Behavior Assessment System for Children, Third Edition

Behavior Assessment System for Children, Third Edition (BASC™-3)
BASC-3 Teacher Rating Scales - Child
Interpretive Summary Report with Intervention Recommendations

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Child Information		Test Information	
ID:		Test Date:	05/25/2021
Name:	Lh Ty	Rater Name:	Ann Vea
Gender:	Female	Rater Position:	
Birth Date:	07/21/2011	Time Known Child:	
Age:	9:10		
Grade:	4th		
School:			

Norm Group 1: General Combined
Norm Group 2: General Gender-Specific
Norm Group 3: Clinical Gender-Specific
Norm Group 4: ADHD Combined
Norm Group 5: ADHD Gender-Specific

PsychCorp

[1.7 / RE1 / QG1]

COMMENTS AND CONCERNS

Rater General Comments

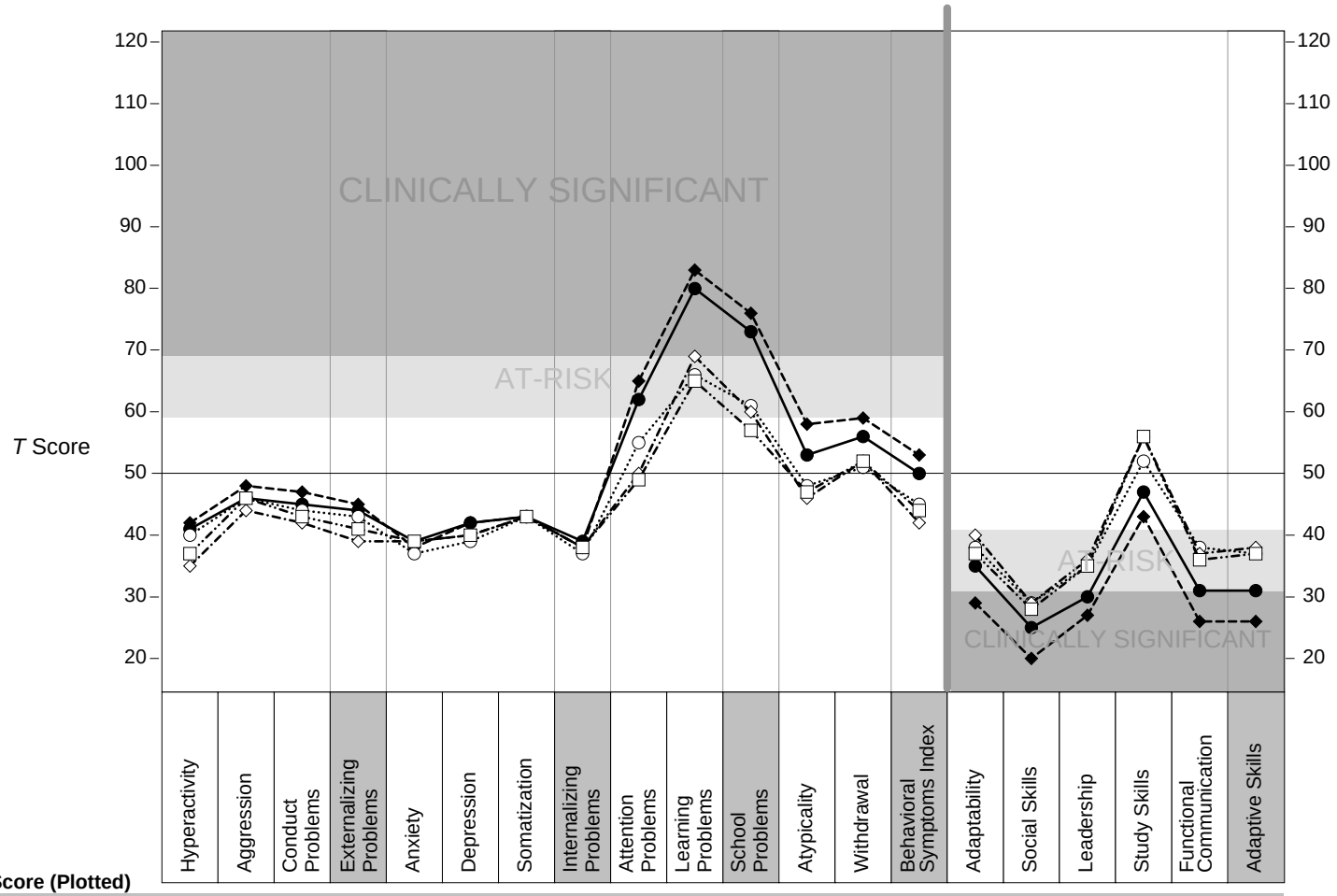
What are the behavioral and/or emotional strengths of this child?
zoom engagement has decreased second half

Please list any specific behavioral and/or emotional concerns you have about this child.
concerned about emotional well being after year of distance learning

VALIDITY INDEX SUMMARY

F Index	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 76	Raw Score: 7

CLINICAL AND ADAPTIVE *T*-SCORE PROFILE



***T* Score (Plotted)**	Hyperactivity	Aggression	Conduct Problems	Externalizing Problems	Anxiety	Depression	Somatization	Internalizing Problems	Attention Problems	Learning Problems	School Problems	Atypicality	Withdrawal	Behavioral Symptoms Index	Adaptability	Social Skills	Leadership	Study Skills	Functional Communication	Adaptive Skills
● General Combined	41	46	45	44	39	42	43	39	62	80	73	53	56	50	35	25	30	47	31	31
◆ Gen. Gender-Spec.	42	48	47	45	38	42	43	38	65	83	76	58	59	53	29	20	27	43	26	26
❍ Clin. Gender-Spec.	40	46	44	43	37	39	43	37	55	66	61	48	51	45	38	29	35	52	38	37
◊ ADHD Combined	35	44	42	39	39	40	43	38	50	69	60	46	52	42	40	29	36	56	37	38
❑ ADHD Gender-Spec.	37	46	43	41	39	40	43	38	49	65	57	47	52	44	37	28	35	56	36	37

Percentile																				
General Combined	13	52	44	32	5	16	24	2	86	99	97	78	79	63	9	1	1	35	5	4
Gen. Gender-Spec.	17	65	57	44	3	20	23	2	91	99	98	85	85	70	4	1	1	26	2	1
Clin. Gender-Spec.	8	51	39	27	1	8	17	2	68	95	85	56	63	38	14	1	7	58	15	11
ADHD Combined	1	34	24	9	4	8	17	5	47	96	83	45	65	27	19	1	6	68	10	11
ADHD Gender-Spec.	1	47	29	17	4	11	20	1	43	91	72	51	68	30	12	1	1	69	9	10

CLINICAL AND ADAPTIVE SCORE TABLE: General Combined Norm Group

Composite Score Summary

	Raw Score	*T* Score	Percentile Rank	95% Confidence Interval
Externalizing Problems	132	44	32	40-48
Internalizing Problems	124	39	2	33-45
School Problems	142	73	97	69-77
Behavioral Symptoms Index	300	50	63	47-53
Adaptive Skills	168	31	4	28-34

Composite Comparisons	Difference	Significance Level	Frequency of Difference
Externalizing Problems vs. Internalizing Problems	5	NS	
Internalizing Problems vs. School Problems	-34	0.01	1% or less
Externalizing Problems vs. School Problems	-29	0.01	1% or less

Mean *T* score of the BSI	**50**
Mean *T* score of the Adaptive Skills Composite	**34**

Scale Score Summary

	Raw Score	*T* Score	Percentile Rank	95% Confidence Interval	Ipsative Comparison		
					Difference	Significance Level	Frequency of Difference
Hyperactivity	0	41	13	36-46	-9	0.05	15% or less
Aggression	1	46	52	40-52	-4	NS	
Conduct Problems	1	45	44	39-51	-5	NS	
Anxiety	0	39	5	32-46	-11	NS	
Depression	0	42	16	35-49	-8	NS	
Somatization	0	43	24	36-50	-7	NS	
Attention Problems	14	62	86	57-67	12	0.05	10% or less
Learning Problems	20	80	99	73-87	30	0.05	1% or less
Atypicality	3	53	78	46-60	3	NS	
Withdrawal	6	56	79	50-62	6	NS	
Adaptability	11	35	9	29-41	1	NS	
Social Skills	1	25	1	20-30	-9	0.05	10% or less
Leadership	2	30	1	23-37	-4	NS	
Study Skills	14	47	35	41-53	13	0.05	1% or less
Functional Communication	11	31	5	24-38	-3	NS	

Note: All classifications of test scores are subject to the application of the standard error of measurement (*SEM*) when making classification decisions. Individual clinicians are advised to consider all case-related information to determine if a particular classification is appropriate. See the BASC-3 Manual for additional information on *SEM*s and confidence intervals.

CLINICAL VALIDITY INDEX NARRATIVES

The BASC-3 *F* Index is a classically derived infrequency scale, designed to assess the possibility that a rater has depicted a child's behavior in an inordinately negative fashion. The *F* Index consists of items that represent maladaptive behaviors to which the rater answered "almost always" and adaptive behaviors to which the rater responded "never."

