



Behavior Assessment System for Children, Third Edition

Behavior Assessment System for Children, Third Edition (BASC™-3)

BASC-3 Parent Rating Scales - Child

Interpretive Summary Report

Cecil R. Reynolds, PhD, & Randy W. Kamphaus, PhD

Child Information		Test Information	
ID:		Test Date:	01/21/2021
Name:	Simone Lorge	Rater Name:	Cassie A. Lorge
Gender:	Female	Rater Gender:	Female
Birth Date:	12/31/2010	Relationship:	Mother
Age:	10:0	Administration	
		Language:	English
Grade:			
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



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[1.7 / RE1 / QG1]

COMMENTS AND CONCERNS

Rater General Comments

What are the behavioral and/or emotional strengths of this child?

Simone has a huge heart! She cares strongly for dog- he is the only one that can help her calm down. They sleep together every night. She has a strong energy. People love talking with her, think she's funny and engaging.

Simone loves giving compliments (whether they are genuine or she knows that it will make them like her more) again though... a strength. She has a lot of empathy for her peers/friends when they get hurt or are left out. She has been praised from teachers for her sweet nature .

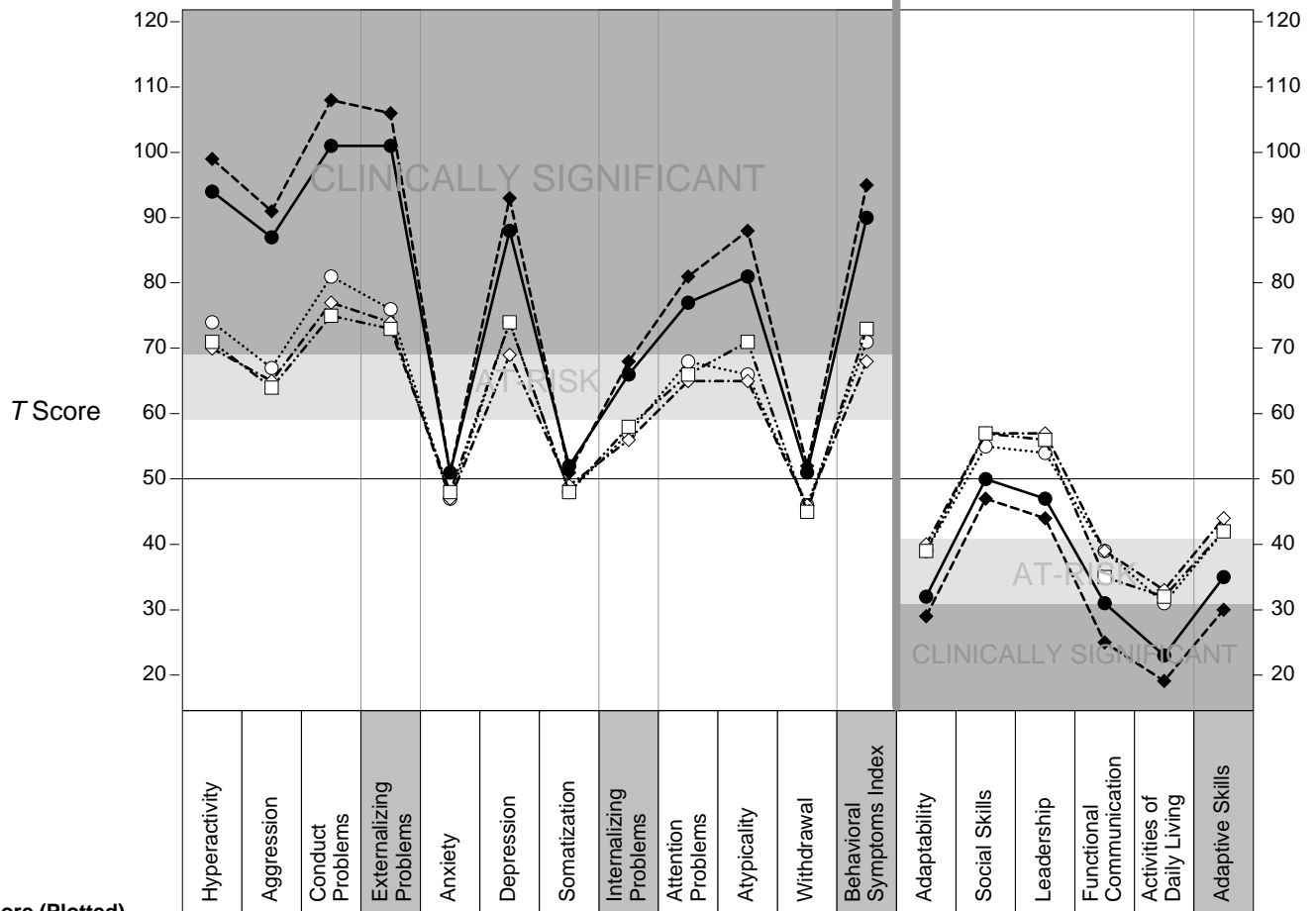
Please list any specific behavioral and/or emotional concerns you have about this child.

Simone does odd things sometimes... like she doesn't think. For instance, pull on her curtains and make the support come off the wall (9 years old) use a marker and write all over her dresser (9 years old) come in my room and take clothing or jewelry without asking then lie that she took it, not flush her toilet for days, has to be reminded to brush her teeth, puts chewed gum on her bookshelf, the list goes on. And Alex and I get upset with her so much we can see it's wearing on her spirit.

VALIDITY INDEX SUMMARY

F Index	Response Pattern	Consistency
Acceptable Raw Score: 0	Acceptable Raw Score: 121	Acceptable Raw Score: 12

CLINICAL AND ADAPTIVE T-SCORE PROFILE



T Score (Plotted)

● General Combined	94	87	101	101	51	88	52	66	77	81	51	90	32	50	47	31	23	35
◆ Gen. Gender-Spec.	99	91	108	106	51	93	51	68	81	88	52	95	29	47	44	25	19	30
○ Clin. Gender-Spec.	74	67	81	76	47	74	48	57	68	66	46	71	39	55	54	39	31	42
◇ ADHD Combined	70	65	77	74	47	69	49	56	65	65	46	68	40	57	57	39	33	44
□ ADHD Gender-Spec.	71	64	75	73	48	74	48	58	66	71	45	73	39	57	56	35	32	42

Percentile

General Combined	99	99	99	99	60	99	62	93	99	98	64	99	3	43	37	5	1	8
Gen. Gender-Spec.	99	99	99	99	62	99	58	94	99	99	69	99	1	32	27	2	1	4
Clin. Gender-Spec.	99	92	99	99	45	97	53	77	98	92	39	98	13	67	65	14	1	23
ADHD Combined	97	91	99	97	44	95	54	74	95	90	42	95	16	74	77	15	5	29
ADHD Gender-Spec.	99	88	99	99	49	98	47	79	97	96	36	99	15	78	74	7	1	24

CLINICAL AND ADAPTIVE SCORE TABLE: General Combined Norm Group

Composite Score Summary

	Raw Score	T Score	Percentile Rank	95% Confidence Interval
Externalizing Problems	282	101	99	96-106
Internalizing Problems	191	66	93	61-71
Behavioral Symptoms Index	478	90	99	86-94
Adaptive Skills	183	35	8	31-39

Composite Comparisons	Difference	Significance Level	Frequency of Difference
Externalizing Problems vs. Internalizing Problems	35	0.01	1% or less

