CONNERS
3rd Edition™

By C. Keith Conners, Ph.D.

Conners 3–Parent
Assessment Report

Child's Name/ID:	**Rosa J**
Age:	7 years
Gender:	Female
Birth Date:	November 20, 1999
Grade:	1
Parent's Name/ID:	Mrs. J
Administration Date:	May 01, 2007
Assessor's Name:	
Data Entered By:	Jane
Normative Option:	Gender-specific norms
Report Options:	The following features were included in this assessment report: Standard Error of Measurement, Percentiles, Item Responses by Scale.

Summary of Results

Response Style Analysis

Scores on the Validity scales do not indicate a positive, negative or inconsistent response style.

Summary of Elevated Scores

The following section summarizes areas of concern for Rosa J based on her parent's ratings on the Conners 3-P. Note that areas that are not a concern are not reported in this summary.

Conners 3-P Content Scales

The *T*-scores for the following Conners 3-P Content scales were **very elevated** (i.e., *T*-score ≥ 70), indicating many more concerns than are typically reported: Inattention (*T* = 83) and Executive Functioning (*T* = 78).

DSM-IV-TR Symptom Scales

The Symptom Count was *probably met* and the *T*-score was **elevated or very elevated** (i.e., *T*-score ≥ 65) for the following DSM-IV-TR Symptom scale: ADHD Predominantly Inattentive Type (*T* = 89). This diagnosis should be given strong consideration.

Impairment

The parent reports that Rosa J's problems seriously affect her functioning **often** (rating = 2) in the academic setting, and **occasionally** (rating = 1) in the social and home settings.

Conners 3 Index Scores

Based on the parent's ratings, an ADHD classification is strongly indicated (82% probability), but other clinically relevant information should also be carefully considered in the assessment process.

Conners 3-P Results and IDEA

Scores on the Conners 3-P suggest possible consideration for IDEA 2004 eligibility in the following area(s): Emotional Disturbance, Other Health Impairment and Specific Learning Disability.

Cautionary Remark

This Summary of Results section only provides information about areas that are a concern. Please refer to the remainder of the Assessment Report for further information regarding areas that are not elevated or could not be scored due to omitted items.

≋ MHS

ver. 1

Introduction

The Conners 3rd Edition–Parent (Conners 3–P) is an assessment tool used to obtain a parent's observations about his or her child's behavior. This instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common co-morbid problems in children and adolescents aged 6 to 18 years old. When used in combination with other information, results from the Conners 3–P can provide valuable information to guide assessment decisions. This report provides information about the parent's assessment of the youth, how she compares to other youth, and which scales and subscales are elevated. See the *Conners 3 Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be provided to parents or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this report with information gathered from other psychometric measures, interviews, observations, and review of available records will give the assessor or service provider a more comprehensive view of the youth than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Administrators should review the parent's responses to specific items to ensure that these typical interpretations apply to the youth being described.

Response Style Analysis

The following section provides the parent's scores for the Positive and Negative Impression scales and the Inconsistency Index.

Positive Impression

The Positive Impression score (raw score = 0) does not indicate an overly positive response style.

Negative Impression

The Negative Impression score (raw score = 0) does not indicate an overly negative response style.

Inconsistency Index

The Inconsistency Index score (raw score = 2, number of differentials ≥ 2 = 0) does not indicate an inconsistent response style.

🏶 MHS

ver. 1

Conners 3–P Content Scales: *T*-scores

The following graph provides *T*-scores for each of the Conners 3–P Content scales. The error bars on each bar represent Standard Error of Measurement (*SEM*) for each scale score. For information on *SEM*, see the *Conners 3 Manual*.

