASQ-3** | Developmental screening | 30 | 0/5/10 | 0–60 / area | 05 |
| **CAST** | Spectrum screening | 37 | 0–1 | 0–37 valid | 06 |
| **ADOS-2** | Observation (integrated) | — | — | Total 0–28 | 07 |
| **ADI-R** | Interview (3 domains) | — | — | 30 / 26 / 12 | 07 |
| **Vineland-3** | Adaptive behavior | — | — | Composite 0–160 | 07 |

**YOUNG CHILDREN**

For toddlers (up to ~30 months), start with **M-CHAT-R** (WS 01) and **ATA** (WS 04).

**SCHOOL AGE**

For ages 4–11, consider **CAST** (WS 06) and **CARS-2** (WS 02); add **SDQ** (WS 03) for an emotional/behavioral read.

ADOS-2, ADI-R, and Vineland-3 are not scored item-by-item in this kit — you enter their final scores directly into Worksheet 07 (General Consolidation) to complete the integrated profile.

WORKSHEET 01

# 20-item scale

*Template for the M-CHAT-R*

## At a glance

- **20 items** arranged in a single block
- Each item takes a **binary** response (0 or 1)
- The total score is the simple **sum** of the items answered 1
- Suited to first-line ASD screening in children aged 16–30 months

## Step by step

1. Fill in the patient's identification details on the **Assessment** tab.
2. Administer the scale to the caregiver following the official manual.
3. Type 0 or 1 for each of the 20 items in the Response column.
4. The Status column updates automatically (Critical or No risk) with color.
5. Open the **Results Panel** tab for the total score, critical proportion, and distribution by domain.
6. Compare the total score with the cutoff scores in the official manual.

## What the Results Panel shows

### Metric cards

- Items answered (out of 20)
- Total score
- Critical items
- Critical proportion

### Breakdown

A distribution by domain (Communication, Social interaction, Behavior, Sensory) shows the total, the critical count, and the proportion for each one.

**TIP**

The Status column uses conditional formatting: items scored 1 turn red, items scored 0 turn green. This lets you read the response profile at a glance.

WORKSHEET 02

# 15-domain weighted scale

*Template for the CARS-2*

## At a glance

- **15 domains** of behavioral observation
- Scored from **1.0 to 4.0** in steps of 0.5
- Automatic severity classification per domain
- Cross-analysis by category (Social, Communication, Sensory, and more)

## Step by step

1. Fill in the patient's identification.
2. Observe the child following the instrument's official manual.
3. Assign a score from 1.0 to 4.0 to each of the 15 domains.
4. The Severity column classifies automatically (Within expected range, Mildly, Moderately, or Severely deviant).
5. The panel shows the total score, the average, and the average per observation category.
6. Cross-reference the total score with the cutoff scores in the official manual.

## What the Results Panel shows

### Metric cards

- Domains answered (out of 15)
- Total score
- Average
- Domains ≥ 3.0

### Breakdown

An average per observation category (Social, Communication, Emotional, Motor, Cognitive, Behavior, Sensory, Global) pinpoints where severity concentrates.

**TIP**

The category analysis shows whether the deviation is concentrated in one specific area (e.g., sensory) or spread evenly across domains.

WORKSHEET 03

# 25 items in 5 subscales

*Template for the SDQ*

## At a glance

- **25 items** split across **5 subscales of 5 items** each
- Each item scored 0, 1, or 2
- Subscales: emotional symptoms, conduct, hyperactivity, peer relationships, prosocial
- The total difficulties score sums 4 subscales (prosocial is scored separately)

## Step by step

1. Fill in the identification, including who the respondent is (parent, teacher, self-report).
2. Administer the 25 items while consulting the official manual.
3. Type 0, 1, or 2 for each item. The Subscale column (S1–S5) is pre-assigned.
4. Each subscale score is calculated automatically.
5. The Total Difficulties score (range 0–40) sums S1+S2+S3+S4. S5 is evaluated on its own.
6. Check the manual for the banding (normal, borderline, clinical) for the relevant respondent.

