

**Therapies for Children with Autism Systematic Evidence Review
Abstract Review Form**

First Author, Year: _____ Reference ID #: _____ Abstractor Initials: _____

Primary Inclusion/Exclusion Criteria			
1. Includes participants diagnosed with ASD (Autism, Aspergers, PDD-NOS) OR age 2 and under at risk for diagnosis of ASD a. ___participants are ages 2-12 b. ___participants are under age 2 and identified as at risk for diagnosis of ASD	Yes	No	Cannot Determine
2. Original research (exclude editorials, commentaries, letters, reviews, etc.)	Yes	No	Cannot Determine
3. Eligible study size (≥ 10) N= _____	Yes	No	Cannot Determine
4. Addresses: a. ___treatment modality (circle applicable : medical, behavioral, educational, comprehensive, allied health, CAM) intended to modify core symptoms of ASD in individual diagnosed/at risk b. ___short or long term outcomes of treatment intended to modify core symptoms/co-morbidities of ASD in individual diagnosed/at risk. Mark applicable : ___social skills ___communication/language ___repetitive/compulsive behavior ___problem behavior (circle applicable : aggression; self-injury; defiance/non-compliance; property destruction; irritability) ___adaptive behavior (life skills/ADL/feeding behaviors) ___commonly occurring co-morbidities (circle applicable : sleep; hyperactivity; depression/anxiety/mood) ___medical (circle applicable : GI distress; seizures; autoimmune/allergy) ___fine/gross motor skills ___sensory ___educational/cognitive/academic attainment ___other: _____ c. ___harms/adverse effects associated with treatment intended to modify core symptoms of ASD in individual diagnosed/at risk	Yes (must address 4a and 4b or 4a and 4c for "yes")	No	Cannot Determine

Retain for: _____ **BACKGROUND/DISCUSSION** _____ **REVIEW OF REFERENCES**
_____ **Other** _____

COMMENTS: