

FOR THE APPOINTMENT EVERYONE DREADS — AND SHOULDN'T

What actually happens during an autism evaluation.

Families wait months for this appointment and often walk in knowing almost nothing about it. Here's the plain version of what happens in the room — so the day feels less like a test and more like what it is: **a few hours of professionals paying careful attention to your child.**

THE SHAPE OF THE DAY

- 1 The parent conversation**
A long, detailed interview about your child's history — milestones, language, play, routines, what you've noticed and when. This isn't small talk; your observations are formal evidence. The notes and videos you've collected earn their keep here.
- 2 Structured observation**
The evaluator plays and interacts with your child using structured activities — many clinics use a tool called the ADOS-2. It looks like games and bubbles and pretend snacks. Underneath, it's a careful look at how your child communicates, shares attention, and plays.
- 3 Questionnaires**
You'll likely fill out standardized forms about daily skills and behavior (the Vineland is a common one). Answer honestly, not hopefully — the picture only helps your child if it's accurate.
- 4 Sometimes: developmental or language testing**
Depending on the clinic and your child's age, there may be additional play-based testing of thinking and language skills. Ask ahead what your appointment will include and how long it runs — a few hours is common, sometimes split across visits.
- 5 The wrap-up**
Some evaluators share first impressions the same day; others wait for the written report. It's fair to ask which to expect before you leave.

If your child has a hard day — crying, refusing, melting down — the evaluation is not ruined. Evaluators expect hard days, plan for them, and learn from them. How a child handles being overwhelmed is real information, gathered kindly. You don't need to apologize for your child. Not here, not anywhere.

PREPARING YOUR CHILD (LESS THAN YOU'D THINK)

- ✦ **Protect sleep** the night before — it changes everything
- ✦ **Feed them first**, and bring the snack that always works
- ✦ **Bring the comfort item** — it's welcome in the room
- ✦ **Don't rehearse or coach.** Evaluators need your actual child, not a prepared one
- ✦ **Skip the big buildup.** "We're going to play with someone new" is plenty
- ✦ **Book the morning slot** if your child fades in the afternoon

PREPARING YOURSELF (MORE THAN YOU'D THINK)

- ✦ Your **notes, videos, and word list** (Guide 01 has the full collection list)
- ✦ Any **earlier evaluations** — Birth to 3, daycare, school
- ✦ **Both caregivers if possible** — two memories beat one
- ✦ Your **questions, written down** — they evaporate in the room
- ✦ Plan for **the report, not the verdict**: the paper matters more than the day

FOUR QUESTIONS WORTH ASKING BEFORE YOU LEAVE

- ✦ When will we receive the written report — and will someone walk us through it in plain language?
- ✦ What do you recommend we do first while we wait for it?
- ✦ Who can we contact with questions after today?
- ✦ If we disagree or feel unsure, what are our options? (Second opinions are normal, and no good clinician resents one.)

ABOUT THE OUTCOME

Evaluations end three ways: a diagnosis, no diagnosis, or "let's watch and re-check." None of them changes who your child was the day before. What they change is **which doors open** — services, coverage, school supports — and what the plan becomes. The report drives all of it: keep copies, ask for the plain-language walkthrough, and take your time with it.

Why we made this

Fathom North is a pediatric therapy clinic being built in Oak Creek. Families arrive at us on the far side of this appointment — we'd rather the walk there be less frightening. [More guides in this series at fathomnorth.com.](#)

This guide is general educational information for families. Evaluation practices vary by clinic and by child. It is not medical or clinical advice and is not a substitute for guidance from the professionals evaluating your child.