



CONNERS 4™

4th EDITION

C. Keith Conners, Ph.D.

TEACHER | SINGLE-RATER REPORT

STUDENT

Name/ID: **Olivia D./1587**
Birth Date: **January 7, 2006**
Age: **16**
Grade: **11**
Gender: **Female**

RATER

Teacher's Name/ID: **Mrs. K**
Class(es) Taught: **English**
Time Known Student: **0 (years), 4 (months)**

OTHER

Administration Date: **July 4, 2022**
Examiner:
Data Entered By:

NORM OPTIONS

Principal Reference Sample: **Normative Sample–Combined Gender**
Additional Reference
Sample(s):

This computerized report is an interpretive aid intended for use by qualified professionals only. It should not be used as the sole criterion for clinical diagnosis or intervention. Conners 4 results should be combined with information gathered from other psychometric measures, interviews, observations, and review of available records. This report is based on algorithms that produce the most common interpretations for the scores that have been obtained. The rater's responses to specific items should be reviewed to ensure that these typical interpretations apply to the student being described. **This report is intended for use by qualified individuals. Parts of this report contain copyrighted material, including test items. If it is necessary to provide a copy of this report to anyone other than the examiner, sections containing copyrighted material must be removed.**

OVERVIEW

! Critical » Follow-Up ? Could Not Be Scored

RESPONSE STYLE ANALYSIS

| | | | |
|--|--|------------------------|---------------------------------|
| 3 NEGATIVE IMPRESSION INDEX RAW SCORE | » 4 INCONSISTENCY INDEX RAW SCORE | 0 OMITTED ITEMS | 7.9 PACE AVG. #ITEMS/MIN |
|--|--|------------------------|---------------------------------|

