



CONNERS

3rd Edition™

By C. Keith Conners, Ph.D.

Conners 3–Teacher Assessment Report

Student's Name/ID: Alex

Age: 7 years

Gender: Male

Birth Date:

Grade:

Teacher's Name/ID:

Class(es) Taught:

Time Known Student: 1 month

Administration Date: October 01, 2007

Assessor Name:

Data Entered By: Case from Hazel

Normative Option: Gender-specific norms

DSM Scoring Option: DSM-5

Report Options: The following features were included in this assessment report: Standard Error of Measurement, Percentiles, Item Responses by Scale.

This Assessment report is intended for use by qualified assessors only, and is not to be shown or presented 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

ver. 1.2

Summary of Results

Response Style Analysis

The Positive Impression score (raw score = 0) does not indicate an overly positive response style. The Negative Impression score (raw score = 0) does not indicate an overly negative response style. The Inconsistency Index score (raw score = 8, number of differentials $\geq 2 = 2$) indicates a possible inconsistent response style. These scores need to be taken into consideration when interpreting results.

Summary of Elevated Scores

The following section summarizes areas of concern for Alex based on his teacher's ratings on the Conners 3-T. Note that areas that are not a concern are not reported in this summary.

Conners 3-T Content Scales

The *T*-score for the following Conners 3-T Content scale was **very elevated** (i.e., *T*-score ≥ 70), indicating many more concerns than are typically reported: Hyperactivity/Impulsivity (*T* = 86).

DSM-5 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-5 Symptom scale: ADHD Predominantly Hyperactive-Impulsive Presentation (*T* = 82). This diagnosis should be given strong consideration.

Impairment

The teacher reports that Alex's problems seriously affect his functioning **occasionally** (rating = 1) in the academic and social settings.

Conners 3 Index Scores

Based on the teacher's ratings, an ADHD classification is strongly indicated (81% probability), but other clinically relevant information should also be carefully considered in the assessment process.

The *T*-scores for the following Conners 3 Global Index scales were **very elevated** (i.e., *T*-score ≥ 70), indicating many more concerns than are typically reported: Conners 3GI: Emotional Lability (*T* = 76) and Conners 3GI: Total (*T* = 74).

The *T*-score for the following Conners 3 Global Index scale was **elevated** (i.e., *T*-score = 65 to 69), indicating more concerns than are typically reported: Conners 3GI: Restless-Impulsive (*T* = 68).

Screener Items

Based on the teacher's ratings, further investigation was suggested/recommended for issues with anxiety.

Conners 3-T Results and IDEA

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

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.

Introduction

The Conners 3rd Edition-Teacher (Conners 3–T) is an assessment tool used to obtain the teacher's observations about his/her student's behavior in a school setting. 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–T can provide valuable information to guide assessment decisions. This report provides information about the teacher's assessment of the youth, how he compares to other youth, and which scales and subscales are elevated. See the *Conners 3 Manual* and *DSM-5 Update* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be provided to teachers 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 teacher'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 teacher'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