The *F* Index score produced from the ratings of Lh by Ann falls within the **Acceptable** range and does not indicate the presence of negative response distortion.

The Consistency Index identifies situations when the rater has given inconsistent responses to items that are typically answered in a similar way, based on comparisons made to raters from the general population. The Consistency Index was designed to identify ratings that might not be easily interpretable due to these response discrepancies.

The Consistency Index score produced from the ratings of Lh by Ann falls within the **Acceptable** range and indicates the rater consistently answered items when completing the rating form.

VALIDITY INDEX ITEM LISTS

Validity Index ratings for *F* Index, Response Pattern Index, and Consistency Index are all Acceptable.

F Index
The *F* Index rating is Acceptable.

Response Pattern Index
The Response Pattern Index rating is Acceptable.

Consistency Index
The Consistency Index rating is Acceptable.

CLINICAL AND ADAPTIVE SCALE NARRATIVES

This report is based on Ann Vea's rating of Lh's behavior using the BASC-3 Teacher Rating Scales form. The narrative and scale classifications in this report are based on *T* scores obtained using norms. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring.

Externalizing Problems

The Externalizing Problems composite scale *T* score is 44, with a 95% confidence interval range of 40-48 and a percentile rank of 32.

Lh's *T* score on Hyperactivity is 41 and has a percentile rank of 13. Lh's teacher reports that Lh exhibits typical classroom behavior and a level of self-control similar to that of other children her age.

Lh's *T* score on Aggression is 46 and has a percentile rank of 52. Lh's teacher reports that Lh tends not to act aggressively any more often than others of her age.

Lh's *T* score on Conduct Problems is 45 and has a percentile rank of 44. Lh's teacher reports that Lh demonstrates rule-breaking behavior no more often than others her age.

Internalizing Problems

The Internalizing Problems composite scale *T* score is 39, with a 95% confidence interval range of 33-45 and a percentile rank of 2.

Lh's *T* score on Anxiety is 39 and has a percentile rank of 5. Lh's teacher reports that Lh displays relatively few anxiety-based behaviors compared to others her age.

Lh's *T* score on Depression is 42 and has a percentile rank of 16. Lh's teacher reports that Lh displays depressive behaviors no more often than others her age.

Lh's *T* score on Somatization is 43 and has a percentile rank of 24. Lh's teacher reports that Lh complains of health-related problems to about the same degree as others her age.

School Problems

The School Problems composite scale *T* score is 73, with a 95% confidence interval range of 69-77 and a percentile rank of 97. Lh's *T* score on this composite scale falls in the Clinically Significant classification range.

Lh's *T* score on Attention Problems is 62 and has a percentile rank of 86. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Lh's teacher reports that Lh has difficulty maintaining necessary levels of attention at school. The problems experienced by Lh might disrupt academic performance and functioning in other areas.

Lh's *T* score on Learning Problems is 80 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Lh's teacher reports that Lh has significant difficulty comprehending and completing schoolwork in a variety of academic areas.

Behavioral Symptoms Index

The Behavioral Symptoms Index (BSI) composite scale *T* score is 50, with a 95% confidence interval range of 47-53 and a percentile rank of 63. Scale summary information for Hyperactivity, Aggression, Depression, and Attention Problems (scales included in the BSI) has been provided above. Scale summary information for the remaining BSI scales is provided next.

Lh's *T* score on Atypicality is 53 and has a percentile rank of 78. Lh's teacher reports that Lh generally displays clear, logical thought patterns and she is generally aware of her surroundings.

Lh's *T* score on Withdrawal is 56 and has a percentile rank of 79. Lh's teacher reports that Lh does not avoid social situations and appears to be capable of developing and maintaining friendships with others.

Adaptive Skills

The Adaptive Skills composite scale *T* score is 31, with a 95% confidence interval range of 28-34 and a percentile rank of 4. Lh's *T* score on this composite scale falls in the At-Risk classification range.

Lh's *T* score on Adaptability is 35 and has a percentile rank of 9. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Lh's teacher reports that Lh has difficulty adapting to changing situations and that Lh takes longer to recover from difficult situations than most others her age.

Lh's *T* score on Social Skills is 25 and has a percentile rank of 1. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Lh's teacher reports that Lh has difficulty complimenting others and making suggestions for improvement in a tactful and socially acceptable manner.

Lh's *T* score on Leadership is 30 and has a percentile rank of 1. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Lh's teacher reports that Lh has difficulty making decisions, lacks creativity, and/or has difficulty getting others to work together effectively.

Lh's *T* score on Study Skills is 47 and has a percentile rank of 35. Lh's teacher reports that Lh generally exhibits adequate organizational and study skills, and she completes most homework in a timely fashion.

Lh's *T* score on Functional Communication is 31 and has a percentile rank of 5. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Lh's teacher reports that Lh demonstrates poor expressive and receptive communication skills and that Lh has difficulty seeking out and finding information on her own.

BASC-3 TRS-C INTERVENTION RECOMMENDATIONS

Note. Information contained in the Intervention Summary section of this report is based on the BASC-3 Behavior Intervention Guide, authored by Kimberly J. Vannest, Cecil R. Reynolds, and Randy W. Kamphaus.

Primary Improvement Areas	Secondary Improvement Areas	Adaptive Skill Strengths
- Learning Problems (Academic Problems) - Social Skills - Leadership	- Functional Communication - Adaptability - Attention Problems	- None

Lh's scores on Learning Problems (Academic Problems) and Social Skills fall in the clinically significant range and probably should be considered among the first behavioral issues to resolve. Her score on Functional Communication is also elevated and may warrant targeted interventions and/or further monitoring to ensure it doesn't worsen.

Note that Lh has scores on Leadership and Adaptability that are areas of concern. Interventions for these areas are not provided in this report. However, these areas may require additional follow up.

Lh's BASC-3 profile indicates significant problems with Learning Problems (Academic Problems), Social Skills, and Attention Problems. Based on Ann Vea's ratings, Lh is experiencing problems with the following behaviors:

Learning Problems

- keeping up with lessons
- maintaining good grades
- reading
- spelling

Social Skills

- adjusting to new people
- encouraging others
- Helps others
- making others feel welcome
- showing interest in others
- using good manners

Attention Problems

- listening well
- making careless mistakes
- paying attention
- staying focused

Primary Improvement: Learning Problems

Academic problems are considered a significant problem for Lh. On the Teacher Rating Scales, academic problems are identified by the Learning Problems and Study Skills scales.

Academic problems are defined as the presence of academic difficulties particularly in understanding or completing homework. Learning problems can encompass a variety of academic domains, including reading, writing, spelling, and mathematics. Learning difficulties can cause problems beyond the classroom. The pervasive

nature of academic problems--their influence on numerous content areas and academic skills--often makes dealing with academic problems challenging for both teacher and student alike and requires diligence and a long-term approach to intervention strategies to achieve successful remediation. These challenges are especially difficult for students with emotional and behavioral disorders, whose academic failures may also be due to problems with acquiring and processing information. These learning problems are significant contributors to increased risk of earning lower grades, being retained, and dropping out of school. Therefore, academic intervention is as important as the typical social and behavioral interventions.

Interventions for academic problems may be teacher directed or student directed. Student-directed interventions are techniques that students can use to store, retrieve, and generalize information for academic task completion and to manage their own behavior and learning. These self-mediated strategies are not instinctive and must be explicitly taught before independent use can be expected. Several intervention strategies have been shown to effectively remediate academic problems, including:

- Advance Organizers
- Cognitive Organizers
- Instructional Strategies: Structure
  - Scaffolding
  - Procedural Prompting
  - Instructional Sequencing
  - Scripted Lessons
- Instructional Strategies: Time
  - Rate and Pacing
  - Pausing
  - Allocated and Engaged Times
- Instructional Strategies: Responding
- Mnemonics
- Peer Tutoring
- Classwide Peer Tutoring
- Self-Monitoring
- Self-Instruction
- Reprocessing Strategies
  - Summarization
  - Paraphrasing
  - Cover, Copy, and Compare
  - Self-Questioning
- Task-Selection Strategies

Detailed summaries of the instructional strategies and self-monitoring are provided below. See the BASC-3 Behavior Intervention Guide for additional detail about these strategies, along with the other intervention strategies listed above.

Academic Problems Intervention Option 1: Instructional Strategies

Instructional strategies may alter structure, time, and/or student responding to assist students with academic problems. These changes create optimal learning environments and provide opportunities for improved student learning. The structure of instruction may be modified by scaffolding, procedural prompts, instructional sequencing, and/or scripted lessons. The timing aspects of instruction that may be modified include the rate and pacing of instruction, pauses during instruction, and amounts of allocated and engaged time within a lesson. Responding strategies affect the frequency and types of responses and verbal exchanges between the students and teacher to provide correction or confirmation.

Different strategies in altering structure, time, and responding aspects of instructional strategies are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussions of this topic.