## What the Results Panel shows

### Metric cards

- Items answered (out of 25)
- Total difficulties score
- Average per item
- Prosocial (S5)

### Breakdown

A by-subscale view shows each of the 5 subscales (0–10) and what share of its possible range the score reaches, so you can compare profiles at a glance.

**TIP**

Subscale S5 (Prosocial) measures positive skills — that's why it does not feed the total difficulties score. A higher S5 is a good sign.

WORKSHEET 04

# Autistic traits

*Template for the ATA (Autistic Traits Assessment Scale)*

## At a glance

- **23 items** across 4 areas
- Each item scored from 0 to 3 by intensity
- Focused on autistic traits in childhood
- Intensity classification per area

## Step by step

1. Fill in the patient's identification on the **Assessment** tab.
2. Administer the 23 items while consulting the official manual.
3. Record each item's score (0, 1, 2, or 3).
4. Scoring per area is automatic, including the predominant intensity.
5. The panel shows the integrated analysis by area.
6. Compare against the cutoff scores in the original manual.

## What the Results Panel shows

### Metric cards

- Traits rated (out of 23)
- Total score
- Average intensity
- Severe traits

### Breakdown

A distribution by area (Social interaction, Communication, Behavior, Sensory-motor, Adaptation) gives the trait count, the sum, and the average for each.

**TIP**

The per-area analysis highlights which domain shows the greatest concentration of observed traits in the patient's profile.

WORKSHEET 05

# Age-based screening

*Template for the ASQ-3 (Ages & Stages Questionnaires)*

## At a glance

- **5 developmental areas** × 6 items each (30 items)
- Three-point scoring: 10 (Yes), 5 (Sometimes), 0 (Not yet)
- Areas: communication, gross motor, fine motor, problem solving, personal-social
- Designed for screening by age band, with editable cutoff scores

## Step by step

1. Fill in the identification plus the child's specific age band.
2. Administer the 30 items (6 per area) using the version that matches the age.
3. Record each score following the official manual.
4. Each area score is calculated automatically, with a flag when it falls below the expected cutoff.
5. Enter the age-band cutoff scores from the ASQ-3 manual so the alerts can compute.
6. Use the results to guide referrals by area.

## What the Results Panel shows

### Metric cards

- Items answered (out of 30)
- Total score
- Average score
- Areas on alert

### Breakdown

A score-vs-cutoff view lists each of the 5 areas with its score, its cutoff, and a Below cutoff / Monitor / Within flag.

**TIP**

Entering the correct age-band cutoffs is what powers the Below cutoff / Monitor / Within flags — fill them in before reading the alerts.

WORKSHEET 06

# 37 binary items

*Template for the CAST (Childhood Autism Spectrum Test)*

## At a glance

- **37 items** with a binary (Yes/No) response
- Screening for Asperger / autism in children aged 4–11
- 31 items count toward the score; 6 are control items that do not score
- Includes analysis by behavioral domain

## Step by step

1. Fill in the patient's identification.
2. Administer the 37 items to the caregivers following the manual.
3. Record 0 (No) or 1 (Yes) for each item.
4. Mark the 6 control items as **Control** in the Item type column.
5. The total score and the count of critical items are automatic.
6. Compare the total score with the cutoff in the official manual (usually 15).

## What the Results Panel shows

### Metric cards

- Total answered (of 37)
- Control items
- Valid items
- CAST score

### Breakdown

An item distribution separates Scored from Control items and shows the positive/negative split, so only the valid items feed the final score.

**TIP**

For children near the cutoff, the domain analysis can show whether the profile is predominantly social, communicative, or behavioral.

WORKSHEET 07

# General Consolidation

*The patient's integrated clinical dashboard*

This is the most powerful worksheet in the kit. Where worksheets 01–06 score individual scales, this one consolidates every result into a single integrated clinical panel. It's the tool you use right before writing the report for Stage R of the ATRI Flow.