Mean T score of the BSI	80
Mean T score of the Adaptive Skills Composite	37

Scale Score Summary

	Raw Score	T Score	Percentile Rank	95% Confidence Interval	Ipsative Comparison		
					Difference	Significance Level	Frequency of Difference
Hyperactivity	29	94	99	86-102	14	0.05	5% or less
Aggression	13	87	99	78-96	7	NS	
Conduct Problems	23	101	99	94-108	21	0.05	2% or less
Anxiety	12	51	60	44-58	-29	0.05	1% or less
Depression	24	88	99	81-95	8	NS	
Somatization	6	52	62	44-60	-28	0.05	2% or less
Atypicality	17	81	98	74-88	1	NS	
Withdrawal	5	51	64	43-59	-29	0.05	1% or less
Attention Problems	18	77	99	70-84	-3	NS	
Adaptability	7	32	3	24-40	-5	NS	
Social Skills	21	50	43	44-56	13	0.05	2% or less
Leadership	11	47	37	39-55	10	NS	
Activities of Daily Living	6	23	1	14-32	-14	0.05	2% or less
Functional Communication	14	31	5	24-38	-6	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 *SEMs* 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 Simone by Cassie 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 Simone by Cassie 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 Cassie A. Lorge's rating of Simone's behavior using the BASC-3 Parent 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 101, with a 95% confidence interval range of 96-106 and a percentile rank of 99. Simone's *T* score on this composite scale falls in the Clinically Significant classification range.

Simone's *T* score on Hyperactivity is 94 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone engages in many disruptive, impulsive, and uncontrolled behaviors.

Simone's *T* score on Aggression is 87 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone displays a high number of aggressive behaviors and may be reported as being argumentative, defiant, and/or threatening to others.

Simone's *T* score on Conduct Problems is 101 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone frequently engages in rule-breaking behavior such as cheating, deception, and/or stealing.

Internalizing Problems

The Internalizing Problems composite scale *T* score is 66, with a 95% confidence interval range of 61-71 and a percentile rank of 93. Simone's *T* score on this composite scale falls in the At-Risk classification range.

Simone's *T* score on Anxiety is 51 and has a percentile rank of 60. Simone's mother reports that Simone displays anxiety-based behaviors no more often than others her age.

Simone's *T* score on Depression is 88 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and follow-up may be necessary. Simone's mother reports that Simone is withdrawn, pessimistic, and/or sad. Scores in this range usually warrant assessment of vegetative symptoms (e.g., weight loss or gain, fatigue). Suicidal tendencies should also be explored.

Simone's *T* score on Somatization is 52 and has a percentile rank of 62. Simone's mother reports that Simone complains of health-related problems to about the same degree as others her age.

Behavioral Symptoms Index

The Behavioral Symptoms Index (BSI) composite scale *T* score is 90, with a 95% confidence interval range of 86-94 and a percentile rank of 99. Simone's *T* score on this composite scale falls in the Clinically Significant classification range. Scale summary information for Hyperactivity, Aggression, and Depression (scales included in the BSI) has been provided above. Scale summary information for the remaining BSI scales is given next.

Simone's *T* score on Atypicality is 81 and has a percentile rank of 98. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone engages in behaviors that are considered strange or odd and she generally seems disconnected from her surroundings.

Simone's *T* score on Withdrawal is 51 and has a percentile rank of 64. Simone's mother reports that Simone does not avoid social situations and appears to be capable of developing and maintaining friendships with others.

Simone's *T* score on Attention Problems is 77 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has significant difficulty maintaining necessary levels of attention. The problems experienced by Simone are probably interfering with academic performance and functioning in other areas.

Adaptive Skills

The Adaptive Skills composite scale *T* score is 35, with a 95% confidence interval range of 31-39 and a percentile rank of 8. Simone's *T* score on this composite scale falls in the At-Risk classification range.

Simone's *T* score on Adaptability is 32 and has a percentile rank of 3. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Simone's mother reports that Simone has difficulty adapting to changing situations and that Simone takes longer to recover from difficult situations than most others her age.

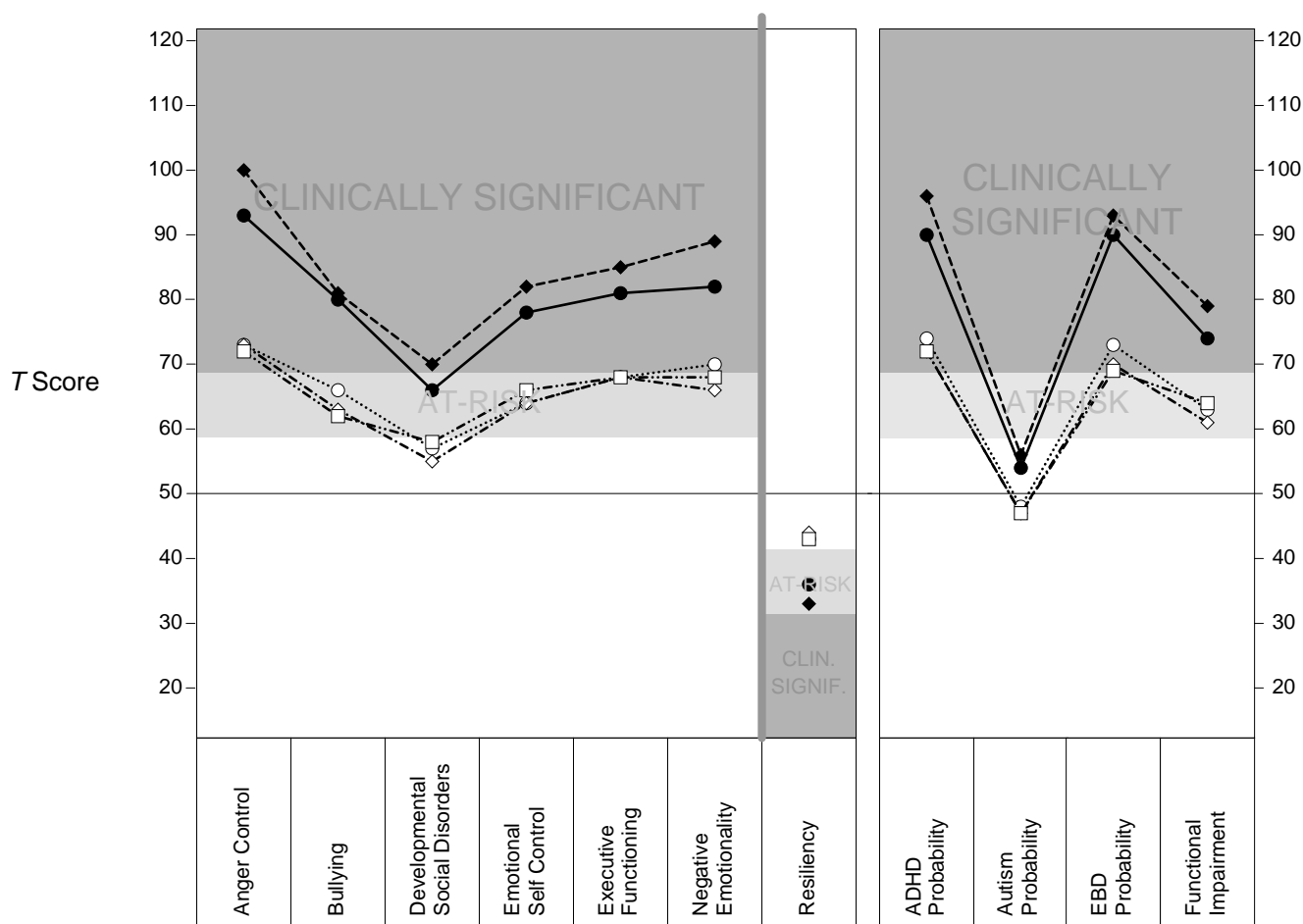
Simone's *T* score on Social Skills is 50 and has a percentile rank of 43. Simone's mother reports that Simone possesses sufficient social skills and generally does not experience debilitating or abnormal social difficulties.

Simone's *T* score on Leadership is 47 and has a percentile rank of 37. Simone's mother reports that Simone, when compared to others her age, demonstrates a typical level of creativity, ability to work under pressure, and/or an ability to bring others together to complete a work assignment.

Simone's *T* score on Activities of Daily Living is 23 and has a percentile rank of 1. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has difficulty performing simple daily tasks in a safe and efficient manner.

Simone'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. Simone's mother reports that Simone demonstrates poor expressive and receptive communication skills and that Simone has difficulty seeking out and finding information on her own.

CONTENT SCALE AND INDEX T-SCORE PROFILE



T Score (Plotted)

● General Combined	93	80	66	78	81	82	36	90	54	90	74
◆ Gen. Gender-Spec.	100	81	70	82	85	89	33	96	56	93	79
○ Clin. Gender-Spec.	73	66	57	64	68	70	43	74	48	73	63
◇ ADHD Combined	73	63	55	64	68	66	44	72	47	70	61
◻ ADHD Gender-Spec.	72	62	58	66	68	68	43	72	47	69	64

Percentile

General Combined	99	98	93	99	99	99	10	99	75	99	98
Gen. Gender-Spec.	99	98	95	99	99	99	5	99	79	99	99
Clin. Gender-Spec.	98	91	76	90	97	95	26	99	46	99	90
ADHD Combined	98	89	70	90	97	93	29	98	45	95	86
ADHD Gender-Spec.	99	87	79	92	99	95	24	99	46	97	93

CONTENT SCALE SCORE TABLE: General Combined Norm Group

	Raw Score	T Score	Percentile Rank	95% Confidence Interval
Anger Control	23	93	99	85-101
Bullying	11	80	98	72-88
Developmental Social Disorders	22	66	93	59-73
Emotional Self-Control	20	78	99	71-85
Executive Functioning	50	81	99	75-87
Negative Emotionality	15	82	99	74-90
Resiliency	9	36	10	29-43

Content Scale Narratives

Simone's *T* score on Anger Control is 93 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has a tendency to become irritable quickly and has difficulty maintaining her self-control when faced with adversity.

Simone's *T* score on Bullying is 80 and has a percentile rank of 98. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has a tendency to be disruptive, intrusive, and/or threatening toward other students.

Simone's *T* score on Developmental Social Disorders is 66 and has a percentile rank of 93. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Simone's mother reports that Simone has some problems concerning social skills and communication.

Simone's *T* score on Emotional Self-Control is 78 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has a tendency to become easily upset, frustrated, and/or angered in response to environmental changes.

Simone's *T* score on Executive Functioning is 81 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has difficulty controlling and maintaining her behavior and mood.

Simone's *T* score on Negative Emotionality is 82 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up. Simone's mother reports that Simone has a tendency to react negatively when faced with changes in everyday activities or routines.

Simone's *T* score on Resiliency is 36 and has a percentile rank of 10. This *T* score falls in the At-Risk classification range and follow-up may be necessary. Simone's mother reports that Simone 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
Extremely Elevated Raw Score: 64	Elevated Raw Score: 18	Extremely Elevated Raw Score: 18	Extremely Elevated Raw Score: 17	Extremely Elevated Raw Score: 11

EXECUTIVE FUNCTIONING INDEX NARRATIVES

Simone's Overall Executive Functioning Index score is 64. This score falls in the Extremely Elevated classification range and typically warrants follow-up. Cassie reports that Simone has difficulty in several areas of executive functioning. Summary information for problem solving, attentional control, behavioral control, and emotional control is provided below.

Simone's Problem Solving Index score is 18. This score falls in the Elevated classification range and follow-up may be necessary. Cassie reports that Simone may experience problems with planning, making decisions, and organizational skills.

Simone's Attentional Control Index score is 18. This score falls in the Extremely Elevated classification range and typically warrants follow-up. Cassie reports that Simone is often distracted, has trouble following directions, and is unable to focus attention on any single task for an extended period of time.

Simone's Behavioral Control Index score is 17. This score falls in the Extremely Elevated classification range and typically warrants follow-up. Cassie reports that Simone has extreme difficulty maintaining her self control and has difficulty regulating impulsive behaviors.

Simone's Emotional Control Index score is 11. This score falls in the Extremely Elevated classification range and typically warrants follow-up. Cassie reports that Simone displays outbursts, sudden and/or frequent mood changes, or excessive periods of emotional instability.

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 definition¹. 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	402	95	99	87-103	Clinically Significant
EDQC 2: Inappropriate Behavior/Feelings	497	76	98	73-79	Clinically Significant
EDQC 3: Unhappiness or Depression	170	86	99	80-92	Clinically Significant
EDQC 4: Physical Symptoms or Fears	103	52	63	46-58	Acceptable
EDQC 5 ² : Schizophrenia and Related Disorders of Thought	359	76	98	72-80	Clinically Significant
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

Simone's T score on the Unsatisfactory Interpersonal Relationships Composite is 95 and has a percentile rank of 99. This T score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Cassie reports that Simone has significant difficulty establishing and/or maintaining interpersonal relationships with others compared to same-age peers.

EDQC 2: Inappropriate Behavior/Feelings

Simone's *T* score on the Inappropriate Behavior/Feelings Composite is 76 and has a percentile rank of 98. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Cassie reports that Simone displays behaviors or feelings that are significantly inappropriate under normal circumstances much more often than same-age peers.

EDQC 3: Unhappiness or Depression

Simone's *T* score on the Unhappiness or Depression Composite is 86 and has a percentile rank of 99. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Cassie reports that Simone displays significant signs of pervasive unhappiness or depressive mood much more often than same-age peers.

EDQC 4: Physical Symptoms or Fears

Simone's *T* score on the Physical Symptoms or Fears Composite is 52 and has a percentile rank of 63. Cassie reports that Simone 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

Simone's *T* score on the Schizophrenia and Related Disorders of Thought Composite is 76 and has a percentile rank of 98. This *T* score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Cassie reports that Simone displays significantly elevated levels of atypical or withdrawn behavior and may struggle with functional communication compared to same-age peers.

Social Maladjustment Indicator

Based on Cassie's responses, there is no indication that Simone 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	31	90	99	83-97
Autism Probability Index	8	54	75	46-62
EBD Probability Index	52	90	99	83-97
Functional Impairment Index	73	74	98	69-79

CLINICAL INDEX NARRATIVES

The BASC-3 items endorsed by Simone's parent/guardian resulted in clinically significant Hyperactivity, Aggression, Conduct Problems, and Attention Problems scale scores, a pattern that occurred in 0.6% of the standardization sample. Children with this profile may exhibit inattention, distractibility, hyperactivity, verbal and physical aggression, and socially deviant behaviors such as stealing, delinquency, and property destruction. Given this profile, possible diagnostic considerations might include attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD).