Structure
The structure of instruction refers to the formation or development of the content and the organization of its delivery. Well-designed curriculum has an implicit structure, and good instruction presents that structure explicitly to students. Common structure methods used include the following:

1. Scaffold
2. Procedural prompt
3. Instructional sequence
4. Scripted lessons

Scaffolding is the generic term for the instructional support provided by the teacher until the student is able to transition into independent thinking and learning. Scaffolds can be aids to developing and applying cognitive strategies. Scaffolded instruction provides an instructional bridge between existing student knowledge and new content.

Procedural prompts are visual, verbal, or auditory prompts to help students organize and remember new information. There are two main steps to follow when applying procedural prompts. First, determine if the challenge to learning is related to memory (organization) or thinking (application). Second, ask questions that create opportunities for chunking (remembering concepts together), linking (connecting items sequentially or by relation to each other), retrieval (accessing the information more efficiently), or schema (connecting newly learned material with previously learned material).

Instructional sequencing refers to the order in which information is presented to a student, as well as how a student structures his or her learning. During instruction, information to be learned should be incorporated into the context of previously learned information. When presenting information, provide clear and explicit expectations for student performance. Information should be presented using examples and nonexamples, and should be explicitly linked or connected to previously learned information. Throughout the lesson, students should be given ample opportunities to respond to questions. They also should receive consistent reinforcement for correct responses and frequent feedback loops to correct and shape incorrect responses. Information that is learned should then be reviewed and practiced. In order to promote retention of the learned information, provide opportunities to demonstrate that information has been learned.

Scripted lessons are a variant of the instructional sequencing concept. Teachers write scripts for lesson plans, including how the information will be presented, the desired responses by students, and the routines that will be used for learning the material. Prompts for teacher and students are included in the scripts. Although scripted lessons can take a variety of forms, they generally follow the same steps as instructional sequencing.

Time
Time is the component of instructional strategies that refers to how much, how quickly, and how smoothly instruction is presented. There are three major components of time:

1. Rate and pacing
2. Pausing
3. Allocated and engaged time

Rate and pacing refer to the speed and regularity of the presentation and of practicing new material. The speed of a lesson can determine the amount of material covered, the amount of practice in which students engage, and the interest level of the students. A good fit between the time needed for learner processing and the pace needed for effective instruction is required to optimize learning time.

Pausing is the delay in time between instructional prompts and expected student responses. It can help to maintain a brisk rate of instruction and provide a rhythm in which students intently listen to the instruction and process the information prior to responding. Pausing can also be used to increase exposure to material through repetition. Providing an instructional prompt following portions of instruction in a lesson can provide students with the opportunity to consider the answer and create memory through active repetition of new knowledge.

Allocated time refers to the time dedicated to instruction and learning. Engaged time is the component of allocated time that reflects the time a student spends learning tasks. It is suggested that teachers maximize their instructional time to reflect a minimum of 50% active instruction, 35% active monitoring, and 15% or less organizing and managing. The level of student engagement in learning tasks can be monitored and increased individually through a variety of self-monitoring techniques or the use of reinforcers contingent on levels of on-task behavior.

Responding
Responding provides opportunities for students to participate by answering questions, restating instruction, or asking questions about content. The teacher provides feedback via correction or confirmation. The types and frequency of student responses and teacher feedback are fairly easy to assess and relatively pliable. With minimal training, a teacher can dramatically increase both the opportunities for student response and the immediacy and frequency of specific praise or corrective feedback provided during a lesson.

Academic Problems Intervention Option 2: Self-Monitoring

Self-monitoring requires a person to record information about his or her personal performance on a task to improve self-regulation of behavior. Self-monitoring consists of several components, including awareness, observation, monitoring, and documentation. Self-monitoring places control of behavioral change in the student's sphere of influence and deemphasizes external control agents. The goal of self-monitoring is to improve a student's skills needed for self-regulation of behavior.

The essential elements of Self-Monitoring include the following:

1. Identify the problem.
2. Identify the replacement behavior.
3. Monitor and record behavior.
4. Prompt for student self-evaluation.
5. Ensure self-rewarding or reinforcing occurs.

The procedural steps for incorporating self-monitoring into the treatment of academic problems are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussion of this topic.

PREP

- Identify a behavior for change (either to increase or decrease). This may be done in conjunction with the student or identified by the teacher or other involved adult.

- Explain the behavior to the student, articulating a definition to the extent necessary (e.g., explaining what "off task" means, discussing that homework is on time if it is turned in at the beginning of class).
- Review baseline data with the student in a non-threatening, non-accusatory way.
- Emphasize the benefits of improving academic performance.

IMPLEMENT

- Set a reasonable and achievable goal and identify the reward for achieving this goal.
- Choose an appropriate recording form or method for tracking the selected behavior or charting the academic data. Forms and methods employed may include using a tone or stopwatch, checklist, frequency counts, tally sheets, event recording, time sampling, narrative diary, wrist counters, graphs, charts, or tangible item counters. The method for recording can be as simple as making tally marks on a piece of paper at each instance of the behavior or as complex as writing a descriptive account of the behavior. Appropriate intervals for recording can be as short as one minute for behavior that may occur more frequently (e.g., off-task behavior during class) or once per class period for a less frequent behavior (e.g., checking for homework completion at the beginning of each class).
- Have the student practice the technique with teacher prompting and self-monitoring and self-recording.
- Compare notes on the frequency of the behavior and provide reinforcement to the student for accurate self-recording. In some situations positive feedback alone is a sufficient reinforcer; in others, tangible rewards are needed initially.
- Fade the use of self-monitoring supports gradually after goal mastery.

EVALUATE

- Assess on an ongoing basis the student's ability to self-monitor.
- Consider the intrusiveness of any cueing.

Primary Improvement: Social Skills

Social skills problems are considered to be one of Lh's most significant behavioral and emotional areas to address. Social skills are learned, situation-specific behaviors (both verbal and nonverbal) that are demonstrated in particular social contexts. Deficits in social skills interfere with social, emotional, and academic functioning and are frequently observed in children with emotional and behavioral disorders. Social skills training is a cognitive-behavioral approach to teaching prosocial concepts needed for children to function successfully in multiple social environments. The goal of social skills training is to help the child develop skills that will enable him or her to engage in appropriate interactions with others by remediating the behavioral challenges associated with his or her social skills deficits.

The essential elements of Social Skills Training include the following:

1. Identify the target social skills to develop.
2. Teach the skills and talk about why each is useful or important.
3. Model the skills through active demonstration.
4. Help the child practice the skills in a controlled environment while receiving feedback.
5. Assist the child in generalizing the skills by practicing them in new environments.

The procedural steps for incorporating social skills training into the treatment of social skills deficits are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussion of this topic.

PREP

- Determine whether the training is an intervention or if it is preventative.

  * If it is an intervention, assess the child's social skills and determine the specific skill(s) the child needs to master. Instruction should be tailored to a child's specific needs, not based on a set list or a fixed curriculum. For example, if the child throws tantrums to get desired objects, the therapist should specifically teach the skill of asking for objects.

  * If it is preventative, the organizational or leadership team should identify target social skills for instruction and either all children or small groups of at-risk children should learn similar sets of critical social skills to prevent problems.

- Determine the format of instruction. The target social skills can be taught to a group or to individuals, and the skills can be taught in either a clinical or natural environment.

  * A natural environment is the ideal training scenario for generalization; however, training sessions are not always possible in school settings due to environmental constraints (e.g., lack of personnel, lack of adequate training, competing demands of classroom settings).

  * Groups can have children with similar social skills deficits (homogeneous grouping) or children with different deficits (heterogeneous grouping). When working with a homogeneous group, be sure to provide enough supervision and structure to prevent modeling of inappropriate behaviors.

- Schedule consistent times for social skills training keeping in mind that high training intensity (both frequency of meetings and overall program duration) is desirable.

  * If the skill is taught to an individual child in his or her natural environment, select a time based on the child's current schedule (e.g., getting along with others might be taught during recess).

  * If the skill is taught in a pull-out group session, select a specific time during the day that does not interfere with academic instruction. Determine the behavioral expectations for the group and post them in a highly visible area.

IMPLEMENT

- Explain the purpose of the training and define the concept of social skills for the children.
- Teach the children the steps to master the selected skills, focusing on one skill per lesson.

  * Begin with a visual representation (written or pictorial, depending on the children's abilities) of the steps required for performing the skill, and then ask the children to write down the steps on notecards or paper to help them remember the steps.

  * Instruct the children to verbalize the steps of a social skill using choral responding (i.e., reciting them aloud and in unison) if desired, and verbally reinforce children as they recite the steps.

- Demonstrate appropriate use of the skill by modeling it with another adult or with other children.
- Ask the children to provide examples of appropriate times to use this skill and situations in the recent past when this skill could have been useful.
- Ask the children to reenact some of the situations described and encourage them to incorporate the newly learned social skill. Assign other children to be monitors of the process so that they feel included even though they are not role-playing the situation.

  * Provide feedback and reinforcement during the role-play to both the actors and the children who are monitoring the use of the steps.

  * Elicit feedback after the role-play from all children, including the actors, on how effectively the skill was used.

- Provide relevant adults (e.g., teachers, parents, tutors, classroom volunteers) with a copy of the steps of the skill. Ask the adults to model the skill, encourage the child to apply the new skill, and reinforce all efforts.
- At the beginning of the next session, review the steps for the skill taught in the previous session.
- Provide reinforcement to the children for situational use of the skill to increase the likelihood of skill maintenance and generalization, which are vital to all skills training programs.

EVALUATE

- Ask children who can write to record all social situations in which they use the skill in a journal. Children who cannot write can report daily to parents or to a teacher who can record their experiences.
- Monitor and continually assess the children's use of the skill (either through direct observation or by reviewing their journals) to identify any skills that need to be re-taught or reinforced.
- Hold periodic refresher courses on the skills taught in order to maintain skill acquisition.

Secondary Improvement Area: Attention Problems

Attention problems are considered to be one of Lh's most significant behavioral and emotional areas to address. Attention problems are defined as chronic and severe inconsistencies in the ability to maintain and regulate focus to tasks for more than short periods of time, and are characterized by distractibility, an inability to concentrate, an inability to maintain attention to tasks for long periods of time, disorganization, failure to complete tasks, and a lack of study skills. Children with attention problems exhibit an inability to control and direct attention to the demands of a task and are frequently distracted by internal distractions and irrelevant stimuli, even in a relatively quiet classroom environment.

The interventions presented below are behaviorally based, and involve strategies that include learning new behaviors and learning how to monitor existing behavior periodically. These interventions include:

- Classwide Peer Tutoring
- Computer-Assisted Instruction
- Contingency Management
- Daily Behavior Report Cards
- Modified-Task Presentation Strategies
- Multimodal Interventions
- Parent Training
- Self-Management

Detailed summaries of the Daily Behavior Report Cards and Modified Task-Presentation intervention strategies are provided below. See the BASC-3 Behavior Intervention Guide for more information about these strategies and the other intervention strategies listed above.

Attention Problems Intervention Option 1: Daily Behavior Report Cards

Daily behavior report cards (DBRCs) are used to record a child's behavior each day. The goal in implementing a DBRCs strategy is to change behavior by providing systematic feedback on performance and progress to children and parents, followed by appropriate reinforcement. The result is increased attention (or decreased inattention) during specific tasks and conditions.

The essential elements of DBRCs include the following:

1. Define the target behaviors.
2. Monitor and record behaviors daily.
3. Provide reinforcement for exhibiting the target behaviors.
4. Communicate results to children and parents.

The procedural steps for incorporating DBRCs into the treatment of attention problems are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussion of this topic.

PREP

- Identify the target behaviors for improving attention.
- Identify the rater of the target behavior.
- Identify if the DBRC will be used for communication, monitoring, or performance feedback, and if it will involve contingencies. Contingencies may be delivered at school during feedback sessions and at home for performance at school.
- Create and explain the rating system to raters. For example, assign a letter grade to the child's performance for each day. Each target behavior is rated daily. Letter grades (instead of frequency of behavior, for example) are preferable because they are usually more meaningful to children and parents.
- Explain the behavioral anchors (i.e., typical behavior for earning each grade) to avoid variance among raters or differences in personal tolerance levels. For example, attending during 10 out of 20 minutes of class time may earn a "C," 15 minutes may earn a "B," and 17 minutes or more might earn an "A."

IMPLEMENT

- Ask the rater to begin ratings on a specific day and during a specific time period.
- Show ratings to the child in feedback sessions and provide brief, encouraging feedback.
- Consider graphing or charting progress, depending on the age, developmental level, and interest of the child.
- Consider using the ratings as part of a checking in and checking out system. The child may check in at the beginning of the day to get a pep talk and receive reminders of goals or targets, and then check out at the end of the day to review performance and discuss goals or targets for the next day.
- Reward the child either at home or school for meeting performance goals. This step may or may not be needed for some children.

EVALUATE

- Compare the ratings from before the intervention with the ratings during the intervention to determine if the change occurring is large enough to be useful for the school setting.
    * Changes in behavior should be moderate to large when the intervention is used throughout the day.
- Ensure reinforcement has been used consistently if the change is not moderate to large. Reassess reinforcer quality and feedback quality. Consider graphing or charting performance goals if those visual aids are not currently in place.

<u>Attention Problems Intervention Option 2: Modified Task-Presentation</u>

Modified task-presentation strategies refer to a collection of specific options that can be used to increase the interest level of an activity, with the goal of increasing the amount of time the child attends to learning the task or activity. Based on information obtained through a functional behavioral assessment, tasks are altered using antecedent instructional modifications.

A number of modification strategies have been recommended by researchers, including:

1. Offering a choice of instructional activities
2. Providing guided notes and instruction in attending to relevant information
3. Using high-interest activities and hands-on demonstrations
4. Modifying in-class assignments and responses
5. Modifying homework
6. Highlighting relevant material or key information with colors, symbols, or font changes

The procedural steps for incorporating modified task-presentation strategies into the treatment of attention problems are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussion of this topic.

PREP

- Use assessment or observation data to determine which strategies best fit the person delivering the content, the needs of the child, and the content of the lesson.
- Identify the differences in when, where, and how the typical group instruction or tasks vary from those for a targeted or individual group, or if the strategy will be a menu-like choice selection for all children.
- Prepare materials if necessary, and plan the modification if it involves changing presentation style or a modification to the environment (e.g., music).

IMPLEMENT

- Present the task using the modified strategy.

EVALUATE

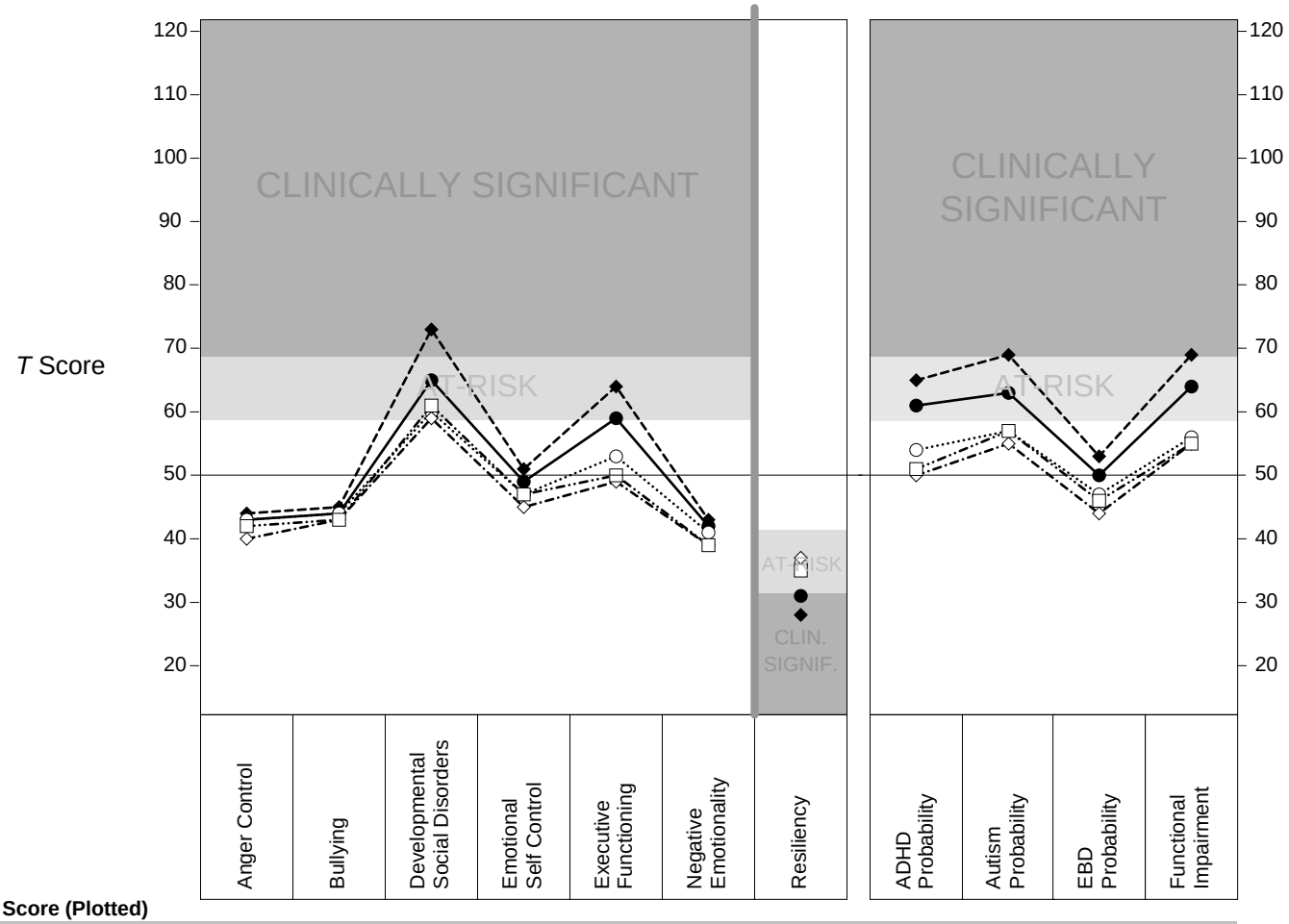
- Engage in direct observation of the child's attention problems and class performance as a whole.
- Determine which modifications seem to have the greatest positive impact and which are ineffective using observational data. Continue use of those modifications that are effective, and discontinue those that are not.