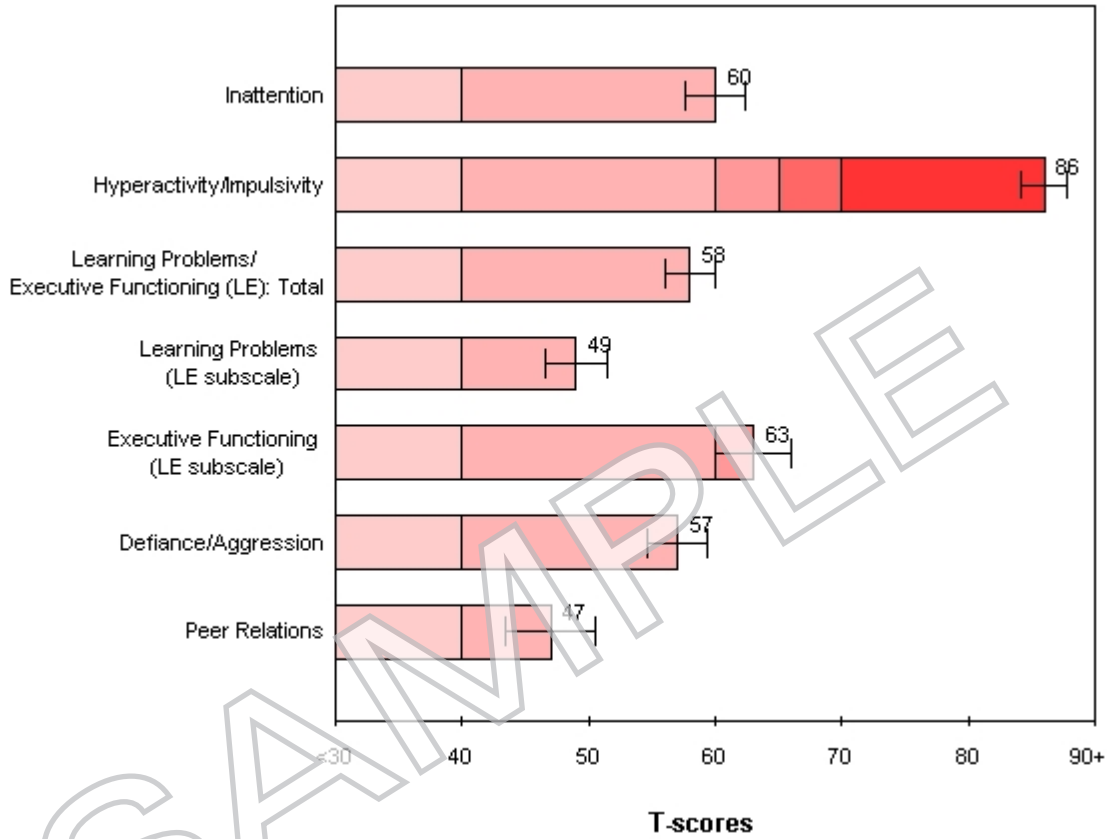
The Negative Impression score (raw score = 0) does not indicate an overly negative response style.

Inconsistency Index

The Inconsistency Index score (raw score = 8, number of differentials $\geq 2 = 2$) indicates that responses to similar items showed high levels of inconsistency. Scores may not accurately reflect the individual due to a careless or unusual response to some items. Interpretation should focus on understanding the reasons for differences in responses to similar items.

Conners 3-T Content Scales: T-scores

The following graph provides T-scores for each of the Conners 3-T Content scales and subscales. 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*.



Conners 3–T Content Scales: Detailed Scores

The following table summarizes the results of the teacher’s assessment of Alex and provides general information about how he 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	15	60 ± 2.4 (80)	High Average Score (Slightly 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	44	86 ± 1.8 (96)	Very Elevated Score (Many more concerns than are typically reported)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others. May be easily excited.
Learning Problems/ Executive Functioning (LE): Total	20	58 ± 2.0 (85)	Average Score (Typical levels of concern)	Academic struggles. May have difficulty learning and/or remembering concepts. May need extra instructions. May have executive deficits.
Learning Problems (LE subscale)	3	49 ± 2.5 (59)	Average Score (Typical levels of concern)	Struggles with reading, spelling, and/or math. May have difficulty remembering concepts.
Executive Functioning (LE subscale)	13	63 ± 3.0 (88)	High Average Score (Slightly more concerns than are typically reported)	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning, prioritizing, or organizational skills.
Defiance/ Aggression	5	57 ± 2.4 (76)	Average Score (Typical levels of concern)	May be argumentative; may defy requests from adults; may have poor control of anger or may lose temper; may be physically and/or verbally aggressive; may show violent or destructive tendencies; may bully others; may be manipulative or cruel. May have legal issues.
Peer Relations	1	47 ± 3.6 (53)	Average Score (Typical levels of concern)	May have difficulty with friendships, poor social skills, limited social skills. May appear to be unaccepted by group.

Note: SEM = Standard Error of Measurement

DSM-5 Overview

This section of the report provides the following information for each DSM-5 diagnosis on the Conners 3–T:

1. DSM-5 Symptom scales: *T*-scores
2. DSM-5 Symptom scales: Detailed Scores
3. DSM-5 Total Symptom Counts
4. DSM-5 Symptom tables
 - Listing of Conners 3–T item(s) that correspond to each DSM-5 Symptom
 - Criterion status of each DSM-5 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-5 Symptom tables for each criterion status and for any exception that may alter the Total Symptom Count. See the *Conners 3 Manual* for details on how each criterion status is determined.