A number of considerations could be useful in differentiating between behavioral disorders. ADHD is characterized by increased levels of inattention, behavioral activity, and impulsivity that often disturb others and result in rule violations; similarly, the core features of ODD include frequent defiance and rule violations. In both cases, these behaviors will be relatively mild in severity compared to CD, which is characterized by more serious forms of misbehavior, such as physical violence, truancy, or theft, that deviate from societal standards and represent violations of others' rights. Children with ADHD may exhibit oppositionality secondary to problems with attention and hyperactivity (e.g., refusing to do homework because it is difficult to sit still and stay on track), but they are unlikely to exhibit the same level of purposeful defiance, vindictiveness, and deliberate annoyance of others seen in children with ODD. Understanding the functions and causes of these behaviors, perhaps through methods such as thorough history-taking and detailed clinical interviewing, can be helpful in distinguishing whether they are more characteristic of ADHD or ODD. Neither ODD nor CD requires symptoms of inattention or hyperactivity to make a diagnosis; thus, it is possible to have an additional diagnosis of ADHD in the context of either ODD or CD when the criteria for both have been met. However, because all of the features of ODD are also characteristic of CD, a CD diagnosis takes precedence over ODD.

Simone's profile is characterized by a clinically significant Attention Problems scale score in addition to a clinically significant Hyperactivity scale score. In making diagnostic considerations regarding the possibility of ADHD, such a profile is probably more consistent with a diagnosis of ADHD combined presentation, as opposed to predominantly hyperactive/impulsive or inattentive presentation.

Simone also exhibited an elevation on the BASC-3 internalizing scale of Depression, a pattern that occurred in 100% of the BASC-3 standardization sample with clinically significant Hyperactivity, Aggression, Conduct Problems, and Attention Problems scale scores. This profile indicates that she is experiencing increased levels of internal distress characterized by depressed mood, and additional diagnostic considerations are likely to include depressive disorders (e.g., major depressive disorder, bipolar disorder). Children with these problems sometimes exhibit irritable mood and oppositionality, which may appear behaviorally similar to ODD and CD. Furthermore, it may be the case that emotional distress is causing Simone to act out, or that negative feedback related to her behavioral issues is resulting in these internalizing problems. These children may also exhibit behaviors that are typical of ADHD. Thus, further investigation is warranted in order to clarify the complex relationship between her various behavioral and mood symptoms.

If it is believed that Simone is exhibiting comorbid mood and behavioral problems, the following considerations may be helpful. With respect to ADHD, it is useful to note that symptoms of hyperactivity or inattention are typically present before age 7 in ADHD, whereas the onset of these behaviors may occur later in mood disorders. Furthermore, children with ADHD are likely to exhibit these symptoms in situations that require sustained effort but are motivated by highly reinforcing activities. Conversely, individuals with depression may be more likely to exhibit poor motivation and behavioral agitation even while engaged with pleasurable activities. ADHD can be diagnosed with mood difficulties if criteria for both diagnoses are met. In these cases, it is important to note that restlessness and inattention are typically rated positively for mood disorders only in cases where they are significantly worse during periods of mood disturbance relative to what is accounted for by ADHD alone.

Children with ODD do not always exhibit the sadness, low self-esteem, or lethargy that also accompanies depression, and in these cases differential diagnosis is relatively straightforward. But depression and ODD do co-occur in children, and in cases where criteria are met for both disorders, a diagnosis of ODD might be warranted if the oppositional and defiant behaviors precede the onset of depression. If they occur after the onset of depressed mood, a single diagnosis of depression may be more appropriate. In addition, research indicates that outcomes are worse when depression and conduct disorder co-occur, as comorbid depression and conduct disorder may be characterized by elevated rates of other significant issues (e.g., substance use). Comorbid internalizing and externalizing problems may also be a risk factor for the development of bipolar disorder. Thus, in addition to clarifying the nature of Simone's mood and behavioral issues, it may be useful to investigate these domains as well.

The BASC-3 items endorsed by Simone's parent/guardian resulted in an at-risk Developmental Social Disorders content scale score. This suggests that Simone may be exhibiting problems with self-stimulation, withdrawal, and inappropriate socialization. This is consistent with her elevated Atypicality scale score. 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.

Children who experience difficulties with hyperactivity, aggression, conduct problems, and attention problems present a unique challenge to parents. They may require frequent redirection, more consistent parenting practices, and stronger reinforcements and consequences in order to manage their behavior. They may also defy parent requests, engage parents in frequent arguments or acts of aggression, and commit serious rule violations. The relationship can be characterized by communication and problem-solving deficits, and the parent and child may experience fewer feelings of warmth and closeness. Parents may also struggle with discipline and feel frustrated, and thus family involvement is often a core component of interventions for behavioral problems. Thus, an evaluation of the parent-child relationship (e.g., using the BASC-3 Parenting Relationship Questionnaire) might be helpful in developing and implementing a comprehensive treatment plan. Specifically, identifying areas of weakness in the parent-child relationship (e.g., conflict, communication) might help the therapist prioritize treatment goals.

DSM-5™ DIAGNOSTIC CRITERIA

Listed below are *DSM-5* Diagnostic Criteria based on the ratings obtained from Cassie on the PRS-C rating form. Each section first presents a list of symptoms of the disorder, along with PRS-C items that correspond to these symptoms. Then related *DSM-5* criteria and codes are presented. While information from PRS-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 PRS-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

<i>Symptoms for ADHD: Inattention</i>		<u><i>Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses</i></u>
___	Does not pay close attention to details, or makes careless mistakes	
X	Has difficulty sustaining attention	1. Pays attention. (Sometimes) 11. Has a short attention span. (Almost always)
X	Does not seem to listen when spoken to	28. Listens to directions. (Sometimes) 83. Listens carefully. (Never) 127. Pays attention when being spoken to. (Sometimes)
___	Does not follow through on instructions and fails to finish tasks	
___	Has trouble organizing activities/tasks	
___	Dislikes/avoids tasks that involve sustained mental effort	
___	Loses necessary materials	
X	Is easily distracted	91. Is easily distracted. (Almost always)
___	Is often forgetful	

<i>Symptoms for ADHD: Hyperactivity/Impulsivity</i>		<i>Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses</i>
X	Fidgets or squirms excessively	93. Fiddles with things while at meals. (Almost always)
—	Leaves seat inappropriately	
X	Feels restless	151. Is unable to slow down. (Often)
—	Has difficulty engaging in activities quietly	
X	Acts as if "driven by a motor"	32. Is overly active. (Almost always) 73. Has poor self-control. (Almost always) 166. Acts out of control. (Often)
—	Talks excessively	
X	Blurts out answers	24. Acts without thinking. (Almost always)
X	Has trouble waiting her turn	172. Cannot wait to take turn. (Often)
X	Interrupts others' conversations or activities	42. Interrupts others when they are speaking. (Almost always) 114. Disrupts other children's activities. (Often) 159. Interrupts parents when they are talking on the phone. (Almost always)

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.

Major Depressive Disorder

List of Symptoms

<i>Symptoms for Major Depressive Episode</i>		<i>Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses</i>
X	Depressed (or irritable in children/adolescents) mood most of the day, almost every day	4. Is easily upset. (Often) 34. Cries easily. (Often) 60. Is sad. (Often) 100. Seems lonely. (Sometimes)
—	Greatly decreased interest or pleasure in all, or almost all, activities most of the day, almost every day	36. Avoids exercise or other physical activity. (Sometimes)
—	Significant weight gain/loss (change of more than 5% of body weight in a month) without dieting, or increase/decrease in appetite almost every day (<i>Note.</i> For children, failure to make expected weight gains)	
—	Insomnia or excessive sleep almost every day	
—	Observable psychomotor agitation/retardation almost every day	
—	Fatigue/loss of energy almost every day	
X	Feelings of worthlessness or excessive/inappropriate guilt almost every day	45. Says, "I hate myself." (Almost always)
—	Difficulty thinking, concentrating, or making decisions almost every day	142. Makes decisions easily. (Almost always)
X	Recurrent thoughts about death or suicide, a suicide attempt, or a specific suicide plan	52. Says, "I want to die" or "I wish I were dead." (Often) 124. Says, "I want to kill myself." (Sometimes)

