Mental Health & Wellbeing for Children & Young People - Part Two
Overview

The *Gilliam Autism Rating Scales - Second Edition™* is a standardised screening test designed for use by teachers, psychologists, therapists and other medical professionals for the purpose of screening for autism. It is a norm referenced instrument that is designed to be used with individuals aged 3 to 22 years. The GARS-2™ is quick and easy to administer taking approximately 5-10 minutes.

Features

The GARS-2™ consists of three subscales:

- Stereotypical Behaviours
- Communication
- Social Interaction

The scales consist of behaviours commonly demonstrated by individuals who have autism. The items in each of the sub scales are based on the definition of autism adopted by the Autism Society of America (2003) and on diagnostic criteria for autistic disorder published in the American Psychiatric Association *DSM-IV - TR* (2000).

The examiner rates the individual on how frequent the behaviours occur; 0 being never observed, 1 seldom observed, 2 sometimes observed and 3 frequently observed.

*See Fig 2.1 on page 2*

There is also an optional parent interview which allows the examiner to document whether symptoms of autism were demonstrated in the early years of the individual’s life.

The examiner is able to build up a profile of individual’s behaviours and obtain a standard score and percentile for each of the subscales. An autism index can be obtained by combining the scores of the three subscales. A probability of autism can be profiled from unlikely to likely to very likely.

*See Fig 3.1 on page 2*
Fig 2.1
Example of scoring procedure of the GARS-2™

Section V. Individual Item Responses

Subscale 1: Stereotyped Behaviors

Directions: Rate the following items according to the frequency of occurrence. Use the following guidelines for your ratings:

- Never Observed
- Seldom Observed
- Sometimes Observed
- Frequently Observed

1. Avoids establishing eye contact; looks away when eye contact is made.
2. Stares at hands, objects, or items in the environment for at least 5 seconds.
3. Flicks fingers rapidly in front of eyes for periods of 5 seconds or more.
4. Fails to count, for example, and refuses to eat when most people usually will eat.

Circle the number that best describes your observations of the individual's typical behavior under ordinary circumstances (i.e., in most places, with familiar people, and in usual daily activities). Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the individual for a 6-hour period to determine your rating. REMEMBER, EVERY ITEM SHOULD RECEIVE A SCORE.

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<tr>
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Fig 3.1
Example of page 1 of a GARS-2™ Summary/Response Booklet

Figure 3.1. An example of page 1 of a GARS-2 Summary/Response Booklet, completed for David.
The GARS-2™ follows on from the successful GARS™ which was first published in 1995. It is normed on a sample of 1,107 children and young adults (US population) who had been diagnosed as autistic.

Reliability and validity evidence is good for example the internal consistency and reliability of the subscales and Autism Index were determined to be in the .80s and .90s.

Why Choose GARS-2™?

- Brief and easy to administer.
- Short psychometrically sound subscales.
- Excellent reliability and validity.
- Profile analysis allows examiner to determine where strengths and weaknesses lie.
- Used and recognised by a wide range of educational and medical professionals.
- Also contains an instructional objectives workbook to enable intervention planning.
Overview

The Gilliam Asperger’s Disorder Scale (GADS™) is a standardised screening test for use by teachers, psychologists, therapists and other professionals for the purpose of screening for Asperger’s Disorder.

A norm referenced instrument, it is quick and easy to administer taking approximately 5 - 10 minutes. It is designed to be used with individuals aged 3 to 22 years old.

Features

The GADS™ consists of four core subscales and an optional fifth subscale which can be completed by parents.

The examiner rates each item on how frequently these behaviours occur with 0 being never observed, 1 seldom observed, 2 sometimes observed and 3 frequently observed.

- **Social Interaction Subscale**
  Items on the Social Interaction Subscale describe social interactive behaviours, expression of communication intent and cognitive and emotional behaviours.

- **Restricted Patterns of Behaviour**
  Items on this subscale describe restricted and stereotyped patterns of behaviour that are characteristic of Asperger’s Disorder.

- **Cognitive Patterns**
  Items on this subscale evaluate speech, language and cognitive skills.

- **Pragmatic Skills**
  Items on this subscale are concerned with the ability to understand and use language in a social context.

- **Early Development**
  This is an optional subscale to be completed by parents or caregivers. It consists of eight questions about the individual’s early development.

(See example; Figure A on pg 2)

The examiner is able to build up a profile of an individual’s behaviours and obtain a standard score and percentile for each of the subscales. An Asperger’s Disorder Quotient can also be gained by combining the scores of the subscales. An examiner can also estimate the overall likelihood of the individual having Asperger’s Disorder using the quotient score.

(See example; Figure B on pg 2)
Gilliam Asperger’s Disorder Scale (GADS™)

Figure A

Restricted Patterns of Behavior Subscale

DIRECTIONS: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings:

0 Never Observed—You have never seen the person behave in this manner.
1 Seldom Observed—Person behaves in this manner 1 to 2 times per 6-hour period.
2 Sometimes Observed—Person behaves in this manner 3 to 4 times per 6-hour period.
3 Frequently Observed—Person behaves in this manner at least 5 times per 6-hour period.

Circle the number that best describes your observations of the subject’s typical behavior under ordinary circumstances (i.e., in most places, with people he or she is familiar with, and in usual daily activities). Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

The person:

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<thead>
<tr>
<th>Item</th>
<th>Never Observed</th>
<th>Seldom Observed</th>
<th>Sometimes Observed</th>
<th>Frequently Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Stares or looks unhappy or uninterested when praised, honored, or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>entertained</td>
<td></td>
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</tr>
<tr>
<td>12. Is unaware of and/or insensitive to the needs of others</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td></td>
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Figure B

Summary/Response Booklet

Gilliam Asperger’s Disorder Scale

Section I. Identifying Information

Name: [Name]
Address: [Address]
Examiner’s Name: [Examiner’s Name]
Examiner’s Title: [Examiner’s Title]
School: [School]
Date of GADS Rating: [Date]
Subjects Date of Birth: [Date]
Subjects Age: [Age]

Section II. Score Summary

Subscales | Raw Score | SS | % Ilk | SEM
---------|-----------|----|-------|---
Social Interaction | 11 | 12 | 10.6 | 1
Restricted Patterns of Behavior | 15 | 16 | 13.7 | 1
Cognitive Patterns | 1 | 2 | 1.6 | 1
Pragmatic Skills | 17 | 18 | 16.3 | 1
Daily Development | 6 | 7 | 5.3 | 1
Sum of Standard Scores | 105 | 115 | 93.4 | 1
Asperger’s Disorder Quotient | 55 | 65 | 51.4 | 4

Section III. Profile of Scores

Asperger’s Disorder Quotient | Probability of Asperger’s Disorder
2123 | Very Likely
80-120 | Likely
70-79 | Borderline
69 | Unlikely

Section IV. Profile of Scores

GADS Subscale

Figure 3.1. Example of completed page 1 of GADS Summary/Response Booklet.
Gilliam Asperger’s Disorder Scale (GADS™)

Technical Information

The GADS™ was normed on a US sample of 371 individuals between the ages of 3 and 22 years who were previously diagnosed with Asperger’s Disorder.

Reliability and validity evidence is good. The internal consistency and reliability of the subscales were determined to be above .70 and in most cases were in the .80s and .90s.

Why choose GADS™?

- Brief and easy to administer.
- Short, psychometrically sound subscales.
- Good reliability and validity.
- Profile analysis available to determine where strengths and weaknesses lie.
- Widely used and recognised by a number of different professions.
Overview

The CARS2™ identifies children with autism and examines the severity of symptoms through ratings based on direct observations. This second edition has built upon the success of the original CARS™, expanding upon the test’s clinical value, making it more responsive to individuals on the high functioning end of the autism spectrum, whilst maintaining the simplicity and clarity of the original test.

Features

The test is based on two forms, depending upon the client either use the Standard form or the High Functioning form.

The Standard version rating book (CARS 2-ST) is equivalent to the original CARS™ questionnaire. It is designed for use with children younger than 6 years, those with communication difficulties or below average estimated IQ’s. The forms have been designed to be even easier to use than its predecessor and now includes ample room for note taking.

The Higher Functioning version rating booklet (CARS 2-HF) provides an alternative for assessing verbally fluent individuals, above the age of 6 and with IQ’s higher than 80. The higher functioning version is designed to be used with adults as well as children. Items on this scale have been modified from the original CARS™ to reflect current research regarding characteristics of people with high functioning autism or Asperger’s Syndrome.

The standard and high functioning forms each include 15 areas of behaviour defined by a unique rating system from 1 to 4 in key areas related to autism diagnosis. The areas addressed are the following functional areas (please note that some items differ between the two forms ST and HF, as mentioned):

- Relating to people
- Imitation (ST); social-emotional understanding (HF)
- Emotional response (ST); emotional expression and regulations of emotions (HF)
- Body use
- Object use (ST); object use in play (HF)
- Adaptation to change (ST); adaptation to change/restricted interests (HF)
- Visual response
- Listening response
- Taste, smell and touch response and use
- Fear or nervousness (ST); fear or anxiety
- Verbal communication
- Non-verbal communication
- Activity level (ST); thinking/cognitive integration skills (HF)
- Level and consistency of intellectual response
- General impressions
Technical Information

The CARS2™ builds upon the extensive use of the original version, the standard form has all the same items as the original CARS™ form and so all research and work supports both forms. The similarities between the standard and higher form, such as structure, provides a strong basis for the newer form.

The original CARS™ was developed on a sample of 1,606 in 1988, with a recent verification sample for the CARS 2-ST; which involved 1,034 individuals aged between 2 and 36 years, all of whom had a diagnosis of autism and had an IQ of 85 or lower (using measures such as the WISC-IV, Stanford-Binet and the Test of Nonverbal intelligence).

The CARS 2-HF was normed on 994 individuals aged between 6 and 57 years. All participants had an IQ of 80 or above, this intellectual skew was intentionally designed to focus on the higher functioning individuals to complement the CARS 2-ST.

Both forms provide Cut off scores, Standard Scores and Percentiles.

Why choose CARS2™?

The CARS2™ allows the flexibility of utilising IQ dependent rating forms, to specify the functioning of your clients in more accurate detail. The improvement on the original form also involves the extension of the age range, so you are no longer limited to using this autism rating scale on just children – it can now aid in diagnosis of adults with autism.
The ASRS™ was designed to effectively identify symptoms, behaviours, and associated features of Autism Spectrum Disorders (ASDs) in children and adolescents aged 2 to 18 years.

Authored by the highly respected Sam Goldstein, Ph.D., and Jack A. Naglieri, Ph.D., it is a US standardised, norm-referenced tool of the Autism Spectrum, including Asperger’s Disorder and Autism.

A valid, reliable, and carefully crafted tool, ASRS can help guide diagnostic decisions, treatment planning, ongoing monitoring of response to intervention, and program evaluation. It is suitable for use by Psychologists, Educational Psychologists, Social Workers, Paediatricians, Counsellors, Specialist Teachers, Mental Health Professionals, Occupational Therapists and Speech and Language Therapists.

Using a five-point Likert rating scale, parents and teachers evaluate how often they observed specific behaviours in a number of areas such as socialisation, communication, unusual behaviours, behavioural rigidity, sensory sensitivity, and self-regulation.

ASRS Scales
- Social/Communication
- Unusual Behaviors
- Self-Regulation (ASRS [6–18 Years] only)

Treatment Scales
- Peer Socialisation
- Adult Socialisation
- Social/Emotional Reciprocity
- Atypical Language
- Stereotypical Behaviour
- Behavioral Rigidity
- Sensory Sensitivity
- Attention/Self-Regulation (ASRS [2–5 Years] only)
- Attention (ASRS [6–18 Years] only)
The assessment has **two versions** available:
- **ASRS (2–5 Years)** for ratings of children aged 2 to 5 years - comprises of 70 items.
- **ASRS (6–18 Years)** for ratings of children or adolescents aged 6 to 18 years - comprises of 71 items.

There are also separate parent and teacher rating forms for each age group.

This form provides in-depth information, including the Total Score, the **ASRS Scales**, the **DSM-IV-TR Scale**, and the Treatment Scales. Recommended for use in initial evaluations and full re-evaluations.

There is also a **15-item ASRS short form** available, which provides an efficient way to screen large numbers of children to determine which are most likely to require additional evaluation or services for an ASD and related issues. It can also be used for monitoring treatment/intervention progress.

### Technical Information

Over 7,000 assessments were collected which included US normative data, clinical data, as well as reliability and validity research data.

2,560 were included in the normative sample (320 **ASRS (2–5 Years)** Parent Ratings, 320 **ASRS (2–5 Years)** Teacher/Childcare Provider Ratings, 960 **ASRS (6–18 Years)** Parent Ratings, and 960 **ASRS (6–18 Years)** Teacher Ratings).

In addition ratings from over 1,600 youth with a clinical diagnosis were collected to create clinical samples.

### Why choose Autism Spectrum Rating Scales™?

- Brief and easy to administer in approximately 20 minutes (5 minutes short form).
- Excellent reliability, validity and test re-test data.
- Identifies symptoms, behaviors, and associated features of the full range of Autism Spectrum Disorders.
- Assesses **DSM-IV-TR™** symptom criteria for ASDs.
- Short, psychometrically sound scales.
Overview

The Brown ADD Scales for Children and Adolescents® can be used for initial screening of children and adolescents suspected of having an Attention-Deficit/Hyperactivity Disorder and as a comprehensive diagnostic assessment tool in a battery of assessment instruments. The scales address a variety of AD/HD related cognitive impairments and symptoms.

The scales are designed to elicit parent, teacher and self reported observations of symptoms that may indicate impairment in executive functions related to Attention/Hyperactivity disorders, and may be used to assess impairments in monitoring and self regulating action as well as for hyperactive and impulsive behaviour.

Features

The Brown ADD Scales go beyond measures that address only hyperactivity to assess for less apparent impairments of executive functioning. The manuals explain the new understanding of ADD as complex impairments of executive functions that impact academic, social, emotional and behavioural functioning.

As with the adolescent and adult version, the children’s edition features five clusters frequently associated with ADD - plus a sixth one, Monitoring and Self-Regulating Action, that encompasses problems in appropriately controlling behaviour:

- **Activation** - Organising, Prioritizing and Activating to Work.
- **Focus** - Focusing, Sustaining and Shifting Attention to Tasks.
- **Effort** - Regulating Alertness, Sustaining Effort, and Processing Speed.
- **Emotion** - Managing Frustration and Modulating Emotions.
- **Memory** - Utilizing Memory and Accessing Recall.
- **Action** - Monitoring and Self-Regulating Action.

The Brown ADD Diagnostic Form allows you to gather and integrate important diagnostic information about an individual, with cluster and total scores arriving at a diagnostic decision. The Diagnostic Form helps you conduct a comprehensive evaluation, with a set of procedures for integrating a clinical history, a co-morbidity screener, and a worksheet for integrating data from the Brown ADD Scales with standardised scores from other tests. All forms are in ready score format to enable easy scoring and analysis.
Technical Information

Norms for the *Brown ADD Scales for Children* are based on a US standardization sample of 800 children. Equal numbers of participants were selected by gender within each age band (3-5, 6-7, 8-9 and 10-12 years).

A clinical sample was also collected of 208 children who fully met the criteria and had been previously diagnosed as having an Attention/Hyperactivity Deficit Disorder.

Norms for the *Brown ADD Scales for Adolescents* were collected from a clinical sample of students aged 12 - 18 years who met the criteria for Attention/Hyperactivity Deficit Disorder and were compared to a non-clinical sample of 190 students matched for age and socioeconomic level.

Reliability and validity is excellent for example internal consistency for total score is above .90 for all ages.

Why choose Brown ADD Scales?

- Brief and easy to administer.
- Psychometrically sound scales.
- A Total Score and Cluster Scores can be obtained.
- T scores give an indication of how much impairment an examinee is showing relative to a normal population.
- All forms in ready score format to make scoring and analysis easier.
- Information can be gathered from various sources ie teacher, parent or the student themselves.
- Information gathered from various sources can be subsequently compared and analysed.
- Addresses a comprehensive range of AD/HD symptomology.
- Explores executive cognitive functioning aspects associated with AD/HD based on Thomas Brown’s cutting edge model of cognitive impairment in ADD.
Overview

The third edition of Conners™ has been designed as an in-depth, focused assessment of ADHD (Attention Deficit Hyperactivity Disorder). Conners 3™ aims to assess and screen for problems and disorders most commonly co-morbid or associated with ADHD.

With streamlined content, the third edition is a refined revision of Conners-Revised with new normative data and updated psychometric properties. The respondent-friendly translations of DSM-IV concepts allows for detailed assessment and can be used in a variety of ways:

• As an initial evaluation when the referral question – includes features of ADHD.
• As part of a re-evaluation to help determine progress in treatment, and to see if new issues have emerged.
• As part of a screening evaluation to determine if further consideration should be given to the possibility of ADHD, ODD, or CD.
• When the Conners CBRS™ indicates that more thorough assessment of ADHD and associated issues must be pursued.
• For frequent administration in monitoring response to intervention. In contrast to other rating scales Conners 3™ can be administered frequently due to high test retest reliability.

The Conners 3™ has DSM-IV-based symptoms of ADHD, and has added Opposition Defiant Disorder and Conduct Disorder. It also contains symptom-level information from the DSM-IV-TR.

Features

The Conners 3™ has a modified age range (6-18 years), increased similarities across forms and has been written with teachers, parents, and students in mind.

For each item the respondent indicates how often they feel that the statement applies to the child described; 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.

Key areas measured are:

- Hyperactivity
- Impulsivity
- Executive Functioning
- Learning Problems
- Aggression
- Peer Relations
- Family Relations
- Inattention
- DSM-IV-TR Symptoms: ADHD Hyperactive / Impulsive Anxiety
- DSM-IV-TR Symptoms: ADHD Inattentive
- Home Life
- DSM-IV-TR Symptoms: ADHD Combined
- Friendships/Relationships
- DSM-IV-TR Symptoms: Oppositional Defiant Disorder
- Schoolwork/Grades
- DSM-IV-TR Symptoms: Conduct Disorder

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Other important features of the Conners 3™ include:

• 8 Screener Items for Anxiety and Depression
• 6 Severe Conduct Critical Items - These groups of items alert the assessor to behaviors that are of significant concern at any age and warrant immediate investigation and/or intervention. e.g. fire-setting
• 3 Validity Scales- Negative Impression; Positive Impression; Inconsistency Index.

Forms

There are several forms available for the Parent, Teacher and Child (Self-report).

The long form is recommended for use when comprehensive information and DSM-IV symptoms are required.

Short forms are useful when administration of the full-length versions is not possible or practical. It is made up of a subset of items from the full-length form, representing concepts from all empirical scales, the inattention scale, and the validity scales. Both of these forms have scales that closely parallel each other.

In addition, there is a 10-item ADHD index form available. This is a separate, brief, ADHD-focused measure with items selected as the best to differentiate between people with ADHD from individuals with no clinical diagnosis. Not only is it a useful as a quick check to see if further ADHD evaluation is warranted but it can also be useful for repeated measures.

As part of the full-length form, or available as a separate form is the Conners Global Index. This is a fast and effective measure of general psychopathology. Including the 10 best predictive items from the parent and teacher rating scales. It allows professionals to carefully measure the general psychopathology of their clients and determine the next steps to take in further examination. The Conners 3GI has proven to be a fast and effective measure and is specifically used in monitoring treatment and intervention.

Technical Information

Normative Sample- US (2001 census)

• 1200 Parent and Teacher rated (6-18yrs)
• 1000 youth self-reports (8-18yrs)
• Stratifies by age and gender
• Representative of all ethnicities/races/SES groups/geographic regions

Internal Consistency

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<td>Validity</td>
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During development of Conners 3™, the need for a comprehensive rating scale based on empirical research, that could be used by assessors for a wide range of clinical issues affecting children was identified. Hence the Conners Behavioural Rating Scales™ was developed and can be used in conjunction with Conners 3™ enabling a thorough assessment of children displaying clinical problems to take place.

Also available is Conners Early Childhood™ (Conners EC™) an innovative psychological instrument designed to assess the concerns of parents and teachers/childcare providers of preschool children, aged 2 years to 6 years.
Overview

The Conners Comprehensive Behaviour Rating Scales™ (Conners CBRS™) is an instrument designed to provide a complete overview of child and adolescent disorders and concerns.

Those working in the field of child and youth psychology can now use the Conners CBRS to assess a wide spectrum of behaviours, emotions, and academic problems in today’s youth.

The Conners CBRS includes the following scales:

- Empirical
- Rational
- DSM-IV TR™ Symptom
- Validity
- Clinical Indicators
- Impairment

This assessment is suitable for ages 6 to 18 years for parent and teacher forms and 8 to 18 years for self-report forms.

Features

Conners CBRS™ uses three different questionnaires from different raters (parent, teacher and self report) to assess the following areas:

- Emotional distress
  - Upsetting thoughts
  - Worrying
  - Upsetting thoughts/physical symptoms
  - Social anxiety
- Aggressive behaviours
- Academic difficulties
  - Language
  - Maths
- Hyperactivity
- Hyperactivity/impulsivity
- Social problems
- Separation fears
- Perfectionistic and compulsive behaviours
- Violence potential
- Physical symptoms

Conners CBRS™ can be scored by hand or by computer using the scoring and reporting software.
Technical Information

Total sample:
2281 parents
2364 teachers
2057 self report (8-18)

Clinical sample (included in total sample):
704 parents, 672 teachers, and 700 self report.

• ADHD inattentive
• ADHD hyperactive-impulsive
• ADHD combined
• Disruptive behaviour disorders
• Learning disorders
• Anxiety disorder
• Major depressive disorder
• Bipolar disorder
• Pervasive developmental disorder

Conners Comprehensive Behaviour Rating Scales™ (Conners CBRS™)

Forms

Conners CBRS Parent Rating Scales
Assess behaviours, concerns and academic problems in children between the ages of 6 and 18 years and are reported by parents. The form is available in one comprehensive length (Conners CBRS–P) and is recommended for initial evaluations if time allows. When used in conjunction with teacher ratings, differences between home and school are highlighted.

Conners CBRS Teacher Rating Scales
These scales enable teachers to report on the items covered in the Parent Rating Scales, from a school perspective. The scales provide comprehensive results and when used with the parent scale highlight behavioural differences occurring between home and school. If time allows the Conners CBRS–T is recommended for initial evaluations.

Conners CBRS Self-Report Rating Scales
Conners 3rd Edition™ self-report forms measures behaviours, concerns, and academic problems in children 8 and 18 years old. This version provides more comprehensive results, and is recommended for initial evaluations.

Conners CBRS Clinical Index
The Conners CBRS™ offers a 25-item Conners CBRS Clinical Index which is available for parents, teachers and youth. The brief index works well when screening a large group of children and adolescents to see if further assessment of a number of disorders such as social phobia, Asperger’s disorder and manic episode is warranted. The Clinical Index is a useful tool which can help build support for whether a child is likely to have a clinical diagnosis, or is more similar to youth who do not have a clinical diagnosis.
Why choose Conners CBRS™?

- Direct and clear links to the *DSM-IV-TR* and the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004)
- Straightforward administration, scoring and reports
- Excellent reliability and validity
- Assists in the diagnostic process
- Identifies and qualifies students for inclusion or exclusion in special education/research studies
- Assists in the development of intervention treatment plans
- Monitors the child or adolescents response to intervention/treatment
- Evaluates the effectiveness of intervention/treatment plans

Links to other measures

Also available:
- Conners 3rd Edition™ (Conners 3™)
- Conners Early Childhood™

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