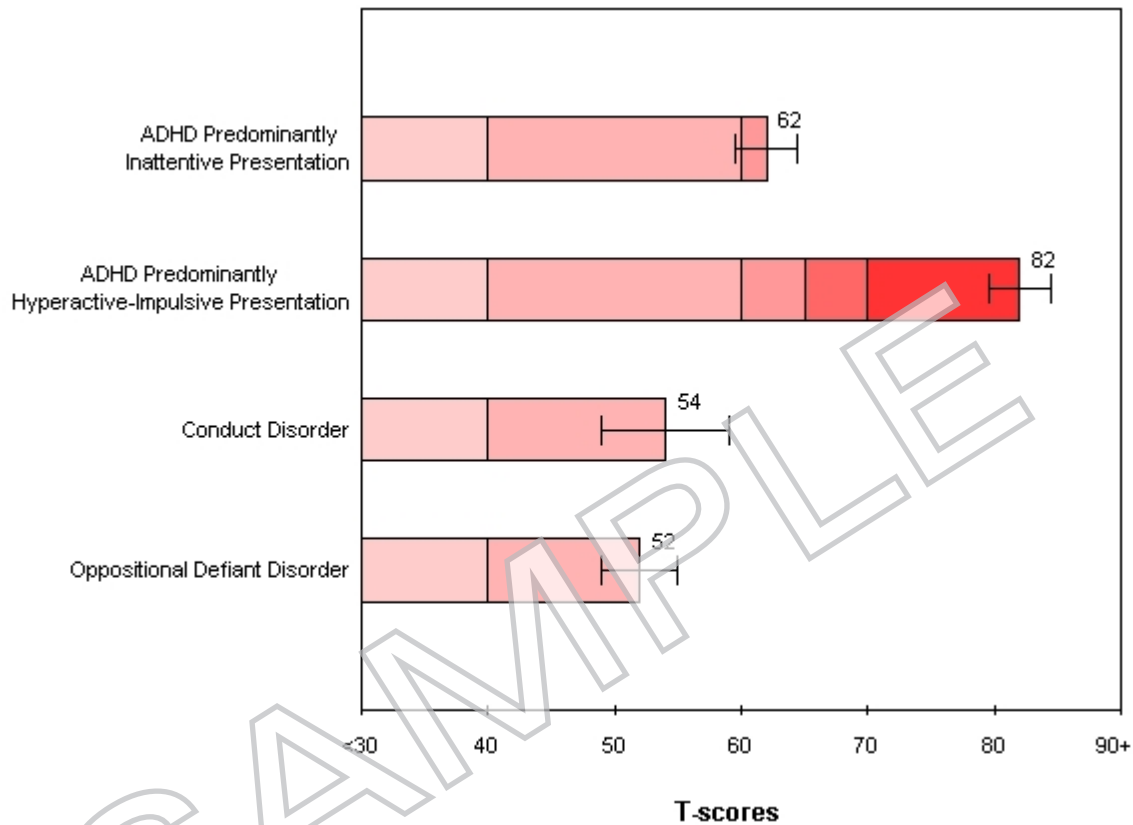
Interpretive Considerations

Results from the Conners 3–T are a useful component of DSM-5 based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners 3–T DSM-5 Symptom scales, the assessor should take the following important considerations into account. Please refer to the *Conners 3 Manual* and *DSM-5 Update* for further interpretative guidelines.

- The Conners 3–T contains symptom-level criteria, not full diagnostic criteria, for DSM-5 diagnoses. Additional criteria (e.g., course, age of onset, differential diagnosis, level of impairment, pervasiveness) must be met before a DSM-5 diagnosis can be assigned.
- The Conners 3–T items are approximations of the DSM-5 symptoms that are intended to represent the main clinical construct in a format that most teachers can understand. As a result, some aspects of the DSM-5 criteria may not be fully represented. Before using any diagnostic labels, the assessor must consider all criteria that are required for a DSM-5 diagnosis, including the symptoms from the Conners 3–T. The assessor should refer to the DSM-5 and follow-up with the client for more information when reviewing the Conners 3–T report for diagnostic information. The DSM-5 incorporates specifiers (e.g., "With limited prosocial emotions" for Conduct Disorder), where follow-up is recommended to determine their applicability for a specific case.
- The Conners 3–T provides information relevant to the DSM-5 diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-5 Symptom Counts can contribute to consideration of whether a particular DSM-5 diagnosis might be appropriate. A *T*-score for each DSM-5 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 interpretation of this pair of scores (DSM-5 Symptom Count and *T*-score).
 - Both scores are elevated (i.e., DSM-5 Symptom Count probably met, DSM-5 *T*-score ≥ 65): This diagnosis should be given strong consideration.
 - Both scores are average or below (i.e., DSM-5 Symptom Count probably not met, DSM-5 *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-5 Symptom Count probably met, DSM-5 *T*-score < 65): Although the absolute DSM-5 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-5 diagnosis).
 - Only *T*-score is elevated (i.e., DSM-5 Symptom Count probably not met, DSM-5 *T*-score ≥ 65): Although the current presentation is atypical for the youth's age and gender, there are insufficient symptoms reported to meet DSM-5 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).

DSM-5 Symptom Scales: T-scores

The following graph provides T-scores for each of the DSM-5 Symptom scales. The error bars on each bar represent Standard Error of Measurement (SEM) for each DSM-5 Symptom scale score. For information on SEM, see the *Conners 3 Manual*.



DSM-5 Symptom Scales: Detailed Scores

The following table summarizes the results of the teacher’s assessment of Alex with respect to the DSM-5 Symptom scales, and provides general information about how he 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 Presentation	15	62 ± 2.4 (88)	High Average Score (Slightly more concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Presentation	25	82 ± 2.4 (91)	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	2	54 ± 5.1 (82)	Average Score (Typical levels of concern)
Oppositional Defiant Disorder	2	52 ± 3.0 (68)	Average Score (Typical levels of concern)

Note: SEM = Standard Error of Measurement

DSM-5 Total Symptom Counts

The following tables summarize the results of the DSM-5 Total Symptom Counts as indicated by the Conners 3–T.

Results from the Conners 3–T suggest that the Symptom Count requirements are *probably met* for the following DSM-5 diagnoses:

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–T
ADHD Predominantly Hyperactive-Impulsive Presentation (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	7

Note: The Symptom Count is probably met for ADHD Predominantly Hyperactive-Impulsive Presentation. Follow-up is recommended to ensure symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.

Results from the Conners 3–T suggest that the Symptom Count requirements are *probably not met* for the following DSM-5 diagnoses:

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–T
ADHD Predominantly Inattentive Presentation (ADHD In)	At least 6 out of 9 symptoms	4
ADHD Combined Presentation	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 4 ADHD Hyp-Imp: 7
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	1

The status of the following DSM-5 diagnoses *could not be determined* due to omitted or unassessed item(s):

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–T
Conduct Disorder [‡]	At least 3 out of 15 symptoms	1

[‡]Two criteria from this scale have not been assessed, as most teachers do not directly observe these symptoms.

DSM-5 Symptom Tables

This section of the report provides information about how the teacher rated Alex on items that correspond to the DSM-5. Please see the DSM-5 Overview section for important information regarding appropriate use of DSM-5 Symptom Counts.

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

Teacher’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-5 ADHD Predominantly Inattentive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Teacher’s Rating					Criterion Status
		0	1	2	3	?	
A1a.	37				✓		Indicated
A1b.	111		✓				Not Indicated
A1c.	69			✓			Indicated
A1d.	73 -and- 57			✓		✓	Indicated
A1e.	103			✓			Indicated
A1f.	60	✓					Not Indicated
A1g.	92		✓				Not Indicated
A1h.	23		✓				Not Indicated
A1i.	88	✓					Not Indicated

DSM-5 ADHD Predominantly Hyperactive-Impulsive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Teacher’s Rating					Criterion Status
		0	1	2	3	?	
Hyperactivity							
A2a.	4		✓				Not Indicated
A2b.	1		✓				Not Indicated
A2c.	24 -or- 7			✓			Indicated
A2d.	32				✓		Indicated
A2e.	17 -or- 78			✓		✓	Indicated
A2f.	50				✓		Indicated
Impulsivity							
A2g.	9				✓		Indicated
A2h.	76			✓			Indicated
A2i.	29				✓		Indicated

DSM-5 ADHD Combined Presentation

An ADHD Combined Presentation diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Presentation and for ADHD Predominantly Hyperactive-Impulsive Presentation. See the DSM-5 or the *Conners 3 Manual* and *DSM-5 Update* for additional guidance.