## What it does

| | |
|---|---|
| **Integrates up to 12 instruments** | Consolidates the final scores of M-CHAT-R, CAST, CARS-2, SDQ, ATA, ASQ-3, ADOS-2, ADI-R (3 domains), and Vineland-3. |
| **Automatic severity rating** | Each instrument gets a label (No indicator / Mild / Moderate / Severe) based on the score as a proportion of its possible range. |
| **Findings matrix by clinical domain** | You record intensity (0–3) and priority (High/Medium/Low) for 8 structural clinical domains. |
| **Visual dashboard with 5 key metrics** | Instruments administered, severe findings, moderate findings, critical domains, and high priorities. |
| **Structured clinical summary** | Ready-made fields for the diagnostic hypothesis, reference ICD/DSM code, priority recommendations, and notes. |

## The 8 structural clinical domains

- Social communication
- Reciprocal social interaction
- Restricted and repetitive behaviors
- Sensory processing
- Adaptive functioning
- Emotional regulation
- Executive functions
- Language and speech

WORKSHEET 07 · CONTINUED

# Using the General Consolidation

1. Administer the scales in worksheets 01–06 (or other instruments you use in practice).
2. Note the final score obtained on each scale.
3. Open the **Consolidation** tab of this worksheet and record the patient's identification.
4. Type each scale's final score into the yellow fields. Leave blank any instrument you didn't administer.
5. The table auto-fills the relative severity (No indicator / Mild / Moderate / Severe) for each instrument.
6. In the Findings Matrix, assign intensity (0–3) and priority (High/Medium/Low) to each clinical domain.
7. The **Clinical Dashboard** tab generates the integrated view with 5 key-metric cards.
8. Fill in the Integrated Clinical Summary (hypothesis, recommendations, notes). It becomes the basis for the report.
9. Use the integrated summary as the starting point for the Stage R neuropsychological report.

> **TIP · USE IT AS THE REPORT'S STARTING POINT**
>
> The Integrated Clinical Summary fields (Diagnostic hypothesis, ICD/DSM, Recommendations, Notes) are structured in exactly the same blocks as the ATRI Protocol's Neuropsychological Report Template. **Copy and paste them directly** to cut report-writing time by around 40%.

## The 5 dashboard metrics

| INSTRUMENTS ADMINISTERED | SEVERE FINDINGS | MODERATE FINDINGS | CRITICAL DOMAINS | HIGH PRIORITY |
|---|---|---|---|---|

The Clinical Dashboard tab recomputes these five cards automatically as you fill in the Consolidation tab — nothing here is typed by hand.

WORKSHEET 08

# Longitudinal Progress

*Tracking the patient across 3 time points*

This worksheet tracks the patient over time. Record the scores of repeat administrations at 3 different time points (baseline, midpoint, and final) and automatically see the clinical trajectory — whether each instrument shows improvement, stability, or worsening.

## What it's for

It turns a one-off assessment into longitudinal tracking. Essential for:

- Evaluating treatment effectiveness over time
- Documenting progress for insurers / health plans
- Justifying therapy renewals or requesting additional sessions
- Comparing the profile before and after the intervention
- Presenting a structured update to the family

## How change is classified

| Classification | Criterion |
|---|---|
| Significant improvement | Score drops more than 15% (except SDQ Prosocial and Vineland) |
| Improvement | Score drops between 5% and 15% |
| Stable | Change of less than 5% in either direction |
| Decline | Score rises between 5% and 15% |
| Significant decline | Score rises more than 15% |

WORKSHEET 08 · CONTINUED

# Using Longitudinal Progress

1. Define the 3 assessment time points. Recommended default: T1 = baseline, T2 = 6 months later, T3 = 12 months later.
2. At T1 (baseline), administer the chosen scales using worksheets 01–06. Record the final scores in this worksheet's T1 column.
3. Fill in the date, age, and clinician for each time point.
4. As you carry out the repeat administrations, update the T2 and T3 columns with the new scores.
5. The **Progress** tab automatically computes the T1→T3 percentage change and classifies it.
6. The summary cards show how many instruments improved, stayed stable, or declined. The Overall Balance card sums up the clinical picture.
7. Fill in the Progress Summary (overall pattern, areas of most progress, areas needing more work, recommendations).
8. Use the summary as the basis for periodic follow-up reports or therapy-renewal requests to the insurer.