DSM-5 Codes and Diagnostic Criteria

Major Depressive Disorder 296.xx (F32.x and F33.x)

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

Disruptive Mood Dysregulation Disorder

List of Symptoms

Symptoms for Disruptive Mood Dysregulation Disorder

Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses

Area 1: Severe, Recurrent Temper Outbursts

- | | | |
|---|--|---|
| X | Has verbally or physically aggressive temper outbursts | 26. Loses control when angry. (Almost always)
41. Throws or breaks things when angry. (Almost always)
44. Overreacts to stressful situations. (Almost always) |
|---|--|---|

Area 2: Mood Between Temper Outbursts

- | | | |
|---|---|--|
| X | Persistently irritable or angry mood between temper outbursts | 119. Is irritable. (Often)
147. Is easily stressed. (Sometimes) |
|---|---|--|

DSM-5 Codes and Diagnostic Criteria

Disruptive Mood Dysregulation Disorder 296.99 (F34.8)

See the Q-global Resource Library for a reprint of the *DSM-5* Diagnostic Criteria for Disruptive Mood Dysregulation Disorder.

Persistent Depressive Disorder

List of Symptoms

Area 1: Depressed Mood

Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses

- | | | |
|---|----------------|---|
| X | Depressed mood | 34. Cries easily. (Often)
100. Seems lonely. (Sometimes)
110. Is negative about things. (Sometimes) |
|---|----------------|---|

Area 2: Symptoms Associated With Depressed Mood

- | | | |
|-----|--|--|
| ___ | Overeating or decreased appetite | |
| ___ | Insomnia or excessive sleep | |
| ___ | Fatigue or decreased energy | |
| X | Poor self-esteem | 45. Says, "I hate myself." (Almost always)
80. Says, "I don't have any friends." (Sometimes)
129. Says, "Nobody likes me." (Often) |
| X | Difficulty making decisions or concentrating | 11. Has a short attention span. (Almost always)
91. Is easily distracted. (Almost always)
142. Makes decisions easily. (Almost always) |
| X | Feeling hopeless | 4. Is easily upset. (Often) |

DSM-5 Codes and Diagnostic Criteria

Persistent Depressive Disorder 300.4 (F34.1)

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

Oppositional Defiant Disorder

List of Symptoms

<i>Symptoms for Oppositional Defiant Disorder</i>	<i><u>Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses</u></i>
---	---

Angry/Irritable Mood

- | | | |
|----|-----------------------------|---|
| X | Loses temper | 135. Is easily calmed when angry. (Sometimes) |
| __ | Is easily annoyed by others | |
| __ | Is resentful/angry | |

Argumentative/Defiant Behavior

- | | | |
|----|--|--|
| X | Argues with authority figures | 121. Argues when denied own way. (Almost always) |
| X | Defies rules or refuses to comply with requests from authority figures | 141. Lies to get out of trouble. (Almost always) |
| __ | Deliberately annoys others | 50. Teases others. (Sometimes) |
| __ | Blames other people for his/her own misbehavior or mistakes | |

Vindictiveness

- | | | |
|----|--|---------------------------------------|
| __ | Has been vindictive/spiteful at least twice within the past 6 months | 106. Gets back at others. (Sometimes) |
|----|--|---------------------------------------|

DSM-5 Codes and Diagnostic Criteria

Oppositional Defiant Disorder 313.81 (F91.3)

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

Conduct Disorder

List of Symptoms

<i>Aggression to People and Animals</i>		<i>Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses</i>
---	--	--

X	Bullies, intimidates, or threatens others	35. Threatens to hurt others. (Often) 117. Bullies others. (Sometimes)
---	---	---

___	Starts physical fights	
-----	------------------------	--

___	Has used a weapon that can seriously injure others (e.g., knife, bat, broken bottle, gun)	
-----	---	--

___	Has inflicted physical harm on people	98. Hits other children. (Never)
-----	---------------------------------------	----------------------------------

___	Has inflicted physical harm on animals	65. Is cruel to animals. (Never)
-----	--	----------------------------------

___	Has committed theft while confronting a victim (e.g., mugging, armed robbery)	
-----	---	--

___	Has forced someone to participate in a sexual act against their will	
-----	--	--

<i>Destruction of Property</i>	
--------------------------------	--

___	Has deliberately set a fire to cause serious damage	89. Sets fires. (Never)
-----	---	-------------------------

___	Has deliberately destroyed others' property (by means other than fire)	
-----	--	--

<i>Deceitfulness or Theft</i>	
-------------------------------	--

___	Has broken into someone else's car, house, or other building	
-----	--	--

X	Lies to obtain things or favors or to avoid obligations	23. Lies. (Almost always) 43. Deceives others. (Often) 141. Lies to get out of trouble. (Almost always)
---	---	---

X	Has committed theft of money or items of nontrivial value without confronting a victim	144. Steals. (Often)
---	--	----------------------

<i>Serious Violations of Rules</i>	<i><u>Relevant BASC-3 PRS-C Items and Cassie A. Lorge's Responses</u></i>
------------------------------------	---

- | | |
|--|-----------------------------------|
| — Stays out at night despite parental prohibitions (beginning before age 13) | |
| — Has run away from home overnight at least twice (or once for a lengthy period) | 162. Runs away from home. (Never) |
| — Often skips school (beginning before age 13) | |

DSM-5 Codes and Diagnostic Criteria

Conduct Disorder 312.8x (F91.x)

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

DSM-5™ DIAGNOSTIC CONSIDERATIONS

The BASC-3 PRS-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 PRS-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 PRS-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)
- 11. Has a short attention span. (Almost always)
- 24. Acts without thinking. (Almost always)
- 28. Listens to directions. (Sometimes)
- 32. Is overly active. (Almost always)
- 42. Interrupts others when they are speaking. (Almost always)
- 73. Has poor self-control. (Almost always)
- 83. Listens carefully. (Never)
- 91. Is easily distracted. (Almost always)
- 93. Fiddles with things while at meals. (Almost always)
- 114. Disrupts other children's activities. (Often)
- 127. Pays attention when being spoken to. (Sometimes)
- 151. Is unable to slow down. (Often)
- 159. Interrupts parents when they are talking on the phone. (Almost always)
- 166. Acts out of control. (Often)
- 172. Cannot wait to take turn. (Often)

Conduct Disorder 312.8x (F91.x)

Related BASC-3 items:

- 23. Lies. (Almost always)
- 35. Threatens to hurt others. (Often)
- 43. Deceives others. (Often)
- 65. Is cruel to animals. (Never)
- 89. Sets fires. (Never)
- 98. Hits other children. (Never)
- 117. Bullies others. (Sometimes)
- 141. Lies to get out of trouble. (Almost always)
- 144. Steals. (Often)
- 162. Runs away from home. (Never)

Persistent Depressive Disorder 300.4 (F34.1)

Related BASC-3 items:

- 4. Is easily upset. (Often)
- 11. Has a short attention span. (Almost always)
- 34. Cries easily. (Often)

- 45. Says, "I hate myself." (Almost always)
- 80. Says, "I don't have any friends." (Sometimes)
- 91. Is easily distracted. (Almost always)
- 100. Seems lonely. (Sometimes)
- 110. Is negative about things. (Sometimes)
- 129. Says, "Nobody likes me." (Often)
- 142. Makes decisions easily. (Almost always)

Major Depressive Disorder 296.xx (F32.x and F33.x)

Related BASC-3 items:

- 4. Is easily upset. (Often)
- 34. Cries easily. (Often)
- 36. Avoids exercise or other physical activity. (Sometimes)
- 45. Says, "I hate myself." (Almost always)
- 52. Says, "I want to die" or "I wish I were dead." (Often)
- 60. Is sad. (Often)
- 100. Seems lonely. (Sometimes)
- 124. Says, "I want to kill myself." (Sometimes)
- 142. Makes decisions easily. (Almost always)

Oppositional Defiant Disorder 313.81 (F91.3)

Related BASC-3 items:

- 50. Teases others. (Sometimes)
- 106. Gets back at others. (Sometimes)
- 121. Argues when denied own way. (Almost always)
- 135. Is easily calmed when angry. (Sometimes)
- 141. Lies to get out of trouble. (Almost always)

Disruptive Mood Dysregulation Disorder 296.99 (F34.8)

Related BASC-3 items:

- 26. Loses control when angry. (Almost always)
- 41. Throws or breaks things when angry. (Almost always)
- 44. Overreacts to stressful situations. (Almost always)
- 119. Is irritable. (Often)
- 147. Is easily stressed. (Sometimes)

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

- 23. Lies. (Almost always)
- 68. Breaks the rules. (Almost always)

- 35. Threatens to hurt others. (Often)
- 144. Steals. (Often)
- 172. Cannot wait to take turn. (Often)

- 50. Teases others. (Sometimes)
- 55. Hurts others on purpose. (Sometimes)
- 117. Bullies others. (Sometimes)

Academic Behavior Issues

- 114. Disrupts other children's activities. (Often)

Adaptive/Social Behavior Issues

- 42. Interrupts others when they are speaking. (Almost always)

- 5. Responds appropriately when asked a question. (Sometimes)
- 148. Is clear when telling about personal experiences. (Sometimes)
- 153. Acts in a safe manner. (Sometimes)

- 75. Sleeps with parents. (Sometimes)

CRITICAL ITEMS

Bolded items may be of particular interest.

- 13. Is a picky eater. (Often)**
- 19. Has toileting accidents. (Never)
- 26. Loses control when angry. (Almost always)**
- 35. Threatens to hurt others. (Often)**
- 36. Avoids exercise or other physical activity. (Sometimes)**
- 45. Says, "I hate myself." (Almost always)**
- 51. Eats things that are not food. (Never)
- 52. Says, "I want to die" or "I wish I were dead." (Often)**
- 55. Hurts others on purpose. (Sometimes)**
- 58. Confuses real with make-believe. (Never)
- 65. Is cruel to animals. (Never)
- 72. Falls down or trips over things easily. (Often)**
- 75. Sleeps with parents. (Sometimes)**
- 82. Wets bed. (Never)
- 89. Sets fires. (Never)
- 98. Hits other children. (Never)
- 108. Picks on others who are different from his or her self. (Never)
- 117. Bullies others. (Sometimes)**
- 124. Says, "I want to kill myself." (Sometimes)**
- 131. Throws up after eating. (Never)
- 136. Has panic attacks. (Never)
- 140. Has seizures. (Never)
- 162. Runs away from home. (Never)

ITEMS BY SCALE - CLINICAL SCALES

Aggression

- 35. Threatens to hurt others. (Often)
- 41. Throws or breaks things when angry. (Almost always)
- 50. Teases others. (Sometimes)
- 59. Manipulates others. (Sometimes)
- 98. Hits other children. (Never)
- 106. Gets back at others. (Sometimes)
- 117. Bullies others. (Sometimes)
- 121. Argues when denied own way. (Almost always)
- 146. Is overly aggressive. (Sometimes)

Anxiety

- 9. Worries. (Sometimes)
- 21. Is fearful. (Never)
- 31. Appears tense. (Sometimes)
- 38. Worries about things that cannot be changed. (Sometimes)
- 54. Worries about what other children think. (Almost always)
- 67. Worries about what parents think. (Never)
- 84. Is nervous. (Never)
- 104. Says, "It's all my fault." (Often)
- 107. Worries about what teachers think. (Never)
- 112. Says, "I'm not very good at this." (Almost always)
- 128. Worries about making mistakes. (Never)
- 136. Has panic attacks. (Never)
- 147. Is easily stressed. (Sometimes)
- 160. Says, "I'm afraid I will make a mistake." (Never)

Attention Problems

- 1. Pays attention. (Sometimes)
- 11. Has a short attention span. (Almost always)
- 28. Listens to directions. (Sometimes)
- 83. Listens carefully. (Never)
- 91. Is easily distracted. (Almost always)
- 127. Pays attention when being spoken to. (Sometimes)
- 175. Has trouble concentrating. (Almost always)

Atypicality

- 12. Acts confused. (Almost always)
- 17. Seems odd. (Often)
- 58. Confuses real with make-believe. (Never)
- 81. Seems out of touch with reality. (Never)
- 88. Stares blankly. (Often)
- 115. Acts strangely. (Sometimes)
- 122. Says things that make no sense. (Often)
- 125. Acts as if other children are not there. (Sometimes)
- 145. Does strange things. (Sometimes)
- 152. Seems unaware of others. (Sometimes)
- 157. Babbles to self. (Sometimes)
- 158. Speech is confused or disorganized. (Never)

- 167. Shows feelings that do not fit the situation. (Sometimes)
- 171. Does weird things. (Often)

Conduct Problems

- 3. Disobeys. (Often)
- 7. Gets into trouble. (Almost always)
- 23. Lies. (Almost always)
- 43. Deceives others. (Often)
- 55. Hurts others on purpose. (Sometimes)
- 68. Breaks the rules. (Almost always)
- 74. Breaks the rules just to see what will happen. (Often)
- 141. Lies to get out of trouble. (Almost always)
- 144. Steals. (Often)
- 164. Sneaks around. (Often)

Depression

- 4. Is easily upset. (Often)
- 34. Cries easily. (Often)
- 40. Changes moods quickly. (Often)
- 45. Says, "I hate myself." (Almost always)
- 52. Says, "I want to die" or "I wish I were dead." (Often)
- 60. Is sad. (Often)
- 80. Says, "I don't have any friends." (Sometimes)
- 100. Seems lonely. (Sometimes)
- 110. Is negative about things. (Sometimes)
- 116. Says, "I can't do anything right." (Almost always)
- 119. Is irritable. (Often)
- 124. Says, "I want to kill myself." (Sometimes)
- 129. Says, "Nobody likes me." (Often)

Hyperactivity

- 24. Acts without thinking. (Almost always)
- 32. Is overly active. (Almost always)
- 42. Interrupts others when they are speaking. (Almost always)
- 73. Has poor self-control. (Almost always)
- 93. Fiddles with things while at meals. (Almost always)
- 99. Is in constant motion. (Almost always)
- 114. Disrupts other children's activities. (Often)
- 151. Is unable to slow down. (Often)
- 159. Interrupts parents when they are talking on the phone. (Almost always)
- 166. Acts out of control. (Often)
- 172. Cannot wait to take turn. (Often)

Somatization

- 6. Gets sick. (Sometimes)
- 15. Complains about health. (Sometimes)
- 20. Says, "I think I'm sick." (Sometimes)
- 39. Complains of being sick when nothing is wrong. (Never)
- 49. Complains of pain. (Sometimes)
- 57. Vomits. (Sometimes)
- 63. Expresses fear of getting sick. (Never)
- 78. Has headaches. (Never)
- 105. Has fevers. (Sometimes)
- 118. Complains of physical problems. (Never)

- 132. Complains of stomach pain. (Never)
- 161. Is afraid of getting sick. (Never)

