



CONNERS

3rd Edition™

By C. Keith Conners, Ph.D.

Conners 3–Parent Assessment Report

Child's Name/ID: John H.
Age: 17 years
Gender: Male
Birth Date: March 24, 1997
Grade: 12
Parent's Name/ID: Jane H.
Administration Date: March 24, 2014
Assessor's Name: K. C.
Data Entered By: S. M.
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. The following additional features are available: 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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ver. 1.2

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 John H. based on his 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: Hyperactivity/Impulsivity (*T* = 80) and Peer Relations (*T* = 85).

The *T*-scores for the following Conners 3-P Content scales were **elevated** (i.e., *T*-score = 65 to 69), indicating more concerns than are typically reported: Inattention (*T* = 68) and Defiance/Aggression (*T* = 66).

DSM-5 Symptom Scales

The Symptom Counts were **probably met** and the *T*-scores were **elevated or very elevated** (i.e., *T*-score ≥ 65) for the following DSM-5 Symptom scales: ADHD Predominantly Inattentive Presentation (*T* = 70) and ADHD Predominantly Hyperactive-Impulsive Presentation (*T* = 86). These diagnoses should be given strong consideration.

The Symptom Count was **probably met**; however, the *T*-score was **not elevated** (i.e., *T*-score < 65) for the following DSM-5 Symptom scale: Conduct Disorder (*T* = 60). Although the absolute DSM-5 symptomatic criteria may have been met for this scale, the current presentation is not atypical for 17-year-old boys. Give careful consideration as to whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-5 diagnosis).

Impairment

The parent reports that John H.'s problems seriously affect his functioning **often** (rating = 2) in the academic, social and home settings.

Conners 3 Index Scores

Based on the parent's ratings, an ADHD classification is indicated (71% 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 **elevated** (i.e., *T*-score = 65 to 69), indicating more concerns than are typically reported: Conners 3GI: Emotional Lability (*T* = 65) and Conners 3GI: Total (*T* = 66).

Screener Items

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

Conners 3-P Results and IDEA

Scores on the Conners 3-P suggest possible consideration for IDEA 2004 eligibility in the following area(s): Autism, 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.

SAMPLE

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 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 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

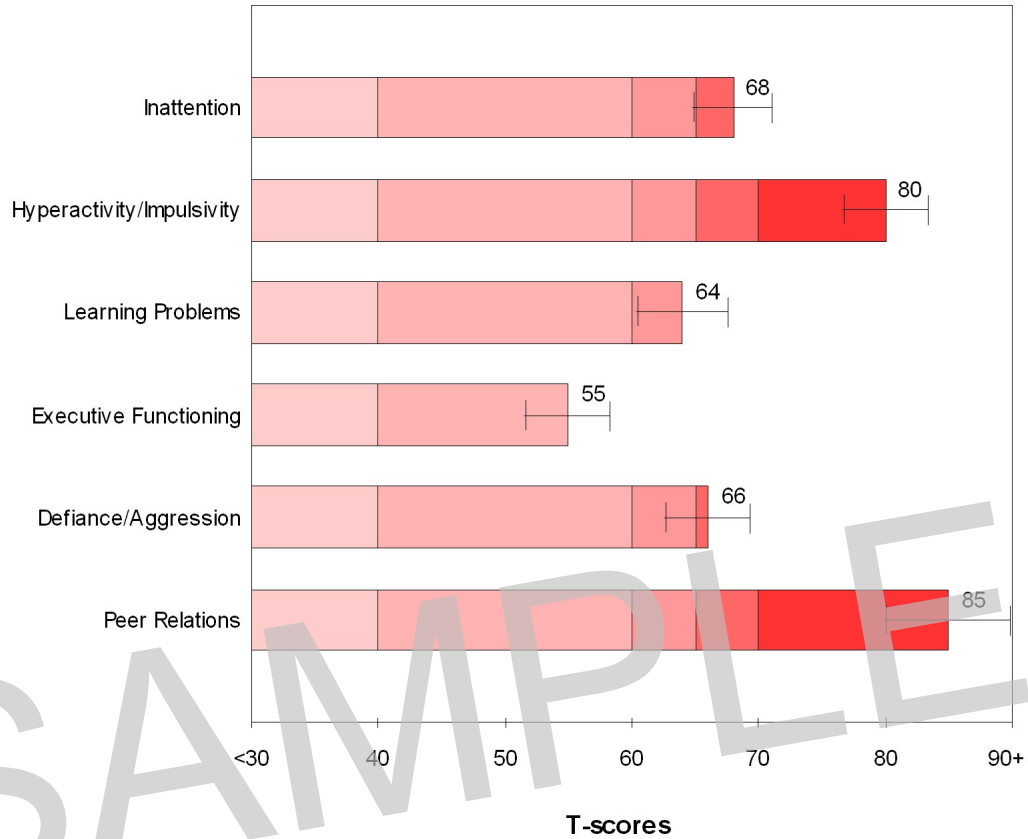
The Negative Impression score (raw score = 2) does not indicate an overly negative response style.

Inconsistency Index

The Inconsistency Index score (raw score = 5, number of differentials ≥ 2 = 0) does not indicate an inconsistent response style.

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*.



Conners 3–P Content Scales: Detailed Scores

The following table summarizes the results of the parent’s assessment of John H. 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	13	68 ± 3.1 (94)	Elevated Score (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	17	80 ± 3.3 (98)	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	10	64 ± 3.6 (89)	High Average Score (Slightly more concerns than are typically reported)	Academic struggles (reading, writing, and/or math). May have difficulty learning and/or remembering concepts. May need extra explanations.
Executive Functioning	10	55 ± 3.3 (79)	Average Score (Typical levels of concern)	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning or organizational skills.
Defiance/ Aggression	9	66 ± 3.3 (90)	Elevated Score (More concerns than are typically reported)	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	7	85 ± 4.9 (96)	Very Elevated Score (Many more concerns than are typically reported)	May have difficulty with friendships, may have poor social connections. May seem 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–P:

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–P 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 exceptions that may alter the Total Symptom Count. See the *Conners 3 Manual* for details on how each criterion status is determined.

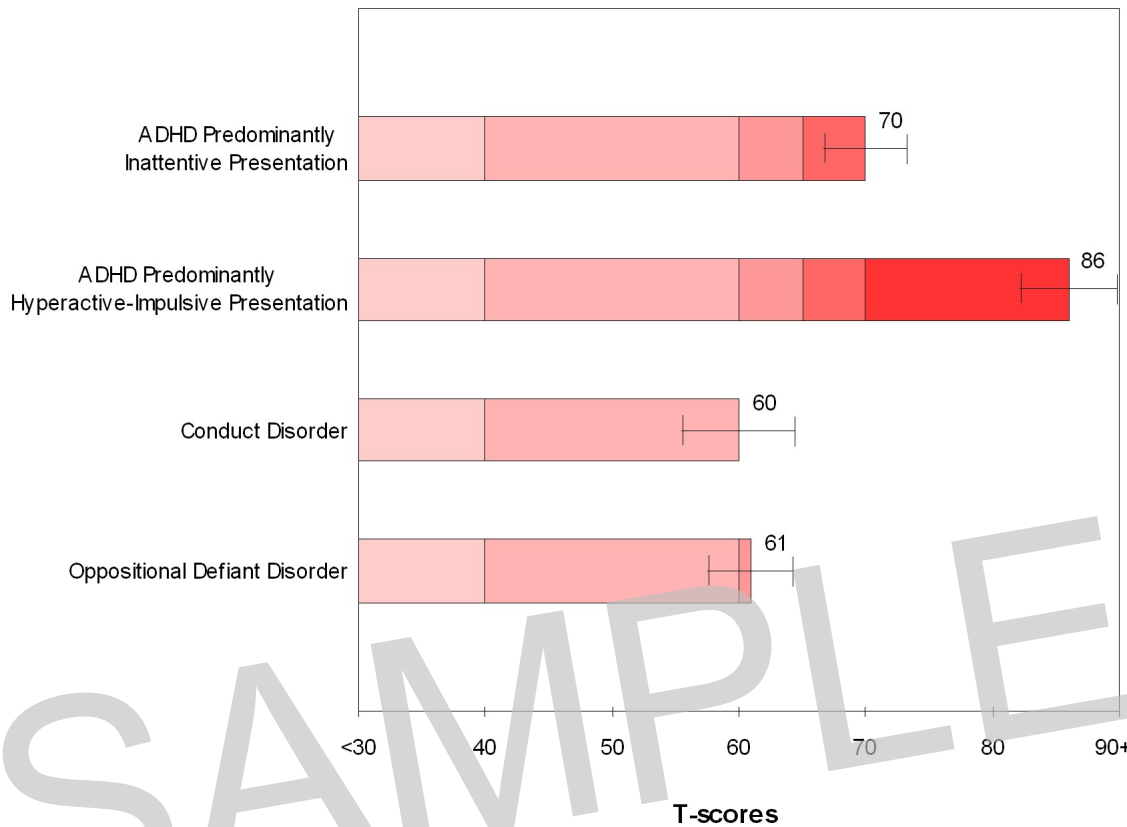
Interpretive Considerations

Results from the Conners 3–P are a useful component of DSM-5 based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners 3–P 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–P 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–P items are approximations of the DSM-5 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-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–P. The assessor should refer to the DSM-5 and follow-up with the client for more information when reviewing the Conners 3–P 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–P 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 the 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 the 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 not enough 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 parent’s assessment of John H. 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	70 ± 3.2 (94)	Very Elevated Score (Many more concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Presentation	15	86 ± 3.8 (98)	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	4	60 ± 4.4 (89)	High Average Score (Slightly more concerns than are typically reported)
Oppositional Defiant Disorder	7	61 ± 3.3 (84)	High Average Score (Slightly more concerns than are typically reported)