Concluding Recommendations

When using any intervention, it is important to monitor the effectiveness of the interventions you are trying. The BASC-3 Flex Monitor is an Internet-based tool that can be used to monitor and track the impact of intervention strategies. Monitoring forms can be selected from a list of existing forms, or forms can be customized to meet the specific needs of each implementation. Forms can be completed online or printed for completion. Additional information about the BASC-3 Flex Monitor can be found at www.pearsonclinical.com.

Regardless of the method used to monitor progress, it is important to document the effectiveness of the interventions you have tried with Lh. The BASC-3 Behavior Intervention Guide Documentation Checklist is designed to facilitate the recording of the steps that have been taken to remediate or manage a child's behavioral or emotional problem(s). It also includes a section to record the fidelity of the intervention approach that has been used, a factor that is critical to the success of any intervention program.

CONTENT SCALE AND INDEX *T*-SCORE PROFILE



***T* Score (Plotted)**											
● General Combined	43	44	65	49	59	42	31	61	63	50	64
◆ Gen. Gender-Spec.	44	45	73	51	64	43	28	65	69	53	69
❍ Clin. Gender-Spec.	43	44	60	47	53	41	36	54	57	47	56
◊ ADHD Combined	40	43	59	45	49	39	37	50	55	44	55
❑ ADHD Gender-Spec.	42	43	61	47	50	39	35	51	57	46	55

Percentile											
General Combined	24	32	92	61	81	21	3	84	90	66	90
Gen. Gender-Spec.	27	39	97	70	89	26	1	91	96	74	96
Clin. Gender-Spec.	12	22	81	47	64	13	10	67	74	51	70
ADHD Combined	7	24	79	37	47	11	9	49	67	37	66
ADHD Gender-Spec.	5	28	84	47	51	13	6	53	74	45	65

CONTENT SCALE SCORE TABLE: General Combined Norm Group

	Raw Score	*T* Score	Percentile Rank	95% Confidence Interval
Anger Control	0	43	24	37-49
Bullying	0	44	32	38-50
Developmental Social Disorders	19	65	92	59-71
Emotional Self-Control	6	49	61	43-55
Executive Functioning	33	59	81	54-64
Negative Emotionality	0	42	21	37-47
Resiliency	9	31	3	25-37

CONTENT SCALE NARRATIVES

Lh's *T* score on Anger Control is 43 and has a percentile rank of 24. Lh's teacher reports that Lh regulates her affect and self-control under adverse conditions as well as others her age.

Lh's *T* score on Bullying is 44 and has a percentile rank of 32. Lh's teacher reports that Lh does not tend to act in a threatening or intrusive manner.

Lh's *T* score on Developmental Social Disorders is 65 and has a percentile rank of 92. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Lh's teacher reports that Lh has some problems concerning social skills and communication.

Lh's *T* score on Emotional Self-Control is 49 and has a percentile rank of 61. Lh's teacher reports that Lh is able to control her reactions to environmental changes about as well as others her age.

Lh's *T* score on Executive Functioning is 59 and has a percentile rank of 81. Lh's teacher reports that Lh is able to control and maintain her behavior and mood as capably as others her age.

Lh's *T* score on Negative Emotionality is 42 and has a percentile rank of 21. Lh's teacher reports that Lh reacts to changes in everyday activities or routines in a manner that is typical of others her age.

Lh's *T* score on Resiliency is 31 and has a percentile rank of 3. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Lh's teacher reports that Lh has difficulty overcoming stress and adversity.

EXECUTIVE FUNCTIONING INDEX SUMMARY

Overall Executive Functioning Index	Problem Solving Index	Attentional Control Index	Behavioral Control Index	Emotional Control Index
Not Elevated	Elevated	Not Elevated	Not Elevated	Not Elevated
Raw Score: 40	Raw Score: 23	Raw Score: 14	Raw Score: 0	Raw Score: 3

EXECUTIVE FUNCTIONING INDEX NARRATIVES

Lh's Overall Executive Functioning Index score is 40. This score falls in the Not Elevated classification range. Summary information for problem solving, attentional control, behavioral control, and emotional control is provided below.

Lh's Problem Solving Index score is 23. This score falls in the Elevated classification range and follow-up may be necessary. Ann reports that Lh may experience problems with planning, making decisions, and organizational skills.

Lh's Attentional Control Index score is 14. This score falls in the Not Elevated classification range.

Lh's Behavioral Control Index score is 0. This score falls in the Not Elevated classification range.

Lh's Emotional Control Index score is 3. This score falls in the Not Elevated classification range.

EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQs) SUMMARY

The EDQ scales were developed to reflect clinical and adaptive scale combinations that are grouped specifically to align with the constructs of emotional disturbance (ED) represented in the federal Individuals with Disabilities Education Improvement Act (IDEIA; 2004) disability definition[1]. These constructs serve as the minimum criteria used to determine a student's eligibility for special education and related services under the classification of ED. Because of the breadth of assessment provided by the BASC-3, examiners are advised to consider other BASC-3 clinical, adaptive, and content scales, the history of the behaviors they measure, and the duration of any behavioral or emotional problems when making special education and related services eligibility recommendations.

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	*T* Score	Percentile Rank	95% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	357	62	87	59-65	At-Risk
EDQC 2: Inappropriate Behavior/Feelings	346	49	60	46-52	Acceptable
EDQC 3: Unhappiness or Depression	84	42	15	37-47	Acceptable
EDQC 4: Physical Symptoms or Fears	82	39	6	33-45	Acceptable
EDQC 5[2]: Schizophrenia and Related Disorders of Thought	299	62	88	59-65	At-Risk
				Social Maladjustment Indicator	Absent

[1] The EDQs covers 5 of the 6 Emotional Disturbance criteria as defined by IDEIA (2004). The first criteria – "An inability to learn that cannot be explained by intellectual, sensory, or health factors" – is not covered by the BASC-3.

[2] Although elevated scores on the EDQC 5 should raise concerns of schizophrenia or another thought disorder as a possibility, it also correlates highly to autism spectrum disorder (ASD) and when elevated should prompt a more thorough evaluation to rule out ASD as the most likely diagnosis, especially if the actuarially derived Autism Index is also elevated.

EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQs) NARRATIVES

EDQC 1: Unsatisfactory Interpersonal Relationships
Lh's *T* score on the Unsatisfactory Interpersonal Relationships Composite is 62 and has a percentile rank of 87. This *T* score falls in the At-Risk classification range and follow-up assessment or intervention may be necessary. Ann reports that Lh has some difficulty establishing and/or maintaining interpersonal relationships with others compared to same-age peers.

EDQC 2: Inappropriate Behavior/Feelings
Lh's *T* score on the Inappropriate Behavior/Feelings Composite is 49 and has a percentile rank of 60. Ann reports that Lh displays appropriate types of behaviors and feelings under normal circumstances that are comparable to same-age peers.

EDQC 3: Unhappiness or Depression
Lh's *T* score on the Unhappiness or Depression Composite is 42 and has a percentile rank of 15. Ann reports that Lh displays no signs of pervasive unhappiness or depressive mood when compared to same-age peers.

EDQC 4: Physical Symptoms or Fears
Lh's *T* score on the Physical Symptoms or Fears Composite is 39 and has a percentile rank of 6. Ann reports that Lh displays physical symptoms or fears associated with personal or school problems about as often as same-age peers.

EDQC 5: Schizophrenia and Related Disorders of Thought
Lh's *T* score on the Schizophrenia and Related Disorders of Thought Composite is 62 and has a percentile rank of 88. This *T* score falls in the At-Risk classification range and follow-up assessment or intervention may be necessary. Ann reports that Lh shows some elevated levels of atypical or withdrawn behavior and may struggle with functional communication compared to same-age peers.

Social Maladjustment Indicator
Based on Ann's responses, there is no indication that Lh presents with social maladjustment at this time. However, the need for follow-up assessment or intervention should occur based on the laws and regulations in the appropriate jurisdiction.

CLINICAL INDEX SCORE TABLE: General Combined Norm Group

	Raw Score	*T* Score	Percentile Rank	95% Confidence Interval
ADHD Probability Index	27	61	84	55-67
Autism Probability Index	29	63	90	57-69
EBD Probability Index	8	50	66	45-55
Functional Impairment Index	55	64	90	60-68

CLINICAL INDEX NARRATIVES

The BASC-3 items endorsed by Lh's teacher resulted in an at-risk Attention Problems scale score. Children with elevations on this scale likely struggle to remain focused and on task for sustained periods of time. They may be easily distractible, forgetful, and disorganized. Attention problems may indicate the presence of attention-deficit/hyperactivity disorder (ADHD); however, attention issues may be present in a number of other psychological and medical conditions, which include but are not limited to depression, anxiety, and traumatic brain injury. As a result, inattention is typically rated as positive for ADHD only when these other conditions have been ruled out. Thorough history-taking and clinical interviewing may be helpful in distinguishing between ADHD-related attention problems and attention lapses associated with other disorders. This profile is also characterized by an average or below average Hyperactivity scale score. In making diagnostic considerations regarding the possibility of ADHD, such a profile is probably more consistent with diagnosis of ADHD predominantly inattentive presentation, as opposed to predominantly hyperactive/impulsive or combined presentations.

The BASC-3 items endorsed by Lh's teacher resulted in an at-risk Developmental Social Disorders content scale score. This suggests that Lh may be exhibiting problems with self-stimulation, withdrawal, and inappropriate socialization. Diagnostic considerations given this elevated content scale score may include pervasive developmental disorders such as autism spectrum disorder; however, high scores on this scale may also represent poor socialization. Thus, given the complexity of an autism spectrum disorder diagnosis, additional clinical interviewing and history-taking will likely be necessary before rendering diagnostic conclusions.

DSM-5™ DIAGNOSTIC CRITERIA

Listed below are *DSM-5* Diagnostic Criteria based on the ratings obtained from Ann on the TRS-C rating form. Each section first presents a list of symptoms of the disorder, along with TRS-C items that correspond to these symptoms. Then related *DSM-5* criteria and codes are presented. While information from TRS-C items will likely be helpful for making a diagnosis, clinicians are strongly encouraged to use additional information that is gathered outside of the BASC-3 TRS-C form (e.g., observations of behavior, clinical interviews) when making a formal diagnosis. Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (Copyright © 2013).

Attention-Deficit/Hyperactivity Disorder (ADHD)

List of Symptoms

	Symptoms for ADHD: Inattention	*Relevant BASC-3 TRS-C Items and Ann Vea's Responses*
X	Does not pay close attention to details, or makes careless mistakes	152. Makes careless mistakes. (Often)
X	Has difficulty sustaining attention	1. Pays attention. (Sometimes) 53. Has a short attention span. (Often)
X	Does not seem to listen when spoken to	21. Listens carefully. (Sometimes) 64. Listens to directions. (Often)
__	Does not follow through on instructions and fails to finish tasks	
X	Has trouble organizing activities/tasks	143. Is well organized. (Sometimes)
__	Dislikes/avoids tasks that involve sustained mental effort	
__	Loses necessary materials	
X	Is easily distracted	14. Is easily distracted. (Often) 88. Is easily distracted from class work. (Sometimes)
__	Is often forgetful	

Symptoms for ADHD: Hyperactivity/Impulsivity	*Relevant BASC-3 TRS-C Items and Ann Vea's Responses*
__ Fidgets or squirms excessively	
__ Leaves seat inappropriately	33. Has trouble staying seated. (Never)
__ Feels restless	
__ Has difficulty engaging in activities quietly	
__ Acts as if "driven by a motor"	4. Is overly active. (Never) 93. Has poor self-control. (Never) 154. Acts out of control. (Never)
__ Talks excessively	
__ Blurts out answers	103. Acts without thinking. (Never)
__ Has trouble waiting her turn	126. Cannot wait to take turn. (Never)
__ Interrupts others' conversations or activities	40. Disrupts the schoolwork of other children. (Never) 110. Disrupts other children's activities. (Never)

DSM-5 Codes and Diagnostic Criteria

Attention-Deficit/Hyperactivity Disorder (ADHD) 314.0x (F90.x)

See the Q-global Resource Library for a reprint of the *DSM-5* Diagnostic Criteria for ADHD.

Autism Spectrum Disorder

List of Symptoms

	Symptoms for Area 1: Social Communication and Interaction Deficits	*Relevant BASC-3 TRS-C Items and Ann Vea's Responses*
X	Has impaired emotional/social reciprocation	2. Communicates clearly. (Sometimes) 25. Is usually chosen as a leader. (Never) 37. Refuses to talk. (Sometimes) 113. Compliments others. (Never) 127. Shows interest in others' ideas. (Never) 141. Encourages others to do their best. (Never)
__	Shows notable deficits in nonverbal communication	
X	Has difficulty in developing peer relationships appropriate to developmental level	62. Has trouble making new friends. (Never) 96. Avoids other children. (Never) 98. Makes friends easily. (Sometimes)

	Symptoms for Area 2: Restricted, Repetitive Behaviors	
__	Engages in stereotyped, repetitive motor movements, speech, or use of objects (e.g., finger flapping, lining up toys)	
X	Rigidly adheres to routines/rituals	38. Adjusts well to changes in routine. (Sometimes)
__	Has interests that are abnormally restricted, fixated, focused, or intense	
__	Has extreme (hyperreactivity) or indifferent (hyporeactivity) responses to sensory input	

DSM-5 Codes and Diagnostic Criteria

Autism Spectrum Disorder 299.00 (F84.0)

See the Q-global Resource Library for a reprint of the *DSM-5* Diagnostic Criteria for Autism Spectrum Disorder.

DSM-5™ DIAGNOSTIC CONSIDERATIONS

The BASC-3 TRS-C contains items related to a number of *DSM-5* criteria for the diagnosis of disorders. Listed below are ALL items related to *DSM-5* criteria regardless of their responses. While information from TRS-C items will likely be helpful for making a diagnosis, clinicians are strongly encouraged to use additional information that is gathered outside of the BASC-3 TRS-C form (e.g., observations of behavior, clinical interviews) when making a formal diagnosis.

Attention-Deficit/Hyperactivity Disorder (ADHD) 314.0x (F90.x)

Related BASC-3 items:

1. Pays attention. (Sometimes)
4. Is overly active. (Never)
14. Is easily distracted. (Often)
21. Listens carefully. (Sometimes)
33. Has trouble staying seated. (Never)
40. Disrupts the schoolwork of other children. (Never)
53. Has a short attention span. (Often)
64. Listens to directions. (Often)
88. Is easily distracted from class work. (Sometimes)
93. Has poor self-control. (Never)
103. Acts without thinking. (Never)
110. Disrupts other children's activities. (Never)
126. Cannot wait to take turn. (Never)
143. Is well organized. (Sometimes)
152. Makes careless mistakes. (Often)
154. Acts out of control. (Never)

Autism Spectrum Disorder 299.00 (F84.0)

Related BASC-3 items:

2. Communicates clearly. (Sometimes)
25. Is usually chosen as a leader. (Never)
37. Refuses to talk. (Sometimes)
38. Adjusts well to changes in routine. (Sometimes)
62. Has trouble making new friends. (Never)
96. Avoids other children. (Never)
98. Makes friends easily. (Sometimes)
113. Compliments others. (Never)
127. Shows interest in others' ideas. (Never)
141. Encourages others to do their best. (Never)

TARGET BEHAVIORS FOR INTERVENTION

The behaviors listed below were identified by the rater as being particularly problematic. These behaviors may be appropriate targets for intervention or treatment. It can be useful to readminister the BASC-3 in the future to determine progress toward meeting the associated behavioral objectives.

General Behavior Issues

85. Lies. (Sometimes)

Academic Behavior Issues

The rater has not identified any target behaviors for this child in this behavior area.

Adaptive/Social Behavior Issues

31. Accepts people who are different from his or her self. (Never)

2. Communicates clearly. (Sometimes)
60. Is clear when telling about personal experiences. (Sometimes)

37. Refuses to talk. (Sometimes)

CRITICAL ITEMS

Bolded items may be of particular interest.

13. Falls down or trips over things easily. (Never)
26. Has panic attacks. (Never)
27. Eats things that are not food. (Never)
61. Threatens to hurt others. (Never)
65. Loses control when angry. (Never)
73. Hits other children. (Never)
90. Bullies others. (Never)
97. Says, "I hate myself." (Never)
99. Is distracted by smartphone (or similar device) during class. (Often)
109. Picks on others who are different from his or her self. (Never)
121. Hurts others on purpose. (Never)
138. Gets back at others. (Never)
149. Cheats in school. (Never)

ITEMS BY SCALE - CLINICAL SCALES

Aggression

6. Argues when denied own way. (Never)
10. Is overly aggressive. (Never)
52. Annoys others on purpose. (Never)
61. Threatens to hurt others. (Never)
73. Hits other children. (Never)
82. Defies teachers. (Sometimes)
90. Bullies others. (Never)
111. Loses temper too easily. (Never)
124. Teases others. (Never)
138. Gets back at others. (Never)

Anxiety

8. Is fearful. (Never)
15. Is easily stressed. (Never)
26. Has panic attacks. (Never)
54. Is nervous. (Never)
68. Says, "I get nervous during tests" or "Tests make me nervous." (Never)
79. Says, "I'm afraid I will make a mistake." (Never)
83. Worries about things that cannot be changed. (Never)
106. Worries. (Never)
112. Appears tense. (Never)

Attention Problems

1. Pays attention. (Sometimes)
14. Is easily distracted. (Often)
21. Listens carefully. (Sometimes)
53. Has a short attention span. (Often)
64. Listens to directions. (Often)
88. Is easily distracted from class work. (Sometimes)
107. Has trouble concentrating. (Often)
152. Makes careless mistakes. (Often)

