STAT™ Screening Information:

Your child’s screening date & time is: _______________ at The Arc of Grays Harbor

**Why do the STAT screening?**

- The STAT™ (Screening Tool for Autism in Toddlers & Young Children) is an empirically derived screening tool for children ages 24-36 months old. It determines if your child is “At risk” or “Not at Risk” for receiving an autism diagnoses. You may use the results for your own information and also to share with your child’s doctor. “Activities assess key social and communicative behaviors including imitation, play, requesting, and directing attention”
  https://stat.vueinnovations.com/
- Regardless of the results, the STAT is helpful for determining domains your child would benefit from learning or growing in.
- Waiting for an autism evaluation and determining diagnoses can be a very lengthy process. The STAT gives parents specific areas of interaction they can focus on during the wait, research showing this waiting period as a critical time of development in young children with autism.

**How do I prepare for the screening?**

- Return the, Q&A, Service Agreement, and Authorization to Release Info form and you will be contacted for scheduling a screening.
- Try to schedule the appointment during the child’s usual awake time (not during nap time).
- The appointment is 20-40 minutes long.
- Please have the child use the bathroom or have a clean diaper before appointment.
- Bring a few of the child’s favorite small toys or interests, as well as a small snack.
- You may wait in the office during the screening, or attend the screening with your child. STAT protocol only permits one parent in the room during the screening time.
- *If a parent is in the room, please direct the child’s attention to the examiner and try not to interact with the child (short phrases and directing them to the examiner if needed). If you think the child will be more cooperative without your attendance, you may leave the room and wait in the office.*
- Please have any questions ready and come with a pen and notebook.
- Following the screening, a follow up appointment may be made to review results.
- Your appointment will be at The Arc of Grays Harbor, 523 W 1st St, Aberdeen, WA.

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Tess Lawson
Autism & Behavior Resources Coordinator
The Arc of Grays Harbor- PO Box 1794 -523 W 1st St- Aberdeen, WA 98520
email: autismbehavior.resources@gmail.com
# STAT Screening Administration Q&A

To administer the screening, these questions need to be answered to ensure your child’s safety during the screening and distribution of results to a referring physician.

<table>
<thead>
<tr>
<th>Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Parent/Caregiver Name</td>
</tr>
<tr>
<td>Contact Address &amp; Phone Number</td>
</tr>
<tr>
<td>Emergency Contact</td>
</tr>
<tr>
<td>Referred by (self, MD, or other)</td>
</tr>
<tr>
<td>Contact information for referring physician (phone or address)</td>
</tr>
</tbody>
</table>

- Is your child allergic to latex? Yes or No (circle one)
- Does your child have any food allergies/sensitivities? What are they?

- Is your child diabetic? Yes or No (circle one)
- Can your child have mini m&m’s and do they like them? Yes or No (circle one)
  - If not, what is your child’s favorite small candy or treat that can be used during the screening (no more than 5 small pieces will be offered during the screening)

- What is your child’s favorite toy or movie character?
- Is your child sensitive to sudden or loud noises? Yes or No (circle one)
  - If so, what is their usual reaction?
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- Does your child often try to run out the room or leave the premises? Yes or No (circle one)
STAT Screening Service Agreement

By signing this, I acknowledge that the Screening Tool Autism in Toddlers and Young Children [STAT], screening results, and resource information or sessions are not a diagnosis, nor are the screening results a guarantee of diagnosis or services. I understand the STAT is helpful for other professionals and myself to understand my child’s general domains of strengths and weaknesses. It gives a score showing whether the child is “At risk” or “Not at risk” to be diagnosed with autism if further evaluated by a qualified professional. The screening results cannot be used as evidence of an autism diagnosis. Resources offered are for my personal use only. Tess Lawson and The ARC of Grays Harbor are not responsible for the choices I make with the information given, nor are they responsible for results from using the resources.

For the purposes of performing or communication about the STAT, and meeting with Tess Lawson about autism resources: Tess Lawson has current certification as a Registered Behavior Technician with the Behavior Analysis Certification Board [BACB] and is completing fieldwork hours toward BCaBA/BCBA certification; the STAT results and STAT communications and reports are not representative of the BACB, nor are they a replacement for Applied Behavior Analysis [ABA] or a BCBA; Tess Lawson is not offering her services in place of a Board Certified Behavior Analyst or other qualified professional. I understand if I want ABA or other behavior intervention services, Tess Lawson may offer resources, but not creating or implementing Applied Behavior Analysis [ABA] interventions, behavior plans, programs, or providing supervision.

I agree for Tess Lawson to video record my child’s screening for the purpose of screening validity purposes, and will not be shared with anyone besides Tess Lawson. I understand the recording will be deleted following the STAT scoring intake.

By signing, I voluntarily give my consent for recording, acknowledge screening results do not indicate an autism diagnosis, and recognize Tess Lawson’s affiliations with the BACB are not associated with STAT communications or procedures.

Parent or Guardian Signature: __________________________________________

Printed Name: __________________________________________________________

Child’s Name __________________________________________________________

Date: __________________________________________________________________

Please return this form to: The Arc of Grays Harbor | Attn: Tess Lawson | PO Box 1794 | Aberdeen, WA 98520

Tess Lawson
Autism & Behavior Resources Coordinator
The Arc of Grays Harbor- PO Box 1794 -523 W 1st St- Aberdeen, WA 98520
email: autismbehavior.resources@gmail.com
Authorization to Release Information

I understand this release is voluntary and applies to all programs and services operated under the auspices of The ARC of Grays Harbor. I understand that my personally identifiable information (PII) may be protected by the federal rules for privacy under the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and/or other applicable state or federal laws and regulations. I understand that my PII may be subject to re-disclosure by the recipient without specific written consent of the person to whom it pertains, or as otherwise permitted. I also understand that the recipient may not condition treatment, payment, enrollment or eligibility on whether or not I sign this form, except for certain eligibility or enrollment determination. I understand I may revoke this authorization at any time by notifying The ARC of Grays Harbor but if I do, it will not have an effect on the actions taken before the receipt of this revocation. I hereby authorize The ARC of Grays Harbor to mutually exchange, obtain, and release information:

Organization or individual receiving/communication the information:

Name of Organization/Individual

Address                               City, State       Zip    Phone

Description of information to be mutually exchanged/released/obtained:

☐ Educational Records
☐ Evaluation/assessment/eligibility records
☐ Medical records
☐ Clinical records
☐ Other:

Duration of release (check one):
This release will remain in effect for two (2) years, unless otherwise stipulated or revoked in writing.
From __________________ To __________________

The purpose of this release is ________________________________

________________________________________   ____________________________
Signature of Client/Legal Guardian                  Printed Name                   Date

________________________________________   ____________________________
Signature of Client/Legal Guardian                  Printed Name                   Date

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