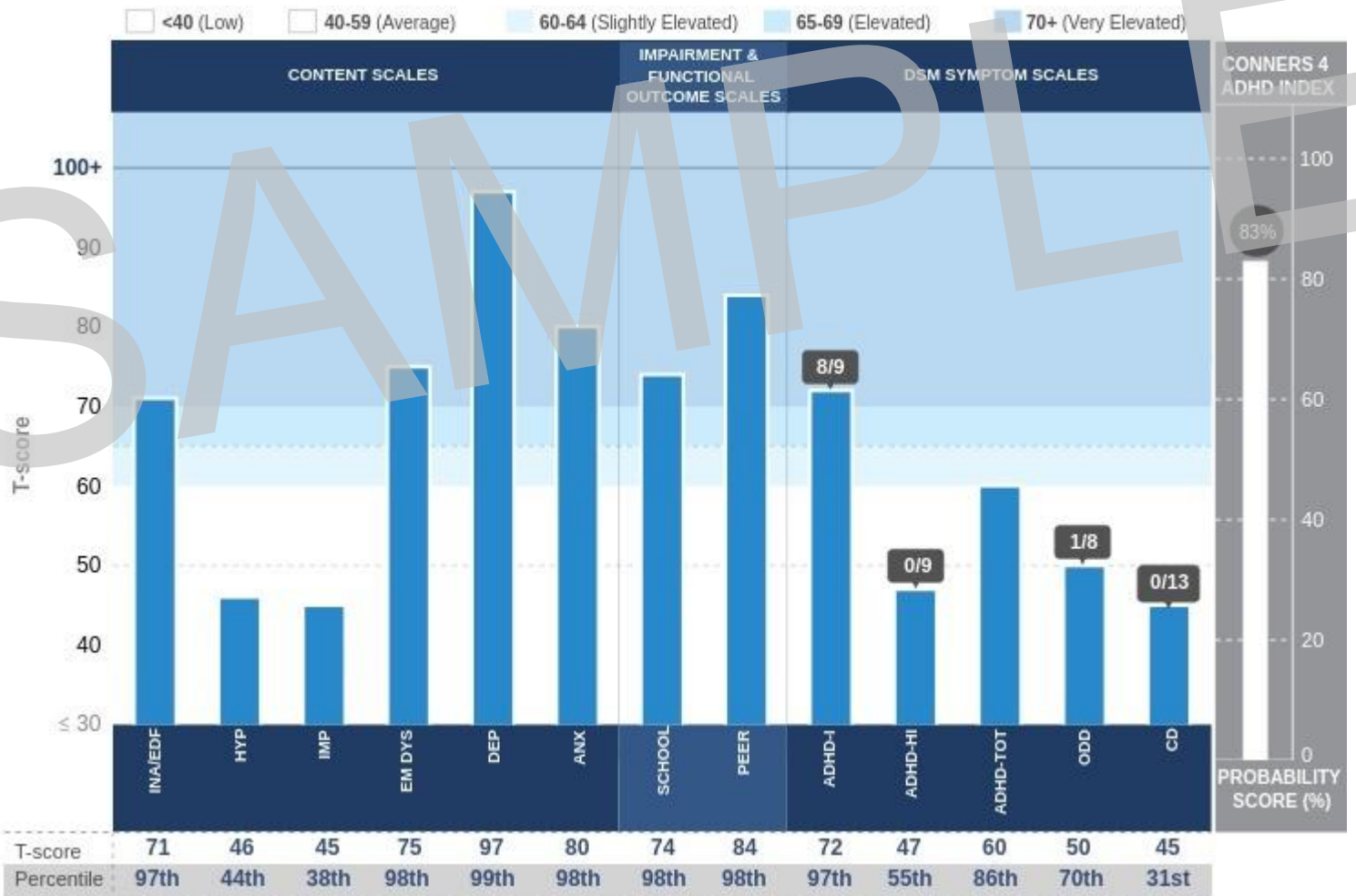
CRITICAL & INDICATOR ITEMS

SEVERE CONDUCT CRITICAL ITEMS No endorsement of Severe Conduct Critical Items.

! SELF-HARM CRITICAL ITEMS • Harming self deliberately • Talking about, planning, or attempting suicide

» SLEEP PROBLEMS INDICATOR • Appearing tired

CONNERS 4 SCALES



Note. • DSM Symptom Count. Inattention/Executive Dysfunction (INA/EDF), Hyperactivity (HYP), Impulsivity (IMP), Emotional Dysregulation (EM DYS), Depressed Mood (DEP), Anxious Thoughts (ANX), Schoolwork (SCHOOL), Peer Interactions (PEER), DSM ADHD Inattentive Symptoms (ADHD-I), DSM ADHD Hyperactive/Impulsive Symptoms (ADHD-HI), DSM Total ADHD Symptoms (ADHD-TOT), DSM Oppositional Defiant Disorder Symptoms (ODD), DSM Conduct Disorder Symptoms (CD). Although not sufficient for a diagnosis, the DSM requires a Symptom Count of at least 6/9 for both ADHD-I and ADHD-HI, a Symptom Count of at least 4/8 for ODD, and a Symptom Count of at least 3/15 for CD. For ADHD Combined, a Symptom Count of at least 6/9 is required for both ADHD-I and ADHD-HI.

RESPONSE STYLE ANALYSIS

| | |
|--|--|
| <p>NEGATIVE IMPRESSION INDEX</p> <p>3 RAW SCORE</p> | <p>Based on the Negative Impression Index score (raw score = 3), there was no indication of exaggerated responding.</p> |
| <p>» INCONSISTENCY INDEX</p> <p>4 RAW SCORE</p> | <p>The Inconsistency Index (raw score = 4) indicates that responses to similar items showed a high level of inconsistency.</p> |
| <p>OMITTED ITEMS</p> <p>0</p> | <p>The teacher responded to all Conners 4 items.</p> |
| <p>PACE</p> <p>7.9 AVG. #ITEMS/MIN</p> | <p>This pace is consistent with expectations for this form.</p> |

