SRS-2 T-Score Quick Reference Chart

This document provides a quick reference chart for interpreting T-scores on the Social Responsiveness Scale, Second Edition (SRS-2). It outlines the T-score ranges and their corresponding qualitative descriptions, aiding in the efficient understanding and application of SRS-2 results in clinical and research settings. This chart is intended as a supplementary tool and should be used in conjunction with the SRS-2 manual for comprehensive interpretation.

ASD Likelihood by Severity Level

Range	≤ 59	60-65	66-75	≥ 76
Classification	Within normal limits	Mild range	Moderate range	Severe range
Severity Level	No concern	Mild	Moderate	Severe
Interpretation	No clinically significant social deficits	Mild deficits in reciprocal social behavior	Clinically significant deficits interfering with daily interactions	Severe deficits with enduring interference in social functioning
ASD Likelihood	Unlikely	Possible (subclinical traits)	Strongly associated with ASD	Very strongly associated with ASD diagnosis

Important Considerations:

- **Age and Gender Norms:** The SRS-2 is normed separately for males and females, and different age ranges. Always refer to the appropriate norms when interpreting T-scores.
- **Informant:** The SRS-2 can be completed by parents, teachers, or self-report (for adults). The interpretation of T-scores may vary depending on the informant.
- **Clinical Judgment:** T-scores should always be interpreted in the context of other clinical information, including developmental history, behavioral observations, and

other assessment results. The SRS-2 is not a diagnostic tool and should not be used in isolation to make a diagnosis of autism spectrum disorder (ASD).

- **Subscales:** The SRS-2 also provides T-scores for five subscales: Social Awareness, Social Cognition, Social Communication, Social Motivation, and Autistic Mannerisms. These subscales can provide more specific information about the individual's social strengths and weaknesses. Refer to the SRS-2 manual for detailed information on interpreting subscale scores.
- **Cut-off Scores:** While the chart provides general guidelines, specific cut-off scores for identifying individuals at risk for ASD may vary depending on the purpose of the assessment and the population being studied. Consult the SRS-2 manual and relevant research literature for guidance on selecting appropriate cut-off scores.
- **Cultural Considerations:** Cultural factors can influence social behavior. Be mindful of cultural differences when interpreting SRS-2 scores, particularly when assessing individuals from diverse cultural backgrounds.
- **Comorbid Conditions:** The presence of other conditions, such as anxiety, depression, or ADHD, can also affect SRS-2 scores. Consider the potential impact of comorbid conditions when interpreting results.
- **Test Validity:** Ensure the SRS-2 was administered and scored correctly. Consider the validity of the results based on the informant's knowledge of the individual and their ability to provide accurate information.
- **Change Over Time:** The SRS-2 can be used to monitor changes in social responsiveness over time. When interpreting changes in T-scores, consider the individual's developmental trajectory, interventions received, and other relevant factors.
- **Further Assessment:** Elevated T-scores on the SRS-2 should prompt further assessment to determine the underlying cause of the social difficulties and to develop appropriate intervention strategies. This may include a comprehensive diagnostic evaluation for ASD, as well as assessments of other potential contributing factors.

Disclaimer: This quick reference chart is intended for informational purposes only and should not be used as a substitute for professional judgment. Always consult with a qualified professional for interpretation of SRS-2 results and for guidance on diagnosis and treatment. Refer to the official SRS-2 manual for complete information on administration, scoring, and interpretation.