Atypicality

9. Does strange things. (Never)
50. Seems out of touch with reality (Never)
63. Acts strangely. (Never)
87. Picks at things like own hair, nails, or clothing. (Never)
125. Acts confused. (Often)
128. Says things that make no sense. (Sometimes)
132. Babbles to self. (Never)
145. Seems odd. (Never)
151. Speech is confused or disorganized. (Never)

Conduct Problems

23. Gets into trouble. (Never)
35. Deceives others. (Never)
43. Sneaks around. (Never)
48. Uses others' things without permission. (Never)
70. Breaks the rules. (Never)
85. Lies. (Sometimes)
121. Hurts others on purpose. (Never)
135. Disobeys. (Never)
149. Cheats in school. (Never)

Depression

12. Says, "Nobody likes me." (Never)
81. Cries easily. (Never)
91. Is easily upset. (Never)
97. Says, "I hate myself." (Never)
114. Is sad. (Never)
118. Is negative about things. (Never)
133. Is pessimistic. (Never)
142. Is irritable. (Never)
146. Seems lonely. (Never)
153. Says, "I can't do anything right." (Never)
156. Says, "I don't have any friends." (Never)

Hyperactivity

4. Is overly active. (Never)
11. Has trouble keeping hands or feet to self. (Never)
30. Speaks out of turn during class. (Never)
33. Has trouble staying seated. (Never)
40. Disrupts the schoolwork of other children. (Never)
93. Has poor self-control. (Never)
103. Acts without thinking. (Never)
110. Disrupts other children's activities. (Never)
126. Cannot wait to take turn. (Never)
137. Is in constant motion. (Never)
154. Acts out of control. (Never)

Learning Problems

28. Has reading problems. (Almost always)
44. Performs poorly on school assignments. (Almost always)
55. Demonstrates critical thinking skills. (Sometimes)
72. Has problems with mathematics. (Almost always)
117. Has trouble keeping up in class (Almost always)
120. Does not complete tests. (Never)
130. Gets failing school grades. (Almost always)
147. Has spelling problems. (Almost always)

Somatization

34. Complains of pain. (Never)
56. Is afraid of getting sick. (Never)
76. Has headaches. (Never)
80. Gets sick. (Never)
95. Complains of stomach pain. (Never)

105. Complains about health. (Never)
131. Complains of physical problems. (Never)
134. Has fevers. (Never)

Withdrawal

16. Isolates self from others. (Sometimes)
37. Refuses to talk. (Sometimes)
62. Has trouble making new friends. (Never)
96. Avoids other children. (Never)
98. Makes friends easily. (Sometimes)
115. Prefers to play alone. (Never)
123. Avoids making friends. (Never)
144. Quickly joins group activities. (Sometimes)

ITEMS BY SCALE - ADAPTIVE SCALES

Adaptability

3. Transitions well. (Sometimes)
20. Refuses advice. (Never)
24. Is easy to please. (Sometimes)
38. Adjusts well to changes in routine. (Sometimes)
42. Accepts things as they are. (Often)
47. Recovers quickly after a setback. (Sometimes)
59. Adjusts well to new teachers. (Often)
67. Handles winning and losing well. (Never)
69. Is easily calmed when angry. (Never)

Functional Communication

2. Communicates clearly. (Sometimes)
22. Is unclear when presenting ideas. (Sometimes)
32. Has difficulty explaining rules of games to others. (Never)
39. Tracks down information when needed. (Never)
60. Is clear when telling about personal experiences. (Sometimes)
71. Responds appropriately when asked a question. (Often)
74. Provides home address when asked. (Never)
89. Is able to describe feelings accurately. (Sometimes)
119. Starts conversations. (Never)
139. Has trouble getting information when needed. (Often)

Leadership

25. Is usually chosen as a leader. (Never)
41. Works well under pressure. (Never)
49. Is creative. (Sometimes)
58. Gives good suggestions for solving problems. (Never)
86. Makes decisions easily. (Never)
92. Is good at getting people to work together. (Never)
102. Is highly motivated to succeed. (Sometimes)

Social Skills

5. Congratulates others when good things happen to them. (Never)
19. Says, "please" and "thank you." (Never)
31. Accepts people who are different from his or her self. (Never)
45. Offers help to other children. (Sometimes)
104. Makes others feel welcome. (Never)
113. Compliments others. (Never)
116. Tries to help others be their best. (Never)
127. Shows interest in others' ideas. (Never)
141. Encourages others to do their best. (Never)
150. Makes positive comments about others. (Never)

Study Skills

7. Reads. (Almost always)
77. Turns in work on time. (Often)
94. Has good study habits (Sometimes)
122. Stays on task. (Often)
129. Completes homework. (Almost always)
143. Is well organized. (Sometimes)
148. Analyzes the nature of a problem before starting to solve it. (Never)
155. Tries to do well in school. (Often)

ITEMS BY SCALE - CONTENT SCALES

Anger Control

6. Argues when denied own way. (Never)
61. Threatens to hurt others. (Never)
65. Loses control when angry. (Never)
75. Gets angry easily. (Never)
93. Has poor self-control. (Never)
111. Loses temper too easily. (Never)
142. Is irritable. (Never)

Bullying

35. Deceives others. (Never)
36. Spreads rumors about others. (Never)
48. Uses others' things without permission. (Never)
57. Puts others down. (Never)
61. Threatens to hurt others. (Never)
90. Bullies others. (Never)
109. Picks on others who are different from his or her self. (Never)
121. Hurts others on purpose. (Never)
124. Teases others. (Never)

Developmental Social Disorders

2. Communicates clearly. (Sometimes)
16. Isolates self from others. (Sometimes)
38. Adjusts well to changes in routine. (Sometimes)
50. Seems out of touch with reality (Never)
62. Has trouble making new friends. (Never)

63. Acts strangely. (Never)
66. Engages in repetitive movements. (Never)
71. Responds appropriately when asked a question. (Often)
89. Is able to describe feelings accurately. (Sometimes)
100. Avoids eye contact. (Almost always)
115. Prefers to play alone. (Never)
127. Shows interest in others' ideas. (Never)
132. Babbles to self. (Never)
136. Shows basic emotions clearly. (Never)
144. Quickly joins group activities. (Sometimes)

Emotional Self-Control

6. Argues when denied own way. (Never)
15. Is easily stressed. (Never)
29. Is overly emotional. (Never)
51. Overreacts to stressful situations. (Never)
67. Handles winning and losing well. (Never)
69. Is easily calmed when angry. (Never)
81. Cries easily. (Never)
91. Is easily upset. (Never)
93. Has poor self-control. (Never)
111. Loses temper too easily. (Never)
142. Is irritable. (Never)
154. Acts out of control. (Never)

Executive Functioning

1. Pays attention. (Sometimes)
6. Argues when denied own way. (Never)
14. Is easily distracted. (Often)
17. Finds ways to solve problems. (Never)
18. Plans well. (Sometimes)
33. Has trouble staying seated. (Never)
39. Tracks down information when needed. (Never)
40. Disrupts the schoolwork of other children. (Never)
51. Overreacts to stressful situations. (Never)
55. Demonstrates critical thinking skills. (Sometimes)
58. Gives good suggestions for solving problems. (Never)
69. Is easily calmed when angry. (Never)
86. Makes decisions easily. (Never)
93. Has poor self-control. (Never)
103. Acts without thinking. (Never)
107. Has trouble concentrating. (Often)
108. Takes a step-by-step approach to work. (Sometimes)
111. Loses temper too easily. (Never)
122. Stays on task. (Often)
126. Cannot wait to take turn. (Never)
142. Is irritable. (Never)
143. Is well organized. (Sometimes)
148. Analyzes the nature of a problem before starting to solve it. (Never)
154. Acts out of control. (Never)

Negative Emotionality

6. Argues when denied own way. (Never)
20. Refuses advice. (Never)
46. Finds fault with everything. (Never)
78. Reacts negatively. (Never)
91. Is easily upset. (Never)
118. Is negative about things. (Never)
133. Is pessimistic. (Never)
142. Is irritable. (Never)

Resiliency

3. Transitions well. (Sometimes)
17. Finds ways to solve problems. (Never)
38. Adjusts well to changes in routine. (Sometimes)
39. Tracks down information when needed. (Never)
41. Works well under pressure. (Never)
42. Accepts things as they are. (Often)
47. Recovers quickly after a setback. (Sometimes)
49. Is creative. (Sometimes)
67. Handles winning and losing well. (Never)
84. Has good coping skills. (Sometimes)
92. Is good at getting people to work together. (Never)
101. Overcomes problems. (Never)
140. Is resilient. (Often)