CRITICAL & INDICATOR ITEMS

| | |
|--|---|
| <p>SEVERE CONDUCT CRITICAL ITEMS</p> <p>None of the Severe Conduct Critical Items were endorsed by the teacher.</p> | <p>Stealing while confronting someone – Not true at all (Never/Rarely) Setting fires to cause damage – Not true at all (Never/Rarely) Breaking and entering – Not true at all (Never/Rarely) Cruelty to animals – Not true at all (Never/Rarely) Using a weapon – Not true at all (Never/Rarely) Forcing sexual activity – Not true at all (Never/Rarely)</p> |
| <p>! SELF-HARM CRITICAL ITEMS</p> <p>One or more of the Self-Harm Critical Items were endorsed by the teacher. Immediate follow-up is strongly recommended.</p> | <p>! Harming self deliberately – Just a little true (Occasionally) ! Talking about, planning, or attempting suicide – Just a little true (Occasionally)</p> |
| <p>» SLEEP PROBLEMS INDICATOR</p> <p>Based on the teacher's response to the Sleep Problems Indicator item, a more in-depth assessment of sleep problems is recommended.</p> | <p>» Appearing tired – Completely true (Very often/Always)</p> |

CONNERS 4 SCALES

| CONTENT SCALES | | | | | | | |
|--|-----------|---------|-------------------|------------------|-------------------|--|----------------------------------|
| | Raw Score | T-score | 90% CI | Percentile | Guideline | Within-Profile Comparisons | |
| | | | | | | Difference from the student's average (T = 59.3) | Significant difference (p < .05) |
| Inattention/Executive Dysfunction | 42 | 71 | 69–73 | 97 th | Very Elevated | + 11.7 | Higher |
| Hyperactivity | 3 | 46 | 42–50 | 44 th | Average | - 13.3 | Lower |
| Impulsivity | 2 | 45 | 41–49 | 38 th | Average | - 14.3 | Lower |
| Emotional Dysregulation | 14 | 75 | 72–78 | 98 th | Very Elevated | + 15.7 | Higher |
| Depressed Mood | 15 | 97 | 92–102 | 99 th | Very Elevated | n/a | n/a |
| Anxious Thoughts | 9 | 80 | 75–85 | 98 th | Very Elevated | n/a | n/a |
| IMPAIRMENT & FUNCTIONAL OUTCOME SCALES | | | | | | | |
| | Raw Score | T-score | 90% CI | Percentile | Guideline | Within-Profile Comparisons | |
| | | | | | | Difference from the student's average (T = 79) | Significant difference (p < .05) |
| Schoolwork | 15 | 74 | 70–78 | 98 th | Very Elevated | - 5.0 | Lower |
| Peer Interactions | 14 | 84 | 79–89 | 98 th | Very Elevated | + 5.0 | Higher |
| DSM SYMPTOM SCALES | | | | | | | |
| | Raw Score | T-score | 90% CI | Percentile | Guideline | Symptom Count ⓘ | |
| ADHD Inattentive Symptoms | 24 | 72 | 69–75 | 97 th | Very Elevated | 8/9 [DSM requires ≥ 6/9 symptoms] | |
| ADHD Hyperactive/Impulsive Symptoms | 4 | 47 | 43–51 | 55 th | Average | 0/9 [DSM requires ≥ 6/9 symptoms] | |
| Total ADHD Symptoms | 28 | 60 | 57–63 | 86 th | Slightly Elevated | n/a | |
| Oppositional Defiant Disorder Symptoms | 4 | 50 | 47–53 | 70 th | Average | 1/8 [DSM requires ≥ 4/8 symptoms] | |
| ‡ Conduct Disorder Symptoms | 0 | 45 | 42–48 | 31 st | Average | 0/13 [DSM requires ≥ 3/15 symptoms] | |
| CONNERS 4-ADHD INDEX | | | | | | | |
| | Raw Score | | Probability Score | | Guideline | | |
| ADHD Index | 26 | | 83% | | High | | |

Note(s).

CI = Confidence Interval

n/a = not applicable. The Depressed Mood and Anxious Thoughts scales are not included in the Within-Profile Comparisons. Additionally, Symptom Counts are not applicable to DSM Total ADHD Symptoms. Please refer to the Conners 4 Manual for details.

ⓘ Symptom Count scores for all DSM Symptom Scales contribute to diagnostic assessment but are not sufficient for determining a diagnosis. Please refer to the Conners 4 Manual for interpretive considerations.

A Symptom Count of at least 6/9 on both DSM ADHD Inattentive Symptoms and Hyperactive/Impulsive Symptoms is required to meet DSM Criteria for ADHD Combined.

‡ Two Criteria from this scale are not asked of teachers (Criterion A13, staying out at night without permission; Criterion A14, running away from home), as most teachers do not directly observe these symptoms. The Symptom Count presented is based on the remaining criteria and may be underestimated.

INTERPRETIVE SUMMARY

Response Style Analysis

The Response Style Analysis (Negative Impression Index, Inconsistency Index, Omitted Items, and Pace) provides an evaluation of how the teacher approached completing the Conners 4.

- **Negative Impression Index:** Based on the Negative Impression Index score (raw score = 3), there was no indication of exaggerated responding.
- **Inconsistency Index:** The Inconsistency Index score (raw score = 4) indicates that responses to similar items showed a high level of inconsistency. This inconsistency may have been due to careless responding. Thus, an accurate representation of Olivia may not have been provided. The score on this index can also be elevated due to other reasons. For example, it may have occurred in response to subtle differences in the wording of the item pairs as interpreted by the teacher. You may wish to review the item pairs with the teacher to explore why differences in responses may have occurred.
- **Omitted Items:** The teacher responded to all Conners 4 items.
- **Pace:** The teacher completed the Conners 4 in 13 minute(s) and 26 second(s), with a Pace of 7.9 item(s) per minute. This pace is consistent with expectations for this form.

Critical & Indicator Items

The Critical & Indicator Items provide a quick screening of harm to self or others, violent or destructive behaviors, and problems with sleep. Information from these items should be examined in combination with responses from other informants and a comprehensive assessment including interviews, observations, and a review of records. Please see chapter 4 of the Conners 4 Manual for more information.

- **Severe Conduct Critical Items:** None of the Severe Conduct Critical Items were endorsed by the teacher.
- **Self-Harm Critical Items:** The teacher endorsed the following Self-Harm Critical Items for which immediate follow-up is recommended: harming self deliberately and talking about, planning, or attempting suicide.
- **Sleep Problems Indicator:** The teacher's endorsement of the appearing tired item was higher than typically reported by teachers of 16-year-olds. A more in-depth assessment of sleep difficulties is recommended as such difficulties can mimic or aggravate other symptoms assessed on the Conners 4.

Content Scales

This section summarizes Olivia's Conners 4 Content Scale results, including: (a) a normative sample comparison of their results to teacher ratings of 16-year-olds, and (b) a within-profile comparison of Olivia's results to their own average score.

Normative Sample Comparisons:

Each of Olivia's Content Scale raw scores was compared with what is typically reported by teachers of 16-year-olds to obtain T-scores and percentiles. Higher T-scores and percentiles on the Conners 4 Content Scales indicate more frequent or severe problems in the domain covered by that scale.

- **Inattention/Executive Dysfunction** (T-score = 71 [90% CI = 69–73]; Percentile = 97th): The Inattention/Executive Dysfunction T-score is in the Very Elevated range. This scale includes items related to having trouble paying attention and sustaining attention, as well as difficulty with other areas of executive functioning such as planning, organizing, and time management. The teacher reported that Olivia exhibits much more difficulty in these areas than is typically reported by teachers of 16-year-olds. A total of 17/20 items on this scale had elevated ratings.
- **Hyperactivity** (T-score = 46 [90% CI = 42–50]; Percentile = 44th): The Hyperactivity T-score is in the Average range. This scale includes items about restlessness, difficulty staying seated or sitting still, needing to move around, getting overly excited, and talking too much. The teacher reported that Olivia exhibits no more features of hyperactivity than are typically reported by teachers of 16-year-olds. None of the items on this scale had elevated ratings.
- **Impulsivity** (T-score = 45 [90% CI = 41–49]; Percentile = 38th): The Impulsivity T-score is in the Average range. This scale includes items about interrupting others, blurting out answers, acting before thinking, and having trouble waiting for one's turn. The teacher reported that Olivia displays no more impulsivity than is typically reported by teachers of 16-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 1/9 items that had elevated ratings.
- **Emotional Dysregulation** (T-score = 75 [90% CI = 72–78]; Percentile = 98th): The Emotional Dysregulation T-score is in the Very Elevated range. This scale includes items about overreacting, losing temper, and having trouble calming down. The teacher reported that Olivia exhibits much more difficulty controlling and managing emotions than is typically reported by teachers of 16-year-olds. A total of 7/8 items on this scale had elevated ratings.
- **Depressed Mood** (T-score = 97 [90% CI = 92–102]; Percentile = 99th): The Depressed Mood T-score is in the Very Elevated range. This scale includes items related to feeling sad, lacking enjoyment in things that used to be enjoyed, and feeling hopeless about the future. The teacher reported that Olivia seems to experience many more features of depressed mood than are typically reported by teachers of 16-year-olds. A total of 6/6 items on this scale had elevated ratings.
- **Anxious Thoughts** (T-score = 80 [90% CI = 75–85]; Percentile = 98th): The Anxious Thoughts T-score is in the Very Elevated range. This scale includes items about students' experience of—or difficulty with—regulating fears or worries, including appearing tense or nervous, and worrying too much about different things. The teacher reported that Olivia appears to experience much more anxiety than is typically reported by teachers of 16-year-olds. A total of 5/5 items on this scale had elevated ratings.