ver. 1
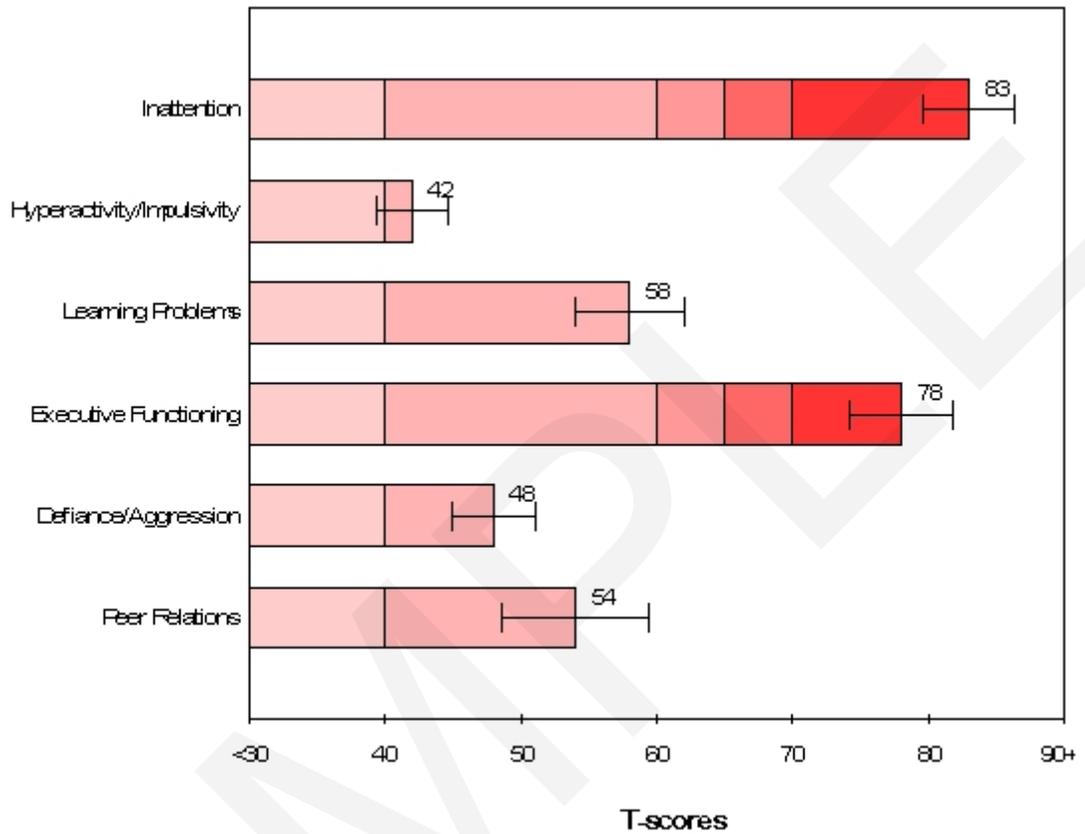
Conners 3–P Content Scales: Detailed Scores

The following table summarizes the results of the parent's assessment of Rosa J and provides general information about how she compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results.

Scale	Raw Score	*T*-score ± *SEM* (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention	19	83 ± 3.4 (97)	Very Elevated Score (Many more concerns than are typically reported)	May have poor concentration/attention or difficulty keeping his/her mind on work. May make careless mistakes. May be easily distracted. May give up easily or be easily bored. May avoid schoolwork.
Hyperactivity/ Impulsivity	2	42 ± 2.7 (36)	Average Score (Typical levels of concern)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others. May be easily excited.
Learning Problems	7	58 ± 4.0 (78)	Average Score (Typical levels of concern)	Academic struggles (reading, writing, and/or math). May have difficulty learning and/or remembering concepts. May need extra explanations.
Executive Functioning	17	78 ± 3.8 (98)	Very Elevated Score (Many more concerns than are typically reported)	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning or organizational skills.
Defiance/ Aggression	1	48 ± 3.1 (71)	Average Score (Typical levels of concern)	May be argumentative; may defy requests from adults; may have poor control of anger and/or aggression; may be physically and/or verbally aggressive; may show violent and/or destructive tendencies; may bully others; may be manipulative or cruel.
Peer Relations	2	54 ± 5.4 (75)	Average Score (Typical levels of concern)	May have difficulty with friendships, may have poor social connections. May seem to be unaccepted by group.

Note: *SEM* = Standard Error of Measurement

≋MHS

ver. 1

DSM-IV-TR Overview

This section of the report provides the following information for each DSM-IV-TR diagnosis on the Conners 3–P:

1. DSM-IV-TR Symptom scales: *T*-scores
2. DSM-IV-TR Symptom scales: Detailed scores
3. DSM-IV-TR Total Symptom Counts
4. DSM-IV-TR Symptom Tables

   - Listing of Conners 3–P item(s) that correspond to each DSM-IV-TR Symptom
   - Criterion status of each DSM-IV-TR Symptom (i.e., whether or not the symptom is "indicated," "may be indicated," or "not indicated"). Symptoms marked *indicated* or *may be indicated* are summed to get the Total Symptom Count for that diagnosis. Please refer to specific DSM-IV-TR Symptom tables for each criterion status and for exceptions that may alter the Total Symptom Count. See the *Conners 3 Manual* for details on how each criterion status is determined.

Interpretive Considerations

Results from the Conners 3–P are a useful component of DSM-IV-TR based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners 3–P DSM-IV-TR Symptom scales, the assessor should take the following important considerations into account. Please refer to the *Conners 3 Manual* for further interpretative guidelines.

- The Conners 3–P contains symptom-level criteria, not full diagnostic criteria, for DSM-IV-TR diagnoses. Additional criteria (e.g., course, age of onset, differential diagnosis, level of impairment, pervasiveness) must be met before a DSM-IV-TR diagnosis can be assigned.
- The Conners 3–P items are approximations of the DSM-IV-TR symptoms that are intended to represent the main clinical construct in a format that most parents can understand. As a result, some aspects of the DSM-IV-TR criteria may not be fully represented. Before using any diagnostic labels, the assessor must consider all criteria that are required for a DSM-IV-TR diagnosis, including the symptoms from the Conners 3–P. The assessor should refer to the DSM-IV-TR and follow-up with the client for more information when reviewing the Conners 3–P report for diagnostic information.
- The Conners 3–P provides information relevant to the DSM-IV-TR diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-IV-TR Symptom Counts can contribute to the consideration of whether a particular DSM-IV-TR diagnosis might be appropriate. A *T*-score for each DSM-IV-TR diagnosis facilitates comparison of this individual's symptoms with his or her peers. At times, there may be discrepancies between the Symptom Count and *T*-score for a given diagnosis. This is to be expected, given that they are based on different metrics (i.e., absolute versus relative). The following points provide some concrete guidelines for the interpretation of this pair of scores (DSM-IV-TR Symptom Count and *T*-score).

  - Both scores are elevated (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score $\geq$ 65): This diagnosis should be given strong consideration.
  - Both scores are average or below (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score < 65): It is unlikely that the diagnosis is currently present (although criteria may have been met in the past).
  - Only Symptom Count is elevated (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score < 65): Although the absolute DSM-IV-TR symptomatic criteria may have been met, the current presentation is not atypical for this age and gender. Consider whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-IV-TR diagnosis).
  - Only *T*-score is elevated (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score $\geq$ 65): Although the current presentation is atypical for the youth's age and gender, there are not enough symptoms reported to meet DSM-IV-TR symptomatic criteria for this disorder. Consider alternative explanations for why the *T*-scores could be elevated in the absence of this diagnosis (e.g., another diagnosis may be producing these types of concerns in that particular setting).

ver. 1

DSM-IV-TR Symptom Scales: *T*-scores

The following graph provides *T*-scores for each of the DSM-IV-TR Symptom scales. The error bars on each bar represent Standard Error of Measurement for each DSM-IV-TR Symptom scale score. For information on *SEM*, see the *Conners 3 Manual*.
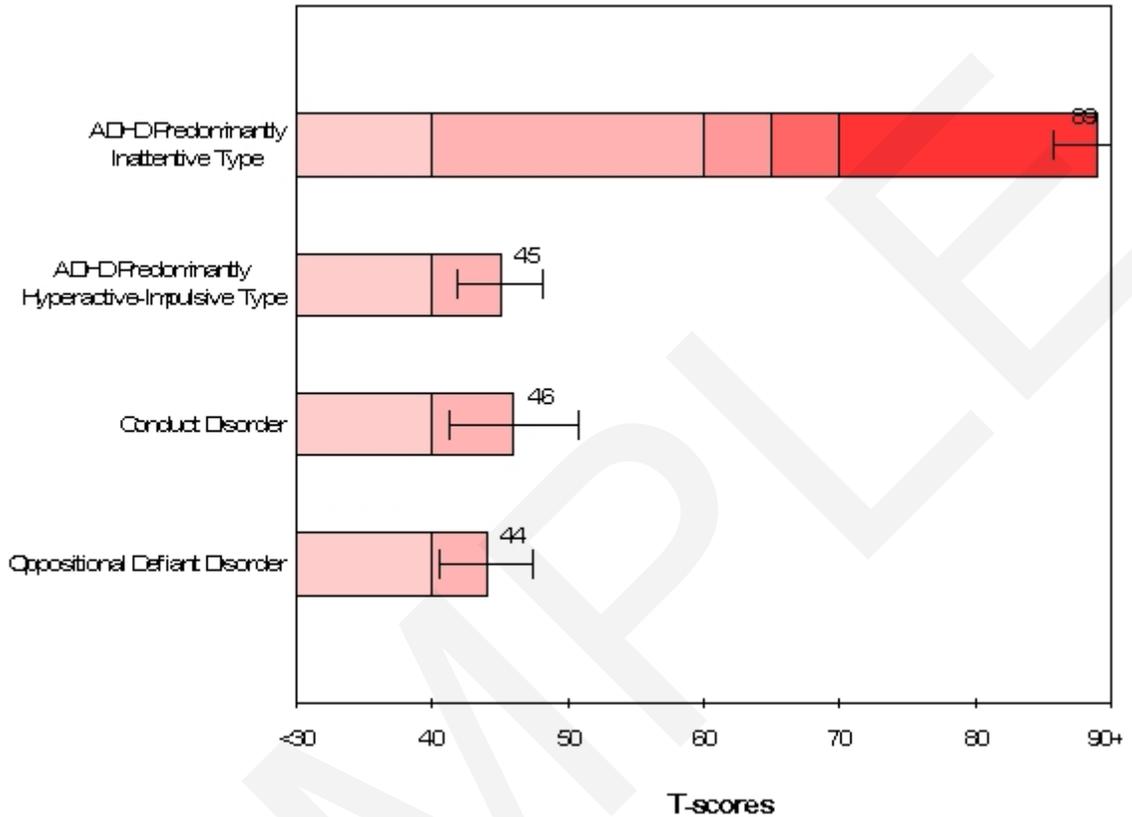
DSM-IV-TR Symptom Scales: Detailed Scores

The following table summarizes the results of the parent's assessment of Rosa J with respect to the DSM-IV-TR Symptom scales, and provides general information about how she compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results.

Scale	Raw Score	*T*-score ± *SEM* (Percentile)	Guideline
ADHD Predominantly Inattentive Type	22	89 ± 3.3 (98)	Very Elevated Score (Many more concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Type	3	45 ± 3.1 (44)	Average Score (Typical levels of concern)
Conduct Disorder	0	46 ± 4.8 (33)	Average Score (Typical levels of concern)
Oppositional Defiant Disorder	1	44 ± 3.4 (45)	Average Score (Typical levels of concern)

Note: *SEM* = Standard Error of Measurement

≣ MHS

ver. 1

DSM-IV-TR Total Symptom Counts

The following tables summarize the results of the DSM-IV-TR Total Symptom Counts as indicated by the Conners 3–P.

Results from the Conners 3–P suggest that the Symptom Count requirements are *probably met* for the following DSM-IV-TR diagnoses:

DSM-IV-TR Symptom scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners 3–P
ADHD Predominantly Inattentive Type (ADHD In)	At least 6 out of 9 symptoms	8

Results from the Conners 3–P suggest that the Symptom Count requirements are *probably not met* for the following DSM-IV-TR diagnoses:

DSM-IV-TR Symptom scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners 3–P
ADHD Predominantly Hyperactive-Impulsive Type (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	0
ADHD Combined Type	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 8 ADHD Hyp-Imp: 0
Conduct Disorder	At least 3 out of 15 symptoms	0
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	0

ver. 1

DSM-IV-TR Symptom Tables

This section of the report provides information about how the parent rated Rosa J on items that correspond to the DSM-IV-TR. Please see the DSM-IV-TR Overview section for important information regarding appropriate use of DSM-IV-TR Symptom Counts.

The following response key applies to all of the tables in this section.

Parent's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

DSM-IV-TR ADHD Predominantly Inattentive Type

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1a.	47				✓		**Indicated**
A1b.	95			✓			**Indicated**
A1c.	35				✓		**Indicated**
A1d.	68 -and- 79			✓ ✓				**Indicated**
A1e.	84		✓				Not Indicated
A1f.	28			✓			May be Indicated
A1g.	97			✓			**Indicated**
A1h.	101			✓			**Indicated**
A1i.	2				✓		**Indicated**

DSM-IV-TR ADHD Predominantly Hyperactive-Impulsive Type

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
Hyperactivity							
A2a.	98	✓					Not Indicated
A2b.	93	✓					Not Indicated
A2c.	69 -or- 99	✓ ✓					Not Indicated
A2d.	71	✓					Not Indicated
A2e.	54 -or- 45	✓ ✓					Not Indicated
A2f.	3		✓				Not Indicated
Impulsivity							
A2g.	43	✓					Not Indicated
A2h.	61		✓				Not Indicated
A2i.	104		✓				Not Indicated

DSM-IV-TR ADHD Combined Type

An ADHD Combined Type diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Type and for ADHD Predominantly Hyperactive-Impulsive Type. See the ADHD Predominantly Inattentive Type and ADHD Predominantly Hyperactive-Impulsive Type symptom tables above. Please also see the DSM-IV-TR or the *Conners 3 Manual* for additional guidance.

≋ MHS

ver. 1

DSM-IV-TR Conduct Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	16	✓					Not Indicated
A2.	30	✓					Not Indicated
A3.	27	✓					Not Indicated
A4.	39	✓					Not Indicated
A5.	41	✓					Not Indicated
A6.	96	✓					Not Indicated
A7.	11	✓					Not Indicated
A8.	78	✓					Not Indicated
A9.	65	✓					Not Indicated
A10.	89	✓					Not Indicated
A11.	56	✓					Not Indicated
A12.	58	✓					Not Indicated
A13.	91	✓					Not Indicated
A14.	76	✓					Not Indicated
A15.	6	✓					Not Indicated

DSM-IV-TR Oppositional Defiant Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	14	✓					Not Indicated
A2.	102		✓				Not Indicated
A3.	94	✓					Not Indicated
A4.	59	✓					Not Indicated
A5.	21	✓					Not Indicated
A6.	73	✓					Not Indicated
A7.	48	✓					Not Indicated
A8.	57	✓					Not Indicated

≣ MHS

ver. 1

Impairment

The parent's report of Rosa J's level of impairment in academic, social, and home settings is presented below.

	Not true at all/never	Just a little true/occasionally	Pretty much true/often	Very much true/very often
Academic			🟧	

Rosa J's parent indicated that Rosa J's problems seriously affect her schoolwork or grades often (score of 2).

	Not true at all/never	Just a little true/occasionally	Pretty much true/often	Very much true/very often
Social		🟨		

Rosa J's parent indicated that Rosa J's problems seriously affect her friendships and relationships occasionally (score of 1).

|	Not true at all/never	Just a little true/occasionally	Pretty much true/often	Very much true/very often
Home		🟨		

Rosa J's parent indicated that Rosa J's problems seriously affect her home life occasionally (score of 1).

MHS

ver. 1

Conners 3 Index Scores

The following section describes the results for the two index scores on the Conners 3–P.

Conners 3 ADHD Index

The following graph summarizes the parent's ratings of Rosa J with respect to the Conners 3 ADHD Index.
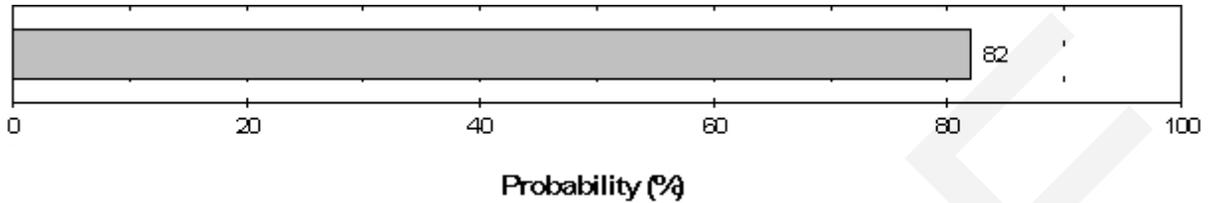
Among ADHD and general population cases, individuals with ADHD obtained this score 82% of the time. Based on this metric, a classification of ADHD is strongly indicated, but other clinically relevant information should also be carefully considered in the assessment process. Please see the *Conners 3 Manual* for further information about interpretation.

Conners 3 Global Index

The following section summarizes the parent's ratings of Rosa J with respect to the Conners 3 Global Index (Conners 3GI). High scores on the Conners 3GI may describe a youth who is moody and emotional, or restless, impulsive, or inattentive. The error bars on each bar represent Standard Error of Measurement (*SEM*) for each scale score. For information on *SEM*, see the *Conners 3 Manual*.
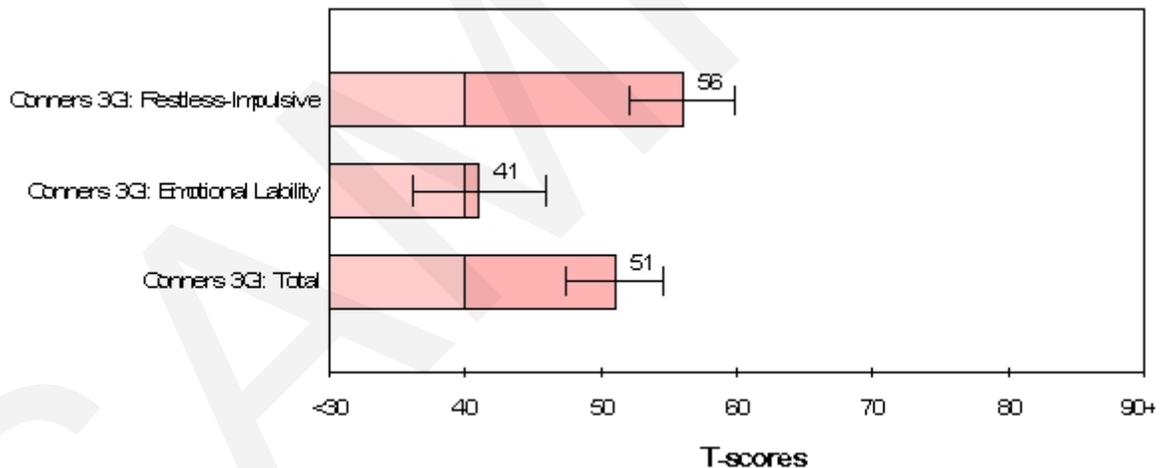
Scale	Raw Score	*T*-score ± *SEM* (Percentile)	Guideline	Common Characteristics of High Scorers
Conners 3GI: Restless-Impulsive	5	56 ± 3.9 (74)	Average Score (Typical levels of concern)	May be easily distracted. May be restless, fidgety, or impulsive. May have trouble finishing things. May distract others.
Conners 3GI: Emotional Lability	0	41 ± 4.9 (26)	Average Score (Typical levels of concern)	Moody and emotional; may cry, lose temper, or become frustrated easily.
Conners 3GI: Total	5	51 ± 3.6 (64)	Average Score (Typical levels of concern)	Moody and emotional; Restless, impulsive, inattentive.

Note: *SEM* = Standard Error of Measurement

ver. 1

Anxiety Screener Items

The following table displays the results from the parent's observations of Rosa J's behavior with regard to specific items that are related to generalized anxiety.

Guideline based on the parent's ratings to these items: No need for further investigation is indicated

Item Number	Item Content	Parent's Rating				
		0	1	2	3	?
4	Worries	✓				
20	Trouble controlling worries	✓				
70	Nervous or jumpy	✓				
100	Irritable when anxious	✓				

Parent's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Depression Screener Items

The following table displays the results from the parent's observations of Rosa J's behavior with regard to specific items that are related to depression.

Guideline based on the parent's ratings to these items: No need for further investigation is indicated

Item Number	Item Content	Parent's Rating				
		0	1	2	3	?
17	Worthlessness	✓				
66	Tired; low energy	✓				
82	Loss of interest or pleasure	✓				
103	Sad, gloomy, or irritable	✓				

Parent's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

🎐 **MHS**

ver. 1

Severe Conduct Critical Items

The following table displays the parent's observations of Rosa J's behavior with regard to several Severe Conduct Critical items. Endorsement of any Critical item indicates the need for immediate follow-up.

Item Number	Item Content	Parent's Rating					Recommendation
		0	1	2	3	?	
11	Forced sex	✓					No need for further investigation is indicated
27	Uses a weapon	✓					No need for further investigation is indicated
41	Cruel to animals	✓					No need for further investigation is indicated
78	Fire setting	✓					No need for further investigation is indicated
89	Breaking and entering	✓					No need for further investigation is indicated
96	Confrontational stealing	✓					No need for further investigation is indicated

Parent's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Additional Questions

The following section displays additional comments from the parent about Rosa J.