ITEMS BY SCALE - CLINICAL INDEXES

ADHD Probability

4. Is overly active. (Never)
6. Argues when denied own way. (Never)
13. Falls down or trips over things easily. (Never)
14. Is easily distracted. (Often)
22. Is unclear when presenting ideas. (Sometimes)
25. Is usually chosen as a leader. (Never)
41. Works well under pressure. (Never)
53. Has a short attention span. (Often)
64. Listens to directions. (Often)
70. Breaks the rules. (Never)
88. Is easily distracted from class work. (Sometimes)
91. Is easily upset. (Never)
107. Has trouble concentrating. (Often)
111. Loses temper too easily. (Never)
125. Acts confused. (Often)
135. Disobeys. (Never)
136. Shows basic emotions clearly. (Never)
139. Has trouble getting information when needed. (Often)
143. Is well organized. (Sometimes)
148. Analyzes the nature of a problem before starting to solve it. (Never)
154. Acts out of control. (Never)

Autism Probability

5. Congratulates others when good things happen to them. (Never)
9. Does strange things. (Never)
45. Offers help to other children. (Sometimes)
55. Demonstrates critical thinking skills. (Sometimes)
58. Gives good suggestions for solving problems. (Never)
60. Is clear when telling about personal experiences. (Sometimes)
62. Has trouble making new friends. (Never)
63. Acts strangely. (Never)
86. Makes decisions easily. (Never)
87. Picks at things like own hair, nails, or clothing. (Never)
91. Is easily upset. (Never)
92. Is good at getting people to work together. (Never)
100. Avoids eye contact. (Almost always)
106. Worries. (Never)
111. Loses temper too easily. (Never)
119. Starts conversations. (Never)
132. Babbles to self. (Never)
141. Encourages others to do their best. (Never)
145. Seems odd. (Never)
151. Speech is confused or disorganized. (Never)
154. Acts out of control. (Never)

EBD Probability

10. Is overly aggressive. (Never)
12. Says, "Nobody likes me." (Never)
23. Gets into trouble. (Never)
35. Deceives others. (Never)
52. Annoys others on purpose. (Never)
57. Puts others down. (Never)
61. Threatens to hurt others. (Never)
62. Has trouble making new friends. (Never)
70. Breaks the rules. (Never)
73. Hits other children. (Never)
85. Lies. (Sometimes)
90. Bullies others. (Never)
91. Is easily upset. (Never)
111. Loses temper too easily. (Never)
118. Is negative about things. (Never)
125. Acts confused. (Often)
133. Is pessimistic. (Never)
138. Gets back at others. (Never)
139. Has trouble getting information when needed. (Often)
148. Analyzes the nature of a problem before starting to solve it. (Never)
154. Acts out of control. (Never)
156. Says, "I don't have any friends." (Never)

Functional Impairment

1. Pays attention. (Sometimes)
2. Communicates clearly. (Sometimes)
5. Congratulates others when good things happen to them. (Never)
15. Is easily stressed. (Never)
22. Is unclear when presenting ideas. (Sometimes)
23. Gets into trouble. (Never)

28. Has reading problems. (Almost always)
32. Has difficulty explaining rules of games to others. (Never)
39. Tracks down information when needed. (Never)
45. Offers help to other children. (Sometimes)
50. Seems out of touch with reality (Never)
53. Has a short attention span. (Often)
60. Is clear when telling about personal experiences. (Sometimes)
62. Has trouble making new friends. (Never)
69. Is easily calmed when angry. (Never)
71. Responds appropriately when asked a question. (Often)
72. Has problems with mathematics. (Almost always)
78. Reacts negatively. (Never)
80. Gets sick. (Never)
81. Cries easily. (Never)
83. Worries about things that cannot be changed. (Never)
86. Makes decisions easily. (Never)
89. Is able to describe feelings accurately. (Sometimes)
91. Is easily upset. (Never)
93. Has poor self-control. (Never)
94. Has good study habits (Sometimes)
96. Avoids other children. (Never)
98. Makes friends easily. (Sometimes)
103. Acts without thinking. (Never)
105. Complains about health. (Never)
106. Worries. (Never)
111. Loses temper too easily. (Never)
117. Has trouble keeping up in class (Almost always)
120. Does not complete tests. (Never)
125. Acts confused. (Often)
126. Cannot wait to take turn. (Never)
128. Says things that make no sense. (Sometimes)
130. Gets failing school grades. (Almost always)
139. Has trouble getting information when needed. (Often)
143. Is well organized. (Sometimes)
144. Quickly joins group activities. (Sometimes)
146. Seems lonely. (Never)
147. Has spelling problems. (Almost always)
155. Tries to do well in school. (Often)

ITEMS BY SCALE - EXECUTIVE FUNCTIONING INDEX

Problem Solving Index

17. Finds ways to solve problems. (Never)
18. Plans well. (Sometimes)
39. Tracks down information when needed. (Never)
55. Demonstrates critical thinking skills. (Sometimes)
58. Gives good suggestions for solving problems. (Never)
86. Makes decisions easily. (Never)
108. Takes a step-by-step approach to work. (Sometimes)
143. Is well organized. (Sometimes)
148. Analyzes the nature of a problem before starting to solve it. (Never)

Attentional Control Index

1. Pays attention. (Sometimes)
14. Is easily distracted. (Often)
21. Listens carefully. (Sometimes)
53. Has a short attention span. (Often)
64. Listens to directions. (Often)
88. Is easily distracted from class work. (Sometimes)
107. Has trouble concentrating. (Often)
152. Makes careless mistakes. (Often)

Behavioral Control Index

30. Speaks out of turn during class. (Never)
33. Has trouble staying seated. (Never)
40. Disrupts the schoolwork of other children. (Never)
93. Has poor self-control. (Never)
103. Acts without thinking. (Never)
126. Cannot wait to take turn. (Never)
154. Acts out of control. (Never)

Emotional Control Index

6. Argues when denied own way. (Never)
29. Is overly emotional. (Never)
51. Overreacts to stressful situations. (Never)
69. Is easily calmed when angry. (Never)
75. Gets angry easily. (Never)
111. Loses temper too easily. (Never)
142. Is irritable. (Never)

Overall Executive Functioning Index

1. Pays attention. (Sometimes)
6. Argues when denied own way. (Never)
14. Is easily distracted. (Often)
17. Finds ways to solve problems. (Never)
18. Plans well. (Sometimes)
21. Listens carefully. (Sometimes)
29. Is overly emotional. (Never)
30. Speaks out of turn during class. (Never)
33. Has trouble staying seated. (Never)
39. Tracks down information when needed. (Never)
40. Disrupts the schoolwork of other children. (Never)
51. Overreacts to stressful situations. (Never)
53. Has a short attention span. (Often)
55. Demonstrates critical thinking skills. (Sometimes)
58. Gives good suggestions for solving problems. (Never)
64. Listens to directions. (Often)
69. Is easily calmed when angry. (Never)
75. Gets angry easily. (Never)
86. Makes decisions easily. (Never)
88. Is easily distracted from class work. (Sometimes)
93. Has poor self-control. (Never)
103. Acts without thinking. (Never)
107. Has trouble concentrating. (Often)
108. Takes a step-by-step approach to work. (Sometimes)
111. Loses temper too easily. (Never)

126. Cannot wait to take turn. (Never)
142. Is irritable. (Never)
143. Is well organized. (Sometimes)
148. Analyzes the nature of a problem before starting to solve it. (Never)
152. Makes careless mistakes. (Often)
154. Acts out of control. (Never)

The Behavior Assessment System for Children, Third Edition (BASC-3) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. This computer-generated report should not be the sole basis for making important diagnostic or treatment decisions.

End of Report

ITEM RESPONSES

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11: 1	12: 1	13: 1	14: 3	15: 1	16: 2	17: 1	18: 2	19: 1	20: 1
21: 2	22: 2	23: 1	24: 2	25: 1	26: 1	27: 1	28: 4	29: 1	30: 1
31: 1	32: 1	33: 1	34: 1	35: 1	36: 1	37: 2	38: 2	39: 1	40: 1
41: 1	42: 3	43: 1	44: 4	45: 2	46: 1	47: 2	48: 1	49: 2	50: 1
51: 1	52: 1	53: 3	54: 1	55: 2	56: 1	57: 1	58: 1	59: 3	60: 2
61: 1	62: 1	63: 1	64: 3	65: 1	66: 1	67: 1	68: 1	69: 1	70: 1
71: 3	72: 4	73: 1	74: 1	75: 1	76: 1	77: 3	78: 1	79: 1	80: 1
81: 1	82: 2	83: 1	84: 2	85: 2	86: 1	87: 1	88: 2	89: 2	90: 1
91: 1	92: 1	93: 1	94: 2	95: 1	96: 1	97: 1	98: 2	99: 3	100: 4
101: 1	102: 2	103: 1	104: 1	105: 1	106: 1	107: 3	108: 2	109: 1	110: 1
111: 1	112: 1	113: 1	114: 1	115: 1	116: 1	117: 4	118: 1	119: 1	120: 1
121: 1	122: 3	123: 1	124: 1	125: 3	126: 1	127: 1	128: 2	129: 4	130: 4
131: 1	132: 1	133: 1	134: 1	135: 1	136: 1	137: 1	138: 1	139: 3	140: 3
141: 1	142: 1	143: 2	144: 2	145: 1	146: 1	147: 4	148: 1	149: 1	150: 1
151: 1	152: 3	153: 1	154: 1	155: 3	156: 1				