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-P.

Results from the Conners 3-P 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-P
ADHD Predominantly Inattentive Presentation (ADHD In)	At least 5 out of 9 symptoms	6
ADHD Predominantly Hyperactive-Impulsive Presentation (ADHD Hyp-Imp)	At least 5 out of 9 symptoms	6
ADHD Combined Presentation	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 6 ADHD Hyp-Imp: 6
Conduct Disorder	At least 3 out of 15 symptoms	3

Note: The Symptom Count is probably met for ADHD Combined 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-P 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-P
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	2

DSM-5 Symptom Tables

This section of the report provides information about how the parent rated John H. 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.

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-5 ADHD Predominantly Inattentive Presentation

DSM-5 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	✓	✓				Not Indicated
A1e.	84		✓				Not Indicated
A1f.	28			✓			May be Indicated
A1g.	97			✓			Indicated
A1h.	101		✓				Not Indicated
A1i.	2			✓			Indicated

DSM-5 ADHD Predominantly Hyperactive-Impulsive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
Hyperactivity							
A2a.	98			✓			Indicated
A2b.	93			✓			Indicated
A2c.	69 -or- 99	✓					Not Indicated
A2d.	71		✓				Not Indicated
A2e.	54 -or- 45		✓				May be Indicated
A2f.	3			✓			Indicated
Impulsivity							
A2g.	43				✓		Indicated
A2h.	61		✓				Not Indicated
A2i.	104			✓			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	Parent's Rating					Criterion Status
		0	1	2	3	?	
Aggression to People and Animals							
A1.	16	✓					Not Indicated
A2.	30		✓				May be Indicated
A3.	27	✓					Not Indicated
A4.	39	✓					Not Indicated
A5.	41	✓					Not Indicated
A6.	96	✓					Not Indicated
A7.	11	✓					Not Indicated
Destruction of Property							
A8.	78	✓					Not Indicated
A9.	65	✓					Not Indicated
Deceitfulness or Theft							
A10.	89	✓					Not Indicated
A11.	56		✓				Not Indicated
A12.	58	✓					Not Indicated
Serious Violations of Rules							
A13.	91		✓				May be Indicated ¹
A14.	76	✓					Not Indicated
A15.	6		✓				May be Indicated ²

¹In order for Criterion A13 (stays out at night) to be indicated, the assessor needs to ensure this criterion occurred before the age of 13 years.

²In order for Criterion A15 (truancy) to be indicated, the assessor needs to ensure this criterion occurred before the age of 13 years.

DSM-5 Oppositional Defiant Disorder

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
Angry/Irritable Mood							
A1.	14		✓				Not Indicated
A2.	73		✓				Not Indicated
A3.	48		✓				May be Indicated
Argumentative/Defiant Behavior							
A4.	102		✓				Not Indicated
A5.	94		✓				Not Indicated
A6.	59	✓					Not Indicated
A7.	21		✓				Not Indicated
Vindictiveness							
A8.	57		✓				May be Indicated

Impairment

The parent's report of John H.'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				

John H.'s parent indicated that John H.'s problems seriously affect his schoolwork or grades often (score of 2).

Social				
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John H.'s parent indicated that John H.'s problems seriously affect his friendships and relationships often (score of 2).

Home				
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John H.'s parent indicated that John H.'s problems seriously affect his home life often (score of 2).