> **HEADS UP · REVERSED LOGIC FOR PROSOCIAL AND VINELAND**
>
> For most instruments, a **lower score = clinical improvement** (fewer risk / severity indicators). But for the **SDQ Prosocial Behavior** scale and **Vineland-3 (Adaptive Composite)**, the logic is reversed: a **higher score = improvement**, because these scales measure positive skills. The worksheet handles this reversal automatically.

## The progress summary cards


The Overall Balance card = improvements minus declines, giving you a one-number read on the case's direction between T1 and T3.

REFERENCE

# Score ranges & severity bands

How the kit turns a raw score into a relative severity label. These are **general arithmetic bands** for organization — always confirm clinical cutoffs in each instrument's official manual.

## Possible ranges

| Instrument | Range | ATRI stage |
|---|---|---|
| M-CHAT-R | 0–20 | Stage A |
| CAST | 0–37 | Stage A |
| CARS-2 | 0–60 | Stage A |
| SDQ — Total difficulties | 0–40 | Stage A |
| SDQ — Prosocial | 0–10 | Stage A · reversed |
| ATA | 0–46 | Stage A |
| ASQ-3 (per area) | 0–60 | Stage A |
| ADOS-2 | 0–28 | Stage T |
| ADI-R — Social | 0–30 | Stage T |
| ADI-R — Communication | 0–26 | Stage T |
| ADI-R — Restricted behavior | 0–12 | Stage T |
| Vineland-3 (Adaptive Composite) | 0–160 | Stage I · reversed |

## Relative severity (Consolidation)

Calculated as the score divided by its possible range:

| Share of range | Label |
|---|---|
| < 25% | No indicator |
| 25% – 50% | Mild |
| 50% – 75% | Moderate |
| ≥ 75% | Severe |

## Progress thresholds

Based on the T1→T3 percentage change. ±5% = stable; beyond ±15% = significant. The Overall Balance card = improvements minus declines.

**REMINDER**

These bands are general arithmetic aids for organization. The validated clinical cutoffs always come from each instrument's official manual.

INTEGRATION

# Recommended use of the full kit

To get the most out of the ATRI Spreadsheet Kit across a full cycle of assessment and follow-up, we recommend this 4-phase flow:

### Phase 1 First assessment · Stage A of the ATRI Flow

Pick the age-appropriate instruments from worksheets 01–06. For young children (up to 30 months), prioritize M-CHAT-R (WS 01) and ATA (WS 04). For ages 4–11, consider CAST (WS 06) and CARS-2 (WS 02). For a complementary emotional read, use SDQ (WS 03). Administer and score with the individual worksheets.

### Phase 2 Integration · Stage T/R of the ATRI Flow

Transfer the final scores from Phase 1 into Worksheet 07 (General Consolidation). Fill in the domain matrix and the integrated summary. Use that material as the structure for the Stage R neuropsychological report. The consolidation saves 30–40% of report-writing time.

### Phase 3 Intervention · Stage I of the ATRI Flow

Use the priority matrix from Worksheet 07 to structure the treatment plan. Domains with High priority + Severe or Moderate severity are the focal points for initial intervention.

### Phase 4 Follow-up · Periodic repeat administrations

Transfer the T1 (baseline) scores from Worksheet 07 into Worksheet 08 (Longitudinal Progress). Schedule repeats at 6 and 12 months. Worksheet 08 automatically generates the progress report — useful for insurers and for a structured family update.

**RESULT · A COMPLETE CLINICAL CYCLE IN ONE KIT**

A single folder of 8 worksheets covers everything from the first scale administration to years of longitudinal tracking. Every score stays organized, every integration is automatic, and the documentation is standardized for any professional who needs to review the case — including you, two years from now.