Within-Profile Comparisons:

Within-profile comparisons were conducted on the following scales: Inattention/Executive Dysfunction, Hyperactivity, Impulsivity, and Emotional Dysregulation. Each scale's T-score was compared to Olivia's average T-score of 59.3 on these scales. Based on the teacher's ratings, Olivia's Inattention/Executive Dysfunction and Emotional Dysregulation T-scores were significantly higher than their average T-score, suggesting relatively more difficulties in these areas. Their Hyperactivity and Impulsivity T-scores were significantly lower than their average T-score, suggesting relatively fewer difficulties in these areas.

Impairment & Functional Outcome Scales

This section summarizes Olivia's Conners 4 Impairment & Functional Outcome Scale results, including: (a) a normative sample comparison of their results to teacher ratings of 16-year-olds, and (b) a within-profile comparison of Olivia's results to their own average score.

Normative Sample Comparisons:

Each of Olivia's Impairment & Functional Outcome Scale raw scores was compared with what is typically reported by teachers of 16-year-olds to obtain T-scores and percentiles. Higher T-scores and percentiles on the Conners 4 Impairment & Functional Outcome Scales indicate more frequent or severe impairment in the domain covered by that scale.

- **Schoolwork** (T-score = 74 [90% CI = 70–78]; Percentile = 98th): The Schoolwork T-score is in the Very Elevated range. This scale includes items related to turning in late or incomplete work, losing homework, and not checking their work for mistakes. The teacher reported that Olivia exhibits much more impairment in schoolwork than is typically reported by teachers of 16-year-olds. A total of 5/6 items on this scale had elevated ratings.
- **Peer Interactions** (T-score = 84 [90% CI = 79–89]; Percentile = 98th): The Peer Interactions T-score is in the Very Elevated range. This scale includes items related to the student annoying their peers, not being invited by others to play or go out, and others not wanting to be friends with them. The teacher reported that Olivia exhibits much more impairment when interacting with peers than is typically reported by teachers of 16-year-olds. A total of 5/6 items on this scale had elevated ratings.

Within-Profile Comparisons:

Within-profile comparisons were conducted on the Conners 4 Impairment & Functional Outcome Scales. Each scale's T-score was compared to Olivia's average T-score of 79.0 on these scales. Based on the teacher's ratings, Olivia's Peer Interactions T-score was significantly higher than their average T-score, suggesting relatively more impairment in this area. Their Schoolwork T-score was significantly lower than their average T-score, suggesting relatively less impairment in this area.

