



CONNERS
Early Childhood™

By C. Keith Connors, Ph.D.

Behavior–Parent Short Assessment Report

Child's Name/ID:	Alex G
Age:	5 years and 9 months
Gender:	Male
Birth Date:	May 11, 2003
Childcare Setting/School Grade:	Kindergarten
Parent's Name/ID:	Mrs. G
Administration Date:	March 03, 2009
Assessor Name:	ES
Data Entered By:	ML
Normative Option:	Gender-specific norms

This Assessment Report is intended for use by qualified assessors only, and is not to be shown or in any other way provided to the respondent or any other unqualified individuals.



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P.O. Box 950, North Tonawanda, NY 14120-0950
3770 Victoria Park Ave., Toronto, ON M2H 3M6

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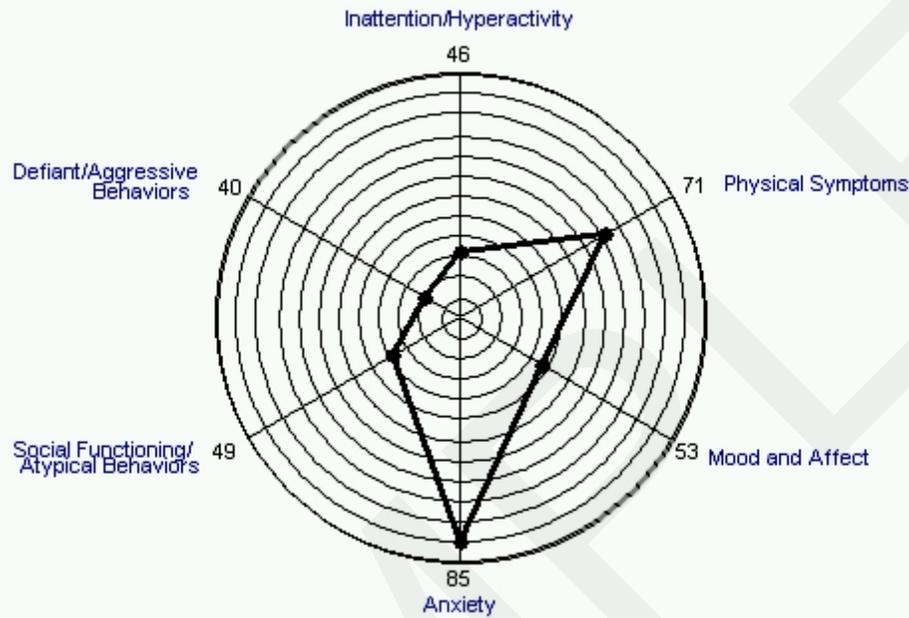
Summary of Results

Response Style Analysis

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

Overview of Scores

The following graph provides *T*-scores for each of the Conners Early Childhood BEH-P(S) scales.



Summary of Elevated Scores

The following section summarizes areas of concern for Alex G based on his parent's ratings. Note that areas that are not a concern are not reported in this summary.

Conners Early Childhood BEH-P(S) Scales

The *T*-scores for the following Conners Early Childhood BEH-P(S) scales are **very elevated** (i.e., *T*-score \geq 70), indicating many more concerns than are typically reported: Anxiety (*T* = 85) and Physical Symptoms (*T* = 71).

Conners Early Childhood BEH-P(S) Results and IDEA

Scores suggest possible consideration for IDEA 2004 eligibility in the following area(s): Developmental Delay-Emotional, Emotional Disturbance and Other Health Impairment.

Cautionary Remarks

This Summary of Results section provides information only 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 too many omitted items.

Introduction

The Conners Early Childhood Behavior–Parent Short [Conners Early Childhood BEH–P(S)] is an assessment tool used to obtain a parent's observations about his or her child's behavior. This instrument is designed to assess a wide range of behavioral, emotional, and social issues in young children. When used in combination with other information, results from the Conners Early Childhood BEH–P(S) can provide valuable information to aid in assessment and guide intervention decisions. This report provides information about the parent's assessment of the child, how he/she compares to other children, and which scales are elevated. See the *Conners Early Childhood Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be given to parents or other unqualified users, or used as the sole criterion for clinical decision-making. 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 a more comprehensive view of the child than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the obtained scores. Administrators should review the parent's responses to specific items to ensure that these interpretations apply to the child being described.

Response Style Analysis

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

Positive Impression

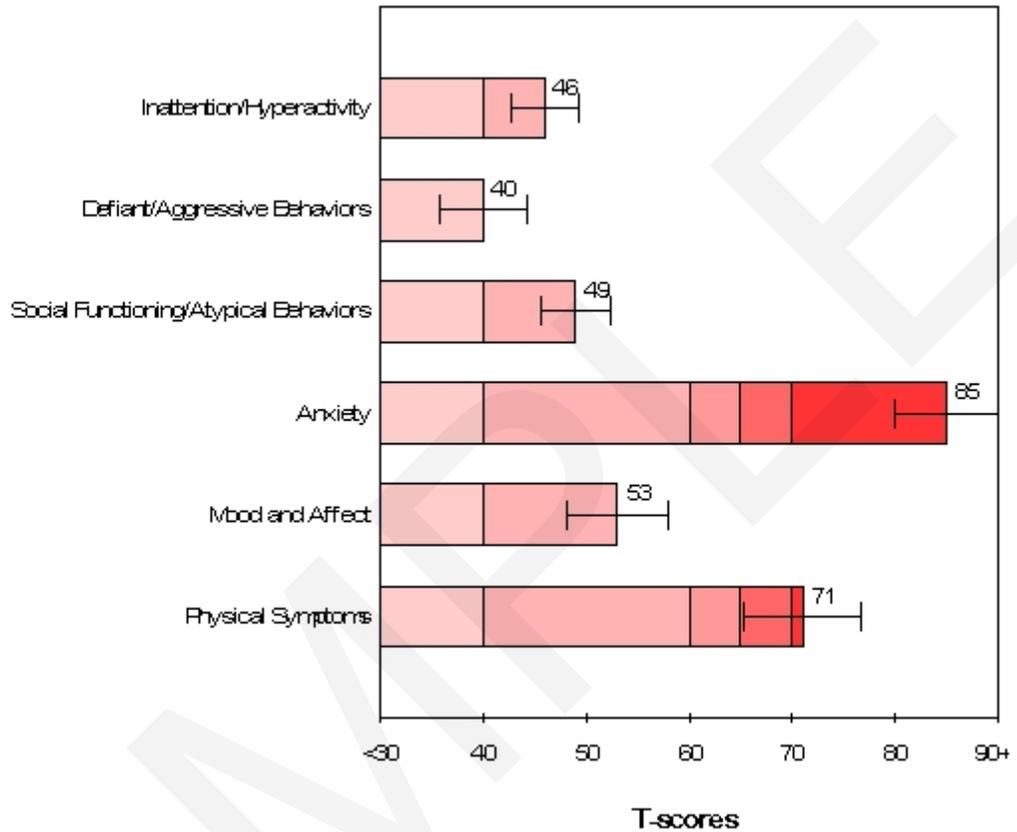
The Positive Impression score (raw score = 2) does not indicate an overly positive response style.

Negative Impression

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

Conners Early Childhood BEH-P(S): T-scores

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



Conners Early Childhood BEH-P(S): Detailed Scores

The following table summarizes the results of the parent’s assessment of Alex G and provides general information about how he compares to the normative group. Please refer to the *Conners Early Childhood Manual* for more interpretation information.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention/Hyperactivity	4	46 ± 3.3 (36)	Average Score (Typical levels of concern)	Difficulty with control of attention and/or behavior. May have poor concentration and/or be easily distracted. May have high activity levels and/or impulsivity. May be easily excited.
Defiant/Aggressive Behaviors	0	40 ± 4.2 (18)	Average Score (Typical levels of concern)	May be argumentative, defiant, destructive, or dishonest. May have problems with controlling temper. May have problems with physical and/or verbal aggression.
Social Functioning/Atypical Behaviors	2	49 ± 3.3 (51)	Average Score (Typical levels of concern)	May be odd and unusual. May have difficulty with friendships. May appear disinterested in social interactions. May have difficulty with social cues.
Anxiety	13	85 ± 5.0 (99)	Very Elevated Score (Many more concerns than are typically reported)	Anxious, including emotional or physical symptoms. May be fearful. May be clingy and/or easily frightened. May have sleep difficulties.
Mood and Affect	3	53 ± 4.9 (71)	Average Score (Typical levels of concern)	Mood problems may include irritability, sadness, negativity, and anhedonia. May be tearful.
Physical Symptoms	6	71 ± 5.7 (91)	Very Elevated Score (Many more concerns than are typically reported)	Physical symptoms that may have medical/emotional roots. May complain of aches/pains. May have sleep difficulties.

Note: SEM = Standard Error of Measurement

Additional Questions

The following section displays additional comments from the parent about Alex G.

Item Number	Item Content	Parent’s Response
AQ 1	Additional concerns about your child	This item was omitted.
AQ 2	Child’s strengths or skills	This item was omitted.

Conners Early Childhood BEH-P(S) Results and IDEA

The Conners Early Childhood BEH-P(S) provides information that may be useful to consider when determining whether a child is eligible for early intervention or special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004). The following table summarizes areas of IDEA 2004 categorization that are typically considered when a particular score is elevated. The "At Risk; Follow-up Recommended" column indicates which areas are elevated for Alex G suggesting the need for follow-up to determine if he is eligible for services under IDEA 2004 in this particular area.

The information in this table is based on 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 reminded to review local policies that may impact decision making. An elevated score is not sufficient justification for IDEA 2004 eligibility. The IDEA 2004 indicates that categorization is not required for provision of services, particularly in the case of early intervention services. In most districts, a child qualifies for early intervention services if there is evidence that he/she is at risk for substantial delays if services are not provided (even if no developmental delays or diagnoses have been documented yet). Please see the *Conners Early Childhood Manual* for further discussion of IDEA 2004.

Content Areas	At Risk; Follow-up Recommended	Possible IDEA Eligibility Category
Behavior Scales		
Inattention/Hyperactivity		DD-Cognitive, DD-Emotional, ED, OHI
Defiant/Aggressive Behaviors		DD-Emotional, ED
Social Functioning/Atypical Behaviors		Autism, DD-Cognitive, DD-Emotional, DD-Social, ED, MR/ID
Anxiety	✓	DD-Emotional, ED, OHI
Mood and Affect		DD-Emotional, ED
Physical Symptoms	✓	DD-Emotional, ED, OHI

DD = Developmental Delay; ED = Emotional Disturbance; MR/ID = Mental Retardation/Intellectual Disability; OHI= Other Health Impairment.

Item Responses

The parent marked the following responses for items on the Conners Early Childhood BEH-P(S).

Item	Parent's Rating										
1.	3	9.	1	17.	1	25.	2	33.	0	41.	3
2.	3	10.	0	18.	2	26.	0	34.	1	42.	2
3.	1	11.	0	19.	2	27.	0	35.	0	43.	0
4.	2	12.	3	20.	0	28.	1	36.	3	44.	2
5.	0	13.	3	21.	0	29.	1	37.	0	45.	2
6.	0	14.	0	22.	0	30.	0	38.	3	46.	0
7.	2	15.	0	23.	0	31.	0	39.	0	47.	1
8.	2	16.	3	24.	1	32.	1	40.	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 08, 2009

End of Report

Conners Early Childhood Behavior Short Feedback Handout for Parent Ratings

Child's Name: Alex G
Child's Age: 5 years and 9 months
Date of Assessment: March 03, 2009
Parent's Name: Mrs. G
Assessor's Name: ES

This feedback handout explains scores from parent ratings of this child's behaviors and feelings as assessed by the Conners Early Childhood Behavior–Parent Short form [Conners Early Childhood BEH–P(S)]. This section of the report may be given to parents (caregivers) or to a third party if parental consent is granted.

What is the Conners Early Childhood?

The Conners Early Childhood is a set of rating scales used to gather information about young children. The Conners forms were developed by Dr. Conners, an expert in child behavior, and can be completed by parents and teachers (or childcare providers). Research has shown that the Conners 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 Early Childhood?

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 Conners Early Childhood is typically used to better understand a child's difficulties and find a way to help. The Conners Early Childhood can also be used for a child receiving treatment to see if the child is improving. Sometimes the Conners Early Childhood is used as a routine check, even when the child does not appear to have a problem. If you are not sure why the parent was asked to complete the Conners Early Childhood, please ask the assessor listed at the top of this feedback form.

How does the Conners Early Childhood work?

The parent described Alex G's emotions and behaviors by marking 47 items to show how well each statement described Alex G or how often Alex G displayed each emotion/behavior in the past month. The parent's responses to these 47 statements were combined into several groups of items. Each group of items describes a certain type of emotion (for example, anxiety) or behavior (for example, hyperactivity). The parent's responses were compared with what is expected for boys who are the same age as Alex G. The scores for each group of items tell how similar Alex G is to his peers. This information helps the assessor know if Alex G is having more difficulty in a certain area than other boys who are the same age.

Results from the Conners Early Childhood Behavior–Parent Short Form

The assessor who asked the parent to complete the Conners Early Childhood will help explain these results and answer any questions you might have. Remember, these scores were calculated from how the parent described Alex G in the past month. The parent ratings are supposed to let the assessor know how Alex G acts at home and in the community. The results from parent ratings on the Conners Early Childhood should be combined with other important information, such as interviews with Alex G's parent, other test results, and observations of Alex G. All of the combined information is used to determine if Alex G 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 results do not make sense to you, you should let the assessor know so that you can discuss other possible explanations.

Remember that the parent's responses to all of the items were combined into groups of possible problem areas. The following tables list the main topics covered by the Conners Early Childhood Behavior–Parent Short form. These scores were compared with other boys who are the same age as Alex G. 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 boys who are the same age as Alex G.

Emotions and Behaviors

The tables below summarize the parent's observations of Alex G's emotions and behaviors. The tables also give you examples of emotional and behavioral issues that are included in each possible problem area. Alex G 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 the parent may describe typical or average levels of concern even if Alex G is showing *some* of the problems in an area.

Inattention/Hyperactivity

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 attention and concentration. High activity levels, impulsive.

Defiant/Aggressive Behaviors

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
✓		Destructive, rude, or moody; physical and/or verbal aggression; defiant; loses temper.

Social Functioning/Atypical Behaviors

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
✓		Lack of good friendships. Seems odd/unusual. Social isolation. Limited emotional expression

Anxiety

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
	✓	Emotional signs of anxiety (fearful, difficulty controlling worries, clingy, easily frightened). Physical symptoms of anxiety (e.g., sleep difficulties).

Mood and Affect

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
✓		Irritability, sadness, negativity, and lack of interest/pleasure; tearfulness; sad or morbid themes in play.

Physical Symptoms

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
	✓	Complains of aches/pains; eating issues; sleep difficulties

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

Response Style Analysis

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