PRACTICE

# Common mistakes & best practices

A short checklist of the slips that most often distort a score — and how to avoid them.

| | |
|---|---|
| **Editing white cells** | Type only in the yellow input cells. White cells are formula-driven — overwriting one breaks the automatic calculation. If it happens, press Ctrl+Z immediately. |
| **Forgetting the CAST control items** | Six of the 37 CAST items are control items that must NOT count toward the score. Mark them as Control in the Item type column, per the official manual. |
| **Reading ASQ-3 alerts without cutoffs** | The Below cutoff / Monitor / Within flags only work once you enter the age-band cutoffs from the ASQ-3 manual. Fill them in first. |
| **Treating reversed scales like the rest** | For SDQ Prosocial and Vineland-3, a higher score is better. Don't read a rising score as worsening — the kit already inverts this for you. |
| **Using the worksheet instead of the manual** | These worksheets do the arithmetic. The literal items, the validated cutoffs, and the clinical interpretation always come from the publisher's official manual. |
| **One file for every patient** | Duplicate the file per patient (e.g., WS01_Patient_Name.xlsx). It keeps history clean and lets longitudinal repeats stay linked to the right case. |

**BEST TESTED IN EXCEL DESKTOP**

The worksheets were built and tested in Microsoft Excel for desktop. Google Sheets and LibreOffice will open the files, but conditional formatting and data validation may behave differently. For full fidelity, use Excel desktop — and keep the original download as a master backup.

COMMON QUESTIONS

# Frequently asked questions

### 1. Do the worksheets replace the instruments' official manual?

No. The worksheets are arithmetic assistants. Correct administration, the literal items, the cutoffs, and the clinical interpretation still require the publisher's official manual. The worksheets automate organization and calculation.

### 2. Why aren't the scale items pre-filled?

The literal items are the publishers' intellectual property. Reproducing them would be copyright infringement. The worksheets provide the numeric structure — you consult the original manual for the item content.

### 3. Can I duplicate a worksheet for several patients?

Yes. We recommend creating a copy of the file per patient (e.g., WS01_Patient_Name.xlsx). It keeps history organized and supports linked longitudinal repeats.

### 4. Do the worksheets work in Google Sheets or LibreOffice?

They were tested in Microsoft Excel for desktop. Google Sheets and LibreOffice open the file, but conditional formatting and validation may behave differently. For full fidelity, use Excel desktop.

### 5. What if I edit a formula by accident?

Press Ctrl+Z right away to undo. As a last resort, download the original file again — it serves as the master backup. Keep the original ZIP in a separate folder.

### 6. Can I use this in an electronic health record?

The results panels can be exported as PDF (File → Export) and attached to the record. The worksheet itself is a calculation tool — the formal documentation goes into the neuropsychological report.

### 7. Do I have to fill in all 12 instruments in Worksheet 07?

No. The General Consolidation is flexible — fill in only the instruments you administered. The cards and charts adjust automatically. There's no penalty for leaving fields blank.

### 8. How does Worksheet 08 handle reversed-logic scales?

For SDQ Prosocial and Vineland-3, a higher score means improvement. For the others, a lower score means improvement. The worksheet applies the correct logic to each instrument automatically.

RESPONSIBLE USE

# Legal notices & limits of use

## On the instruments' intellectual property

The scales referenced here — M-CHAT-R, CARS-2, SDQ, ATA, ASQ-3, CAST, ADOS-2, ADI-R, Vineland-3, and others — are instruments whose literal items, cutoff scores, and classification algorithms are the **intellectual property of their official publishers**. This kit **does not reproduce the content** of those instruments — it provides only an arithmetic structure (sum, average, count, banding), which are mathematical operations not subject to copyright.

## Required training

Clinical use of ASD assessment instruments requires specialized training. This kit is intended for **qualified professionals** who are already trained to administer them and who need a support tool to organize calculations. Consult the official publishers for certification when an instrument requires formal training (ADOS-2, ADI-R, CARS-2, Vineland-3).

## Limitation of liability

The figures shown are the result of arithmetic operations on the data entered by the professional. The clinical interpretation, the diagnosis, and the feedback are the **sole responsibility of the professional**. The ATRI Protocol and this kit are support tools — they do not replace clinical judgment, professional supervision, or consultation of the official manuals.

**SUPPORT & UPDATES**

This kit is part of the ATRI Protocol ecosystem. Updates and corrections are made available to buyers via the registered email. Technical questions can be sent to the Protocol's support channel.

**ATRI Spreadsheet Kit**
2026 Edition

**8 worksheets · 506 formulas · 1 manual**
Editable clinical material