Withdrawal

- 48. Is shy with other children. (Never)
- 87. Quickly joins group activities. (Sometimes)
- 96. Avoids other children. (Never)
- 101. Is shy with adults. (Never)
- 111. Has trouble making new friends. (Never)
- 126. Isolates self from others. (Sometimes)
- 156. Avoids making friends. (Never)
- 163. Makes friends easily. (Often)
- 170. Prefers to play alone. (Sometimes)

ITEMS BY SCALE - ADAPTIVE SCALES

Activities of Daily Living

- 22. Makes healthy food choices. (Sometimes)
- 27. Has trouble following regular routines. (Almost always)
- 37. Sets realistic goals. (Sometimes)
- 46. Is careless with belongings. (Almost always)
- 64. Has trouble fastening buttons on clothing. (Never)
- 66. Needs to be reminded to brush teeth. (Almost always)
- 90. Cleans up after self. (Never)
- 149. Organizes chores or other tasks well. (Never)
- 153. Acts in a safe manner. (Sometimes)

Adaptability

- 47. Adjusts well to changes in family plans. (Sometimes)
- 86. Accepts things as they are. (Never)
- 92. Recovers quickly after a setback. (Sometimes)
- 103. Adjusts well to changes in routine. (Sometimes)
- 130. Handles winning and losing well. (Sometimes)
- 133. Is easy to please. (Sometimes)
- 135. Is easily calmed when angry. (Sometimes)
- 143. Adjusts well to new teachers. (Sometimes)

Functional Communication

- 5. Responds appropriately when asked a question. (Sometimes)
- 33. Accurately takes down messages. (Never)
- 56. Tracks down information when needed. (Never)
- 61. Answers telephone properly.. (Sometimes)
- 69. Has difficulty explaining rules of games to others. (Almost always)
- 76. Communicates clearly. (Almost always)
- 85. Has trouble getting information when needed. (Often)
- 102. Likes to talk about his or her day. (Sometimes)
- 109. Starts conversations. (Almost always)
- 148. Is clear when telling about personal experiences. (Sometimes)
- 165. Is able to describe feelings accurately. (Sometimes)
- 168. Is unclear when presenting ideas. (Sometimes)

Leadership

- 18. Is a "self-starter." (Sometimes)
- 29. Is usually chosen as a leader. (Sometimes)
- 62. Is good at getting people to work together. (Often)
- 120. Gives good suggestions for solving problems. (Sometimes)
- 142. Makes decisions easily. (Almost always)
- 155. Prefers to be a leader. (Almost always)
- 173. Is highly motivated to succeed. (Never)

Social Skills

- 2. Makes positive comments about others. (Often)
- 14. Says, "please" and "thank you." (Sometimes)
- 53. Shows interest in others' ideas. (Sometimes)
- 77. Compliments others. (Almost always)
- 97. Makes others feel welcome. (Often)
- 113. Tries to help others be their best. (Often)
- 134. Accepts people who are different from his or her self. (Sometimes)
- 137. Offers help to other children. (Almost always)
- 154. Encourages others to do their best. (Almost always)
- 174. Congratulates others when good things happen to them. (Almost always)

ITEMS BY SCALE - CONTENT SCALES

Anger Control

- 26. Loses control when angry. (Almost always)
- 35. Threatens to hurt others. (Often)
- 40. Changes moods quickly. (Often)
- 41. Throws or breaks things when angry. (Almost always)
- 70. Gets angry easily. (Almost always)
- 73. Has poor self-control. (Almost always)
- 119. Is irritable. (Often)
- 121. Argues when denied own way. (Almost always)
- 135. Is easily calmed when angry. (Sometimes)

Bullying

- 35. Threatens to hurt others. (Often)
- 43. Deceives others. (Often)
- 50. Teases others. (Sometimes)
- 55. Hurts others on purpose. (Sometimes)
- 59. Manipulates others. (Sometimes)
- 94. Puts others down. (Sometimes)
- 106. Gets back at others. (Sometimes)
- 108. Picks on others who are different from his or her self. (Never)
- 117. Bullies others. (Sometimes)
- 150. Tells lies about others. (Sometimes)

Developmental Social Disorders

- 5. Responds appropriately when asked a question. (Sometimes)
- 10. Avoids eye contact. (Sometimes)
- 30. Engages in repetitive movements. (Sometimes)

- 47. Adjusts well to changes in family plans. (Sometimes)
- 53. Shows interest in others' ideas. (Sometimes)
- 58. Confuses real with make-believe. (Never)
- 76. Communicates clearly. (Almost always)
- 103. Adjusts well to changes in routine. (Sometimes)
- 111. Has trouble making new friends. (Never)
- 115. Acts strangely. (Sometimes)
- 125. Acts as if other children are not there. (Sometimes)
- 126. Isolates self from others. (Sometimes)
- 139. Shows basic emotions clearly. (Often)
- 148. Is clear when telling about personal experiences. (Sometimes)
- 152. Seems unaware of others. (Sometimes)
- 157. Babbles to self. (Sometimes)
- 165. Is able to describe feelings accurately. (Sometimes)
- 167. Shows feelings that do not fit the situation. (Sometimes)
- 170. Prefers to play alone. (Sometimes)

Emotional Self-Control

- 4. Is easily upset. (Often)
- 21. Is fearful. (Never)
- 34. Cries easily. (Often)
- 40. Changes moods quickly. (Often)
- 44. Overreacts to stressful situations. (Almost always)
- 73. Has poor self-control. (Almost always)
- 119. Is irritable. (Often)
- 138. Is overly emotional. (Almost always)
- 147. Is easily stressed. (Sometimes)
- 166. Acts out of control. (Often)

Executive Functioning

- 1. Pays attention. (Sometimes)
- 11. Has a short attention span. (Almost always)
- 16. Plans well. (Never)
- 24. Acts without thinking. (Almost always)
- 37. Sets realistic goals. (Sometimes)
- 44. Overreacts to stressful situations. (Almost always)
- 56. Tracks down information when needed. (Never)
- 71. Takes a step-by-step approach to work. (Never)
- 73. Has poor self-control. (Almost always)
- 91. Is easily distracted. (Almost always)
- 92. Recovers quickly after a setback. (Sometimes)
- 95. Finds ways to solve problems. (Sometimes)
- 120. Gives good suggestions for solving problems. (Sometimes)
- 121. Argues when denied own way. (Almost always)
- 135. Is easily calmed when angry. (Sometimes)
- 142. Makes decisions easily. (Almost always)
- 149. Organizes chores or other tasks well. (Never)
- 159. Interrupts parents when they are talking on the phone. (Almost always)
- 166. Acts out of control. (Often)
- 175. Has trouble concentrating. (Almost always)

Negative Emotionality

- 4. Is easily upset. (Often)
- 25. Finds fault with everything. (Sometimes)
- 45. Says, "I hate myself." (Almost always)
- 52. Says, "I want to die" or "I wish I were dead." (Often)
- 79. Reacts negatively. (Sometimes)
- 110. Is negative about things. (Sometimes)
- 119. Is irritable. (Often)
- 121. Argues when denied own way. (Almost always)

Resiliency

- 8. Has good coping skills. (Never)
- 18. Is a "self-starter." (Sometimes)
- 56. Tracks down information when needed. (Never)
- 62. Is good at getting people to work together. (Often)
- 92. Recovers quickly after a setback. (Sometimes)
- 95. Finds ways to solve problems. (Sometimes)
- 103. Adjusts well to changes in routine. (Sometimes)
- 123. Overcomes problems. (Sometimes)
- 169. Is resilient. (Often)