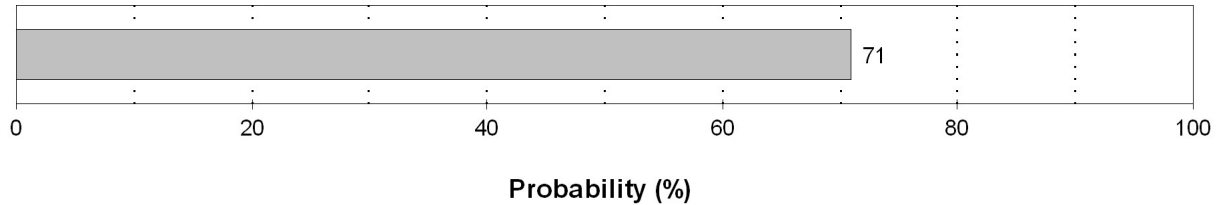
SAMPLE

Conners 3 Index Scores

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

Conners 3 ADHD Index

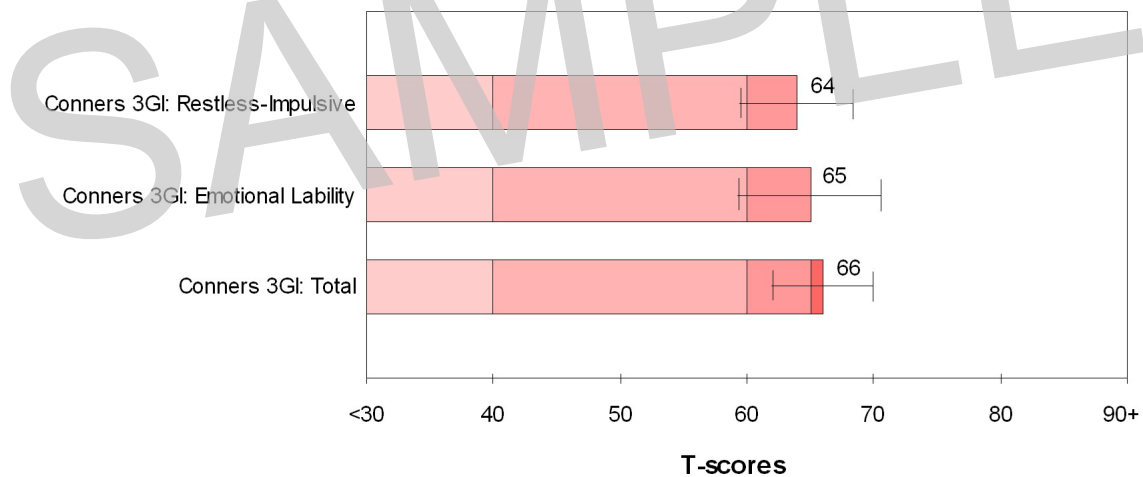
The following graph summarizes the parent's ratings of John H. with respect to the Conners 3 ADHD Index.



Among ADHD and general population cases, individuals with ADHD obtained this score 71% of the time. Based on this metric, a classification of ADHD is 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 John H. 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	6	64 ± 4.4 (92)	High Average Score (Slightly 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	2	65 ± 5.6 (90)	Elevated Score (More concerns than are typically reported)	Moody and emotional; may cry, lose temper, or become frustrated easily.
Conners 3GI: Total	8	66 ± 3.9 (95)	Elevated Score (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 parent’s observations of John H.’s behavior with regard to specific items that are related to generalized anxiety.

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

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 John H.’s behavior with regard to specific items that are related to depression.

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

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.

Severe Conduct Critical Items

The following table displays the parent's observations of John H.'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 John H..

Item Number	Item Content	Parent's Rating
109	Additional concerns about your child	He is not performing to his potential.
110	Child's strengths or skills	He is very creative, and energetic.

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	✓	ED, OHI
Learning Problems		LD
Executive Functioning		LD, OHI
Defiance/Aggression	✓	ED
Peer Relations	✓	Autism, 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
Screeener Items		
Anxiety	✓	ED
Depression	✓	ED
Critical Items		
Severe Conduct		ED

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

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

SAMPLE

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: March 24, 2014

End of Report

Conners 3rd Edition Feedback Handout for Parent Ratings

Child's Name/ID: John H.
Child's Age: 17
Date of Assessment: March 24, 2014
Parent's Name: Jane H.
Assessor's Name: K. C.

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 John H., or how often John H. 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 17-year-old boys. The scores for each group of items show how similar John H. is to his peers. This information helps the assessor know if John H. is having more difficulty in a certain area than other 17-year-old boys.

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 John H. in the past month. The parent ratings help the assessor know how John H. 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 John H. and his parent, other test results, and observations of John H.. All of the combined information is used to determine if John H. 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 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 17-year-old boys. 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 17-year-old boys. This table also gives you a short description of the types of difficulties that are included in each possible problem area. John H. 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 John H. 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 John H. 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.

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 John H.. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Symptoms of depression
- 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 Parent form affected the youth’s functioning, the parent responded:

The parent indicated that John H.’s problems often seriously affect his schoolwork or grades.
 The parent indicated that John H.’s problems often seriously affect his friendships and relationships.
 The parent indicated that John H.’s problems often seriously affect his home life.