

Diagnostic process and assessment instruments

Foyer Pediatrics provides virtual autism diagnostic evaluations for children ages 18 months through 17 years, led by a board-certified pediatrician. The evaluation runs across three telehealth visits and produces a DSM-5 aligned diagnostic report written for the schools, therapy providers, and payers who receive it. **In published research, telehealth evaluations of this design agreed with in-person diagnosis in 93.5% of cases** — full citations at the foot of this page.

The evaluation

VISIT 1 · ~30 MIN

Intake and history

Structured caregiver interview organized around the DSM-5 diagnostic criteria, covering developmental, medical, and behavioral history, presenting concerns, and review of outside records already submitted.

VISIT 2 · ~30 MIN

Structured observation

Play-based observation administered over video in the child's home, scored live on the age- and language-matched instrument below.

VISIT 3 · ~30 MIN

Findings and plan

Results reviewed with the caregiver in plain language, with diagnostic conclusion, severity specifiers where applicable, and recommendations.

Observation instrument, selected by age and language level

CHILD PROFILE	INSTRUMENT	ADMINISTRATION
Under 3 years	TELE-ASD-PEDS Vanderbilt TRIAD / VUMC	Seven scored behaviors across a set of caregiver-administered, play-based activities designed and validated for remote delivery.
3–5 years, or older with limited or emerging speech	CARS-2 Standard Version (ST) Childhood Autism Rating Scale, 2nd ed.	Fifteen rated items, administered through a telehealth-adapted observation protocol and scored against published CARS-2 severity bands.
6–17 years with fluent speech	CARS-2 High-Functioning Version (HF) Childhood Autism Rating Scale, 2nd ed.	Fifteen rated items calibrated for verbally fluent presentations, administered through a telehealth-adapted protocol.

Also administered

- **DSM-5 diagnostic criteria interview.** Every criterion addressed explicitly and documented in the chart and the final report.
- **Autism-specific caregiver screening.** M-CHAT-R/F for toddlers, or the age-appropriate AQ-10 for older children, completed before Visit 1.
- **Co-occurring screening, where indicated.** Vanderbilt for attention concerns; SDQ for anxiety, mood, or disruptive behavior.
- **Records review.** Prior evaluations, Early Intervention and school documentation, and therapy notes, when provided.
- **Medical and developmental rule-outs,** including hearing and vision history, conducted by a physician.

What the family receives

- Written diagnostic report with findings, scores, and DSM-5 criteria mapping
- Diagnosis with severity specifiers, or a documented non-diagnosis
- Methodology and citation section naming each instrument used
- Recommendations for therapy, school, and next steps
- Itemized superbill for out-of-network reimbursement

Methodology and validity. The instruments and the remote administration model come from the peer-reviewed telehealth diagnostic literature; every report names them.

- Telehealth evaluations by trained pediatricians using validated screening, caregiver-interview, and observation tools agreed with in-person diagnosis in **93.5%** of 494 diagnoses, with 91.5% scoring agreement against blinded clinical supervisors across 200 cases (PPV 0.957, NPV 0.811). Marsh et al. Telemedicine and e-Health. 2026;32(7):739–745.
- The TELE-ASD-PEDS matched in-person evaluation in **94%** of cases ($\kappa = 0.82$) in a randomized trial of 182 toddlers. Gangi et al. J Dev Behav Pediatr. 2025. doi:10.1097/DBP.0000000000001358.

Neither study was conducted at Foyer; both are independent published evidence for the method Foyer follows. Where the available evidence does not resolve a case, Foyer documents an inconclusive finding with an in-person referral rather than forcing a conclusion.