Item Number	Item Content	Parent's Rating
109	Additional concerns about your child	This item was omitted.
110	Child's strengths or skills	This item was omitted.

ver. 1

Conners 3–P Results and IDEA

The Conners 3–P provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners 3–P may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners 3–P. Checkmarks indicate which areas of the Conners 3–P were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in this table is based on the IDEA 2004 and general interpretation/application of this federal law. Specific state and local education agencies may have specific requirements that supersede these recommendations. The assessor is encouraged to consult local policies that may impact decision making. Remember that elevated scores or even a diagnosis is not sufficient justification for IDEA 2004 eligibility. Finally, keep in mind that the IDEA 2004 clearly indicates that categorization is not required for provision of services. Please see the *Conners 3 Manual* for further discussion of the IDEA 2004 and its relation to the Conners 3–P content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
Conners 3–P Content Scales		
Inattention	✓	ED, LD, OHI
Hyperactivity/Impulsivity		DD-Emotional , ED, OHI
Learning Problems		LD
Executive Functioning	✓	LD, OHI
Defiance/Aggression		DD-Emotional, ED
Peer Relations		Autism, DD-Communication, DD-Emotional, DD-Social, ED
DSM-IV-TR Symptom Scales		
ADHD Predominantly Inattentive Type	✓	ED, LD, OHI
ADHD Predominantly Hyperactive-Impulsive Type		ED, OHI
ADHD Combined Type		ED, LD, OHI
Conduct Disorder		ED
Oppositional Defiant Disorder		ED
Screener Items		
Anxiety		ED
Depression		ED
Critical Items		
Severe Conduct		ED

DD = Developmental Delay; ED = Emotional Disturbance; LD = Specific Learning Disability; OHI = Other Health Impairment.

≋ MHS

ver. 1

Item Responses

The parent entered the following response values for the items on the Conners 3–P.

Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating
1.	2	31.	2	61.	1	91.	0
2.	3	32.	0	62.	0	92.	0
3.	1	33.	2	63.	1	93.	0
4.	0	34.	3	64.	2	94.	0
5.	1	35.	3	65.	0	95.	2
6.	0	36.	1	66.	0	96.	0
7.	1	37.	2	67.	2	97.	2
8.	2	38.	2	68.	2	98.	0
9.	2	39.	0	69.	0	99.	0
10.	0	40.	0	70.	0	100.	0
11.	0	41.	0	71.	0	101.	2
12.	2	42.	0	72.	0	102.	1
13.	0	43.	0	73.	0	103.	0
14.	0	44.	2	74.	2	104.	1
15.	1	45.	0	75.	2	105.	2
16.	0	46.	0	76.	0	106.	2
17.	0	47.	3	77.	1	107.	1
18.	0	48.	0	78.	0	108.	1
19.	0	49.	0	79.	2		
20.	0	50.	0	80.	1		
21.	0	51.	1	81.	0		
22.	0	52.	0	82.	0		
23.	3	53.	0	83.	0		
24.	1	54.	0	84.	1		
25.	0	55.	0	85.	0		
26.	0	56.	0	86.	0		
27.	0	57.	0	87.	0		
28.	2	58.	0	88.	2		
29.	0	59.	0	89.	0		
30.	0	60.	1	90.	1		

Response Key:
0 = In the past month, this was **not true at all**. It never (or seldom) happened.
1 = In the past month, this was **just a little true**. It happened occasionally.
2 = In the past month, this was **pretty much true**. It happened often (or quite a bit).
3 = In the past month, this was **very much true**. It happened very often (very frequently).
? = Omitted Item

Date printed: June 18, 2009
End of Report

Conners 3rd Edition
Feedback Handout for Parent Ratings

Child's Name/ID: Rosa J

Child's Age: 7

Date of Assessment: May 01, 2007

Parent's Name: Mrs. J

Assessor's Name:

This feedback handout explains scores from parent ratings of this youth's behaviors and feelings as assessed by the Conners 3–Parent form (Conners 3–P). This section of the report may be given to parents (caregivers) or to a third party upon parental consent.

What is the Conners 3?
The Conners 3 is a set of rating scales that are used to gather information about the behaviors and feelings of children and adolescents. These rating scales can be completed by parents, teachers, and youth. The Conners 3 forms were developed by Dr. Conners, an expert in child and adolescent behavior, and are used all over the world to assess youth from many cultures. Research has shown that the Conners 3 scales are reliable and valid, which means that you can trust the scores that are produced by the parent's ratings.

Why do parents complete the Conners 3?
Information from parents (or guardians) about their child's behavior and feelings is extremely important, as parents generally know their child better than anyone else. Parents can describe their child's behaviors in a number of different situations, including the home and community.