DSM-5 Conduct Disorder

DSM-5 Symptoms: Criterion A	Item Number	Teacher's Rating					Criterion Status
		0	1	2	3	?	
Aggression to People and Animals							
A1.	98	✓					Not Indicated
A2.	105	✓					Not Indicated
A3.	14	✓					Not Indicated
A4.	35		✓				Indicated
A5.	21	✓					Not Indicated
A6.	27	✓					Not Indicated
A7.	33	✓					Not Indicated
Destruction of Property							
A8.	61	✓					Not Indicated
A9.	10	✓					Not Indicated
Deceitfulness or Theft							
A10.	90	✓					Not Indicated
A11.	40		✓				Not Indicated
A12.	31	✓					Not Indicated
Serious Violations of Rules							
A15.	54	✓					Not Indicated

Note: The Conners 3–T does not assess Criterion A13 (staying out at night without permission) or Criterion A14 (running away from home), as most teachers do not have the opportunity to observe these infractions.

DSM-5 Oppositional Defiant Disorder

DSM-5 Symptoms: Criterion A	Item Number	Teacher's Rating					Criterion Status
		0	1	2	3	?	
Angry/Irritable Mood							
A1.	62	✓					Not Indicated
A2.	56	✓					Not Indicated
A3.	38	✓					Not Indicated
Argumentative/Defiant Behavior							
A4.	47			✓			Indicated
A5.	71	✓					Not Indicated
A6.	59	✓					Not Indicated
A7.	64	✓					Not Indicated
Vindictiveness							
A8.	51	✓					Not Indicated

Impairment

The teacher's report of Alex's level of impairment in academic and social settings is presented below.

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

Alex's teacher indicated that Alex's problems seriously affect his schoolwork or grades occasionally (score of 1).

Social				
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Alex's teacher indicated that Alex's problems seriously affect his friendships and relationships occasionally (score of 1).

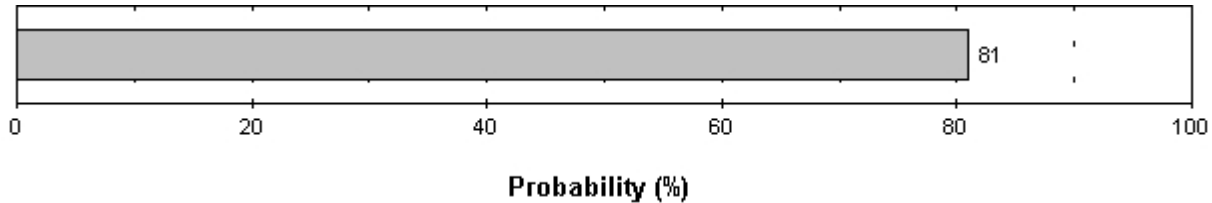
SAMPLE

Conners 3 Index Scores

The following section describes the results for the two index scores on the Conners 3-T.

Conners 3 ADHD Index

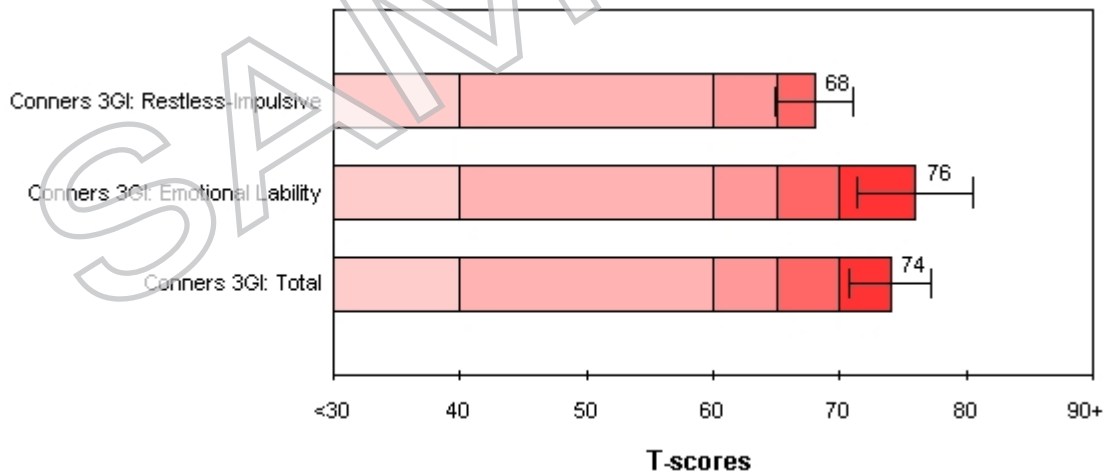
The following graph summarizes the teacher’s ratings of Alex with respect to the Conners 3 ADHD Index.



