

Autism Face Test

Patient Information:

Name:

Date of Birth:

Gender:

Date of Assessment:

Referring Clinician:

Test Details:

Purpose of Assessment:

Setting:

Test Administration

Environment:

Presence of Examiner:

Instructions to Patient:

Test Stimuli:

Description of Stimuli Used:

Order of Presentation:

Variations in Presentation:

Patient Responses:

Recording Method:

Observations During Test:

Any Significant Patient Reactions:

Examiner Evaluation:

Scoring System Used:

Criteria for Scoring:

Interpretation Guidelines:

Results and Analysis:

Summary of Patient Responses:

Patterns or Themes Observed:

Any Unusual Findings:

Clinical Implications:

Relevance to Diagnostic Process:

Considerations for Treatment Planning:

Additional Assessments Recommended (if any):

Conclusion:

Overall Impression of Patient's Responses:

Follow-up Recommendations:

Examiner's Signature: _____

Date: _____