The most common reason for using the Conners 3 scales is to better understand a youth who is having difficulty, and to determine how to help. The Conners 3 scales can also be used to make sure that treatment services are helping, or to see if the youth is improving. Sometimes the Conners 3 scales are used for a routine check, even if there is no reason to suspect the youth is struggling with a problem. If you are not sure why you were asked to complete the Conners 3, please ask the assessor listed at the top of this feedback form.

How does the Conners 3 work?
The parent read 110 items and decided how well each statement described Rosa J, or how often Rosa J displayed each behavior in the past month ("Not at all/never," "Just a little true/occasionally," "Pretty much true/often," or "Very much true/very frequently"). The parent's responses to these 110 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, inattention, aggression). The parent's responses were compared with what is expected for 7-year-old girls. The scores for each group of items show how similar Rosa J is to her peers. This information helps the assessor know if Rosa J is having more difficulty in a certain area than other 7-year-old girls.

Results from the Conners 3–Parent Form
The assessor who asked the parent to complete the Conners 3 will help explain these results and answer any questions you might have. Remember, these scores were calculated from how the parent described Rosa J in the past month. The parent ratings help the assessor know how Rosa J acts at home and in the community. The results from parent ratings on the Conners 3 should be combined with other important information, such as interviews with Rosa J and her parent, other test results, and observations of Rosa J. All of the combined information is used to determine if Rosa J needs help in a certain area and what kind of help is needed.

As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the scores do not make sense to you, you should let the assessor know so that you can discuss other possible explanations.

≋ **MHS**

ver. 1

The parent's responses to the 110 items were combined into groups of possible problem areas. The following table lists the main topics covered by the Conners 3–Parent form. These scores were compared with other 7-year-old girls. This gives you information about whether the parent described typical or average levels of concern (that is, "not an area of concern") or if the parent described "more concerns than average" for 7-year-old girls. This table also gives you a short description of the types of difficulties that are included in each possible problem area. Rosa J may not show *all* of the problems in an area; it is possible to have "more concerns than average" even if only *some* of the problems are happening. Also, it is possible that a parent may describe typical or average levels of concern, even when Rosa J is showing *some* of the problems in an area.

It is important to discuss these results with the assessor listed at the top of this feedback handout. This feedback handout describes results only from the Conners 3–Parent form. A checkmark in the "more concerns than average" box does not necessarily mean that Rosa J has a serious problem and is in need of treatment. Conners 3 results must be combined with information from other sources and be confirmed by a qualified clinician before a conclusion is made that an actual problem exists.

Inattention

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Poor concentration and attention, difficulty keeping his/her mind on work, careless mistakes, easily distracted; gives up easily; easily bored; avoids schoolwork.

Hyperactivity/Impulsivity

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		High activity levels, restless and/or impulsive; difficulty being quiet; interrupts others; easily excited.

Learning Problems

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Academic struggles; difficulty learning/remembering concepts; needs extra instructions; struggles with reading, spelling, and/or math.

Executive Functioning

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Difficulty starting or finishing projects; completes projects at the last minute; poor planning, prioritizing, or organizational skills.

Peer Relations

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Difficulty with friendships; poor social skills; seems to be unaccepted by group.

MHS

ver. 1

Defiance/Aggression

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Argumentative; poor control of anger; physically and/or verbally aggressive; violent behaviors, including bullying or destructive tendencies; manipulative or cruel.

Oppositional Behavior

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Oppositional, hostile, defiant behaviors.

Conduct Problems

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Aggression; cruelty; destruction of property; deceitfulness; theft; serious rule-breaking behaviors.

Response Style Analysis

Information about the rater's response style should be considered when the assessor reviews the results with you.

Additional Topics for Discussion

In addition to the results described above, some of the parent's responses on the Conners 3 suggest that it is important to consider the following areas for further evaluation of Rosa J. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Features that are commonly seen in youth with inattention, hyperactivity, and/or impulsivity

When asked to rate whether the problems described on the Conners 3 Parent form affected the youth's functioning, the parent responded:

The parent indicated that Rosa J's problems often seriously affect her schoolwork or grades.
The parent indicated that Rosa J's problems occasionally seriously affect her friendships and relationships.
The parent indicated that Rosa J's problems occasionally seriously affect her home life.

MHS
ver. 1