ATRI™

CLINICAL SCORING &
INTERPRETATION GUIDE

Clinical Scoring & Interpretation Guide

Evidence-Informed Reference for
Autism Assessment Tools

This guide presents the scoring logic and clinical interpretation of the main tools used in the **ATRI Flow**.

Part of the **AbaTools** ATRI Clinical Framework

HOW TO USE THIS GUIDE

Before Applying This Guide

This guide provides the scoring logic and interpretation of the main scales applied in the ATRI Flow. Use it as a quick reference during assessment, reporting, and clinical decision-making.

1. PURPOSE OF THIS MATERIAL

This guide presents the scoring and interpretation logic of the main scales used in the ATRI Flow.

- Quick reference for clinical interpretation
- Does not replace official manuals or instrument training

2. ORGANIZATION OF THIS GUIDE

Each instrument is presented with three key elements:

- **Structure:** what the scale measures and how it is organized
- **Scoring:** how points are calculated
- **Risk Indicator:** what the score represents clinically

3. PROFESSIONAL QUALIFICATION

The clinical correction of assessment instruments requires specific training and official certification.

- Always consult the official manuals and publishers
- Ensure you are qualified to apply and interpret these instruments

This guide is part of the **AbaTools** ATRI Clinical Framework and complements your clinical practice.

ETAPA A

Initial Screening Tools

Tools used for early identification of autism risk and initial screening in different age groups.

M-CHAT-R

Modified Checklist for Autism in Toddlers, Revised

AGE RANGE	16–30 months
STRUCTURE	20 items of rapid screening (Yes/No)
SCORING	Total score varies from 0 to 20
RISK INDICATOR	Follow cut-off scores established by the instrument

CAST

Childhood Autism Spectrum Test

AGE RANGE	4–11 years
STRUCTURE	Questionnaire completed by parents/caregivers
SCORING	Sum of positive responses
RISK INDICATOR	Cut-off points defined in the original manual

SDQ

Strengths and Difficulties Questionnaire

AGE RANGE	4–17 years
STRUCTURE	25 items across 5 subscales
SCORING	Score per subscale and total score
RISK INDICATOR	Use established cut-offs for normality, borderline and clinical ranges

These tools support early identification of risk.
They do not confirm a diagnosis.

ETAPA T

Advanced Assessment Tools

Comprehensive tools used for in-depth evaluation and diagnostic clarification.

ADOS-2

Autism Diagnostic Observation Schedule, Second Edition

STRUCTURE	Direct observation of communication, social interaction and play
SCORING	Algorithm based on domain scores (SA, RRB, SA+RRB)
CLASSIFICATION	Non-spectrum / Autism Spectrum / Autism
IMPORTANT	Modules by age and language level (Toddler, Module 1–4)

ADI-R

Autism Diagnostic Interview – Revised

STRUCTURE	Caregiver interview covering early development and current behavior
SCORING	Algorithm based on domain scores (Social, Communication, RRB)
INTERPRETATION	Cut-off scores indicate Autism, Autism Spectrum or Non-spectrum
IMPORTANT	Requires trained professional for administration and scoring

CARS-2

Childhood Autism Rating Scale, Second Edition

STRUCTURE	15 clinical areas rated based on direct observation and/or interview
SCORING	Total score range: 15 to 60
SEVERITY LEVELS	Minimal to No Symptoms (15–29.5) Mild to Moderate (30–36.5) Severe (37 or higher)
IMPORTANT	Provides indication of severity, not a diagnostic category

Use these tools within a comprehensive clinical evaluation.
Multiple sources of information are essential.

CLINICAL INTERPRETATION

Principles for Clinical Interpretation

Use scores responsibly and integrate information to support accurate clinical decisions.

1 INTEGRATE RESULTS

No single instrument confirms or excludes a diagnosis. Combine results from multiple tools to increase accuracy.

KEY POINT

Assessment is a process, not a single test.

2 CONTEXT MATTERS

Scores must be interpreted in the context of developmental history, caregiver report, clinical observation and cultural factors.

KEY POINT

Clinical judgment is as important as the score.

3 BE CAREFUL WITH CUTOFFS

Scores near cut-off points require careful clinical judgment. Consider the entire profile, not just the total score.

KEY POINT

Borderline results are not yes/no answers.

4 RESPONSIBLE FEEDBACK

Communicate results clearly, ethically and sensitively with families, caregivers and interdisciplinary teams.

KEY POINT

Your communication influences next steps.

Assessment informs decisions. Clinical reasoning guides them.

Use this guide as a reference, not a replacement for training, experience and professional judgment.