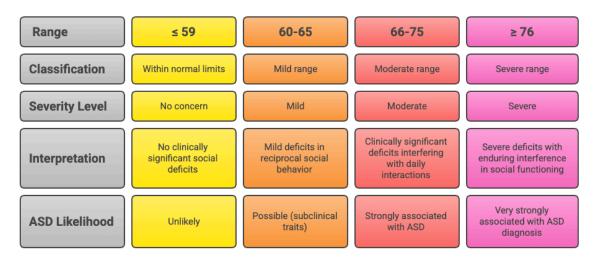


## SRS-2 T-Score Quick Reference Chart

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**



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## **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.