Among ADHD and general population cases, individuals with ADHD obtained this score 81% 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 teacher’s ratings of Alex 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	13	68 ± 3.1 (92)	Elevated Score (More concerns than are typically reported)	May be easily distracted. May be restless, fidgety, or impulsive. May have trouble finishing things. May distract others.
Conners 3GI: Emotional Lability	3	76 ± 4.6 (87)	Very Elevated Score (Many more concerns than are typically reported)	Moody and emotional; may cry, lose temper, or become frustrated easily.
Conners 3GI: Total	16	74 ± 3.2 (89)	Very Elevated Score (Many more concerns than are typically reported)	Moody and emotional; Restless, impulsive, inattentive.

Note: SEM = Standard Error of Measurement

Anxiety Screener Items

The following table displays the results from the teacher’s observations of Alex’s behavior with regard to specific items that are related to generalized anxiety.

Guideline based on the teacher’s ratings to these items: Further investigation may be necessary

Item Number	Item Content	Teacher's Rating				
		0	1	2	3	?
58	Irritable when anxious	✓				
79	Worries		✓			
82	Trouble controlling worries	✓				
87	Nervous or jumpy	✓				

Teacher’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 teacher’s observations of Alex’s behavior with regard to specific items that are related to depression.

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

Item Number	Item Content	Teacher's Rating				
		0	1	2	3	?
49	Sad, gloomy, or irritable	✓				
53	Loss of interest or pleasure	✓				
67	Tired; low energy	✓				
95	Worthlessness	✓				

Teacher’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.

Severe Conduct Critical Items

The following table displays the teacher's observations of Alex'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	Teacher's Rating					Recommendation
		0	1	2	3	?	
14	Uses a weapon	✓					No need for further investigation is indicated
21	Cruel to animals	✓					No need for further investigation is indicated
27	Confrontational stealing	✓					No need for further investigation is indicated
33	Forced sex	✓					No need for further investigation is indicated
61	Fire setting	✓					No need for further investigation is indicated
68	Trouble with police	✓					No need for further investigation is indicated
90	Breaking and entering	✓					No need for further investigation is indicated

Teacher'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 teacher about Alex.

Item Number	Item Content	Teacher's Rating
114	Additional concerns about student	I don't know if he is just an overly active 7 year old or if there is something else happening.
115	Student strengths or skills	His personality, he is so cheerful and friendly and does not mean to be bad!

Conners 3–T Results and IDEA

The Conners 3–T 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–T 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–T. Checkmarks indicate which areas of the Conners 3–T 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–T content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
Conners 3–T Content Scales		
Inattention		ED, LD, OHI
Hyperactivity/Impulsivity	✓	DD-Emotional, ED, OHI
Learning Problems/Executive Functioning (LE): Total		LD, OHI
Learning Problems (LE subscale)		LD
Executive Functioning (LE subscale)		LD, OHI
Defiance/Aggression		DD-Emotional, ED
Peer Relations		Autism, DD-Communication, DD-Emotional, DD-Social, ED
DSM-5 Symptom Scales		
ADHD Predominantly Inattentive Presentation		ED, LD, OHI
ADHD Predominantly Hyperactive-Impulsive Presentation	✓	ED, OHI
ADHD Combined Presentation		ED, LD, OHI
Conduct Disorder	?	ED
Oppositional Defiant Disorder		ED
Screeners Items		
Anxiety	✓	ED
Depression		ED
Critical Items		
Severe Conduct		ED

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

? = The need for follow-up could not be determined due to omitted or unassessed item responses.

Item Responses

The teacher entered the following response values for the items on the Conners 3-T.