ITEMS BY SCALE - CLINICAL INDEXES

ADHD Probability

- 7. Gets into trouble. (Almost always)
- 11. Has a short attention span. (Almost always)
- 24. Acts without thinking. (Almost always)
- 32. Is overly active. (Almost always)
- 83. Listens carefully. (Never)
- 90. Cleans up after self. (Never)
- 91. Is easily distracted. (Almost always)
- 149. Organizes chores or other tasks well. (Never)
- 151. Is unable to slow down. (Often)
- 166. Acts out of control. (Often)
- 175. Has trouble concentrating. (Almost always)

Autism Probability

- 17. Seems odd. (Often)
- 30. Engages in repetitive movements. (Sometimes)
- 48. Is shy with other children. (Never)
- 81. Seems out of touch with reality. (Never)
- 96. Avoids other children. (Never)
- 111. Has trouble making new friends. (Never)
- 125. Acts as if other children are not there. (Sometimes)
- 126. Isolates self from others. (Sometimes)
- 155. Prefers to be a leader. (Almost always)
- 158. Speech is confused or disorganized. (Never)
- 163. Makes friends easily. (Often)
- 168. Is unclear when presenting ideas. (Sometimes)
- 170. Prefers to play alone. (Sometimes)

EBD Probability

- 4. Is easily upset. (Often)
- 18. Is a "self-starter." (Sometimes)
- 23. Lies. (Almost always)
- 35. Threatens to hurt others. (Often)
- 40. Changes moods quickly. (Often)
- 43. Deceives others. (Often)
- 47. Adjusts well to changes in family plans. (Sometimes)
- 52. Says, "I want to die" or "I wish I were dead." (Often)
- 53. Shows interest in others' ideas. (Sometimes)
- 55. Hurts others on purpose. (Sometimes)
- 59. Manipulates others. (Sometimes)
- 60. Is sad. (Often)
- 68. Breaks the rules. (Almost always)
- 74. Breaks the rules just to see what will happen. (Often)
- 79. Reacts negatively. (Sometimes)
- 87. Quickly joins group activities. (Sometimes)
- 94. Puts others down. (Sometimes)
- 98. Hits other children. (Never)
- 106. Gets back at others. (Sometimes)
- 117. Bullies others. (Sometimes)
- 119. Is irritable. (Often)
- 121. Argues when denied own way. (Almost always)
- 124. Says, "I want to kill myself." (Sometimes)
- 134. Accepts people who are different from his or her self. (Sometimes)
- 137. Offers help to other children. (Almost always)
- 138. Is overly emotional. (Almost always)
- 144. Steals. (Often)
- 150. Tells lies about others. (Sometimes)
- 164. Sneaks around. (Often)
- 172. Cannot wait to take turn. (Often)

Functional Impairment

- 1. Pays attention. (Sometimes)
- 4. Is easily upset. (Often)
- 5. Responds appropriately when asked a question. (Sometimes)
- 7. Gets into trouble. (Almost always)
- 9. Worries. (Sometimes)
- 11. Has a short attention span. (Almost always)
- 12. Acts confused. (Almost always)
- 15. Complains about health. (Sometimes)
- 22. Makes healthy food choices. (Sometimes)
- 24. Acts without thinking. (Almost always)
- 27. Has trouble following regular routines. (Almost always)
- 33. Accurately takes down messages. (Never)
- 34. Cries easily. (Often)
- 38. Worries about things that cannot be changed. (Sometimes)
- 40. Changes moods quickly. (Often)
- 43. Deceives others. (Often)
- 48. Is shy with other children. (Never)
- 56. Tracks down information when needed. (Never)
- 61. Answers telephone properly.. (Sometimes)
- 64. Has trouble fastening buttons on clothing. (Never)
- 66. Needs to be reminded to brush teeth. (Almost always)

- 69. Has difficulty explaining rules of games to others. (Almost always)
- 73. Has poor self-control. (Almost always)
- 76. Communicates clearly. (Almost always)
- 79. Reacts negatively. (Sometimes)
- 81. Seems out of touch with reality. (Never)
- 85. Has trouble getting information when needed. (Often)
- 87. Quickly joins group activities. (Sometimes)
- 96. Avoids other children. (Never)
- 100. Seems lonely. (Sometimes)
- 111. Has trouble making new friends. (Never)
- 122. Says things that make no sense. (Often)
- 135. Is easily calmed when angry. (Sometimes)
- 137. Offers help to other children. (Almost always)
- 142. Makes decisions easily. (Almost always)
- 147. Is easily stressed. (Sometimes)
- 148. Is clear when telling about personal experiences. (Sometimes)
- 149. Organizes chores or other tasks well. (Never)
- 153. Acts in a safe manner. (Sometimes)
- 163. Makes friends easily. (Often)
- 165. Is able to describe feelings accurately. (Sometimes)
- 168. Is unclear when presenting ideas. (Sometimes)
- 172. Cannot wait to take turn. (Often)
- 174. Congratulates others when good things happen to them. (Almost always)

ITEMS BY SCALE - EXECUTIVE FUNCTIONING INDEX

Problem Solving Index

- 16. Plans well. (Never)
- 37. Sets realistic goals. (Sometimes)
- 56. Tracks down information when needed. (Never)
- 71. Takes a step-by-step approach to work. (Never)
- 95. Finds ways to solve problems. (Sometimes)
- 120. Gives good suggestions for solving problems. (Sometimes)
- 142. Makes decisions easily. (Almost always)
- 149. Organizes chores or other tasks well. (Never)

Attentional Control Index

- 1. Pays attention. (Sometimes)
- 11. Has a short attention span. (Almost always)
- 28. Listens to directions. (Sometimes)
- 83. Listens carefully. (Never)
- 91. Is easily distracted. (Almost always)
- 127. Pays attention when being spoken to. (Sometimes)
- 175. Has trouble concentrating. (Almost always)

Behavioral Control Index

- 24. Acts without thinking. (Almost always)
- 42. Interrupts others when they are speaking. (Almost always)
- 73. Has poor self-control. (Almost always)
- 121. Argues when denied own way. (Almost always)
- 159. Interrupts parents when they are talking on the phone. (Almost always)

166. Acts out of control. (Often)

Emotional Control Index

- 44. Overreacts to stressful situations. (Almost always)
- 70. Gets angry easily. (Almost always)
- 135. Is easily calmed when angry. (Sometimes)
- 138. Is overly emotional. (Almost always)

Overall Executive Functioning Index

- 1. Pays attention. (Sometimes)
- 11. Has a short attention span. (Almost always)
- 16. Plans well. (Never)
- 24. Acts without thinking. (Almost always)
- 28. Listens to directions. (Sometimes)
- 37. Sets realistic goals. (Sometimes)
- 42. Interrupts others when they are speaking. (Almost always)
- 44. Overreacts to stressful situations. (Almost always)
- 56. Tracks down information when needed. (Never)
- 70. Gets angry easily. (Almost always)
- 71. Takes a step-by-step approach to work. (Never)
- 73. Has poor self-control. (Almost always)
- 83. Listens carefully. (Never)
- 91. Is easily distracted. (Almost always)
- 95. Finds ways to solve problems. (Sometimes)
- 120. Gives good suggestions for solving problems. (Sometimes)
- 121. Argues when denied own way. (Almost always)
- 127. Pays attention when being spoken to. (Sometimes)
- 135. Is easily calmed when angry. (Sometimes)
- 138. Is overly emotional. (Almost always)
- 142. Makes decisions easily. (Almost always)
- 149. Organizes chores or other tasks well. (Never)
- 159. Interrupts parents when they are talking on the phone. (Almost always)
- 166. Acts out of control. (Often)
- 175. Has trouble concentrating. (Almost always)

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

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