Item	Teacher's Rating	Item	Teacher's Rating	Item	Teacher's Rating	Item	Teacher's Rating
1.	1	31.	0	61.	0	91.	2
2.	3	32.	3	62.	0	92.	1
3.	2	33.	0	63.	0	93.	0
4.	1	34.	0	64.	0	94.	1
5.	1	35.	1	65.	1	95.	0
6.	3	36.	2	66.	0	96.	1
7.	2	37.	3	67.	0	97.	2
8.	0	38.	0	68.	0	98.	0
9.	3	39.	3	69.	2	99.	2
10.	0	40.	1	70.	0	100.	1
11.	0	41.	1	71.	0	101.	0
12.	0	42.	0	72.	0	102.	0
13.	3	43.	0	73.	2	103.	2
14.	0	44.	3	74.	2	104.	0
15.	0	45.	1	75.	0	105.	0
16.	2	46.	0	76.	2	106.	2
17.	2	47.	2	77.	2	107.	3
18.	1	48.	2	78.	3	108.	0
19.	0	49.	0	79.	1	109.	0
20.	0	50.	3	80.	0	110.	0
21.	0	51.	0	81.	3	111.	1
22.	2	52.	1	82.	0	112.	1
23.	1	53.	0	83.	3	113.	1
24.	2	54.	0	84.	1		
25.	3	55.	0	85.	0		
26.	3	56.	0	86.	2		
27.	0	57.	3	87.	0		
28.	0	58.	0	88.	0		
29.	3	59.	0	89.	0		
30.	1	60.	0	90.	0		

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: September 24, 2014

End of Report

Conners 3rd Edition Feedback Handout for Teacher Ratings

Child's Name: Alex
Child's Age: 7
Date of Assessment: October 01, 2007
Teacher's Name:
Assessor's Name:

This feedback handout explains scores from teacher ratings of this youth's behaviors and feelings as assessed by the Conners 3–Teacher Form (Conners 3–T). 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 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 scales are reliable and valid, which means that you can trust the scores that are produced by the teacher's ratings.

Why do teachers complete the Conners 3?

Information from teachers about their students' behavior and feelings is very important, as teachers have the opportunity to observe the youth in a school setting. Teachers have the opportunity to observe the youth during both structured academic work as well as during unstructured peer interactions. Ratings from two or more teachers helps to determine whether the youth's behavior is consistent across different classroom settings.

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 the teacher was 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 teacher read 115 items, and decided how well each statement described Alex, or how often Alex 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 teacher's responses to these 115 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, inattention, aggression). The teacher's responses were compared with what is expected for 7-year-old boys. The scores for each group of items show how similar Alex is to his peers. This information helps the assessor know if Alex is having more difficulty in a certain area than other 7-year-old boys.

Results from the Conners 3–Teacher Form

The assessor who asked the teacher 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 teacher described Alex in the past month. The teacher ratings help the assessor know how Alex acts at school. The results from teacher ratings on the Conners 3 should be combined with other important information, such as interviews with Alex and his parent, other test results, and observations of Alex. All the combined information is used to determine if Alex 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.

The teacher’s responses to the 115 items were combined into groups of possible problem areas. The following table lists the main topics covered by the Conners 3–Teacher form. These scores were compared with those of other 7-year-old boys. This gives you information about whether the teacher described typical or average levels of concern (that is, “not an area of concern”) or if the teacher described “more concerns than average” for 7-year-old boys. The table also gives you a short description of the types of difficulties that are included in each possible problem area. Alex 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 teacher may describe typical or average levels of concern even if Alex 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–Teacher form. A checkmark in the “more concerns than average” box does not necessarily mean that Alex 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 that an actual problem exists is made.

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/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
✓		Academic struggles; difficulty learning/remembering concepts; needs extra instructions; planning, prioritizing, or organizing problems.
✓		Struggles with reading, spelling, and/or math; difficulty remembering concepts.
✓		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.

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/aggression; 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.

? = Feedback could not be provided due to omitted or unassessed item responses.

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 teacher’s responses on the Conners 3 suggest it is important to consider the following in further evaluation of Alex. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Symptoms of anxiety
- Features of general psychological difficulty that may be expressed behaviorally, academically, socially, or emotionally
- 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–Teacher form affected the youth’s functioning, the teacher responded:

The teacher indicated that Alex’s problems occasionally seriously affect his schoolwork or grades.
 The teacher indicated that Alex’s problems occasionally seriously affect his friendships and relationships.