DSM Symptom Scales

Results from the Conners 4 DSM Symptom Scales describe the teacher's ratings of the student on items that correspond with DSM Criterion A for ADHD, Oppositional Defiant Disorder, and Conduct Disorder. Conners 4 DSM T-scores and percentiles provide a relative comparison with the Principal Reference Sample (16-year-olds). Higher T-scores and percentiles on the Conners 4 DSM Symptom Scales indicate more frequent or severe problems in the domain covered by that scale. Note that the DSM T-scores are not sufficient for confirming or rejecting the presence of the disorder; however, they can inform diagnostic decisions by illuminating the presence and severity of the symptoms. Conners 4 DSM Symptom Counts are absolute counts, rather than norm-referenced values. Symptom Counts can help identify features of DSM ADHD, Oppositional Defiant Disorder, or Conduct Disorder for diagnostic consideration, but cannot definitively establish the persistent pattern of behavior that is required by Criterion A in the DSM. The DSM necessitates an investigation of the following considerations to arrive at a diagnosis:

- **ADHD:** Symptoms cannot be solely due to oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.
- **Oppositional Defiant Disorder:** Behaviors must occur during interactions with at least one individual who is not a sibling.

Additional symptom-specific requirements for Criterion A as well as other DSM criteria (e.g., age of onset, inconsistency with developmental expectations, pervasiveness across settings, impairment) must also be considered before assigning a diagnosis. Please refer to the DSM for full diagnostic criteria.

- **DSM ADHD Inattentive Symptoms** (T-score = 72 [90% CI = 69–75]; Percentile = 97th; Symptom Count = 8/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Inattentive Presentation. The DSM ADHD Inattentive Symptoms T-score is in the Very Elevated range. The teacher reported that Olivia exhibits many more features of inattentiveness than are typically reported by teachers of 16-year-olds. The DSM ADHD Inattentive Symptom Count was 8 (the DSM threshold for children is 6 out of 9 symptoms). Clinically significant symptoms of ADHD Predominantly Inattentive Presentation are present because numerous inattentive symptoms were endorsed, and the teacher's ratings far exceeded what is typically reported by teachers of similarly-aged youth.
- **DSM ADHD Hyperactive/Impulsive Symptoms** (T-score = 47 [90% CI = 43–51]; Percentile = 55th; Symptom Count = 0/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Hyperactive/Impulsive Presentation. The DSM ADHD Hyperactive/Impulsive Symptoms T-score is in the Average range. The teacher reported that Olivia exhibits no more features of hyperactivity/impulsivity than are typically reported by teachers of 16-year-olds. The DSM ADHD Hyperactive/Impulsive Symptom Count was 0 (the DSM threshold for children is 6 out of 9 symptoms). This pattern of results suggests that symptoms of ADHD Predominantly Hyperactive/Impulsive Presentation are not present.
- **DSM Total ADHD Symptoms** (T-score = 60 [90% CI = 57–63]; Percentile = 86th): This scale includes all items from the Conners 4 DSM ADHD Inattentive and Hyperactive/Impulsive Symptom scales. The DSM Total ADHD Symptoms T-score is in the Slightly Elevated range. The teacher reported that Olivia exhibits slightly more ADHD symptoms than what is typically reported by teachers of 16-year-olds.
- **DSM Oppositional Defiant Disorder Symptoms** (T-score = 50 [90% CI = 47–53]; Percentile = 70th; Symptom Count = 1/8): This scale includes items representing the DSM symptoms of Oppositional Defiant Disorder. The DSM Oppositional Defiant Disorder Symptoms T-score is in the Average range. The teacher reported that Olivia exhibits no more features of opposition and defiance than are typically reported by teachers of 16-year-olds. The DSM Oppositional Defiant Disorder Symptom Count was 1 (the DSM threshold is 4 out of 8 symptoms), including symptom(s) related to argumentative/defiant behavior. This pattern of results suggests that symptoms of Oppositional Defiant Disorder are not prominent.
- **DSM Conduct Disorder Symptoms** (T-score = 45 [90% CI = 42–48]; Percentile = 31st; Symptom Count = 0/13): This scale includes items representing the DSM symptoms of Conduct Disorder. The DSM Conduct Disorder Symptoms T-score is in the Average range. The DSM Conduct Disorder Symptom Count was 0 (the DSM threshold is 3 out of 15 symptoms). Note that 2 criteria from this scale are not asked of teachers (Criterion A13, staying out at night without permission; Criterion A14, running away from home) as most teachers do not directly observe these symptoms. The Symptom Count presented was based on the remaining criteria and may be underestimated. These results suggest that symptoms of Conduct Disorder are not present.

Conners 4–ADHD Index

The Conners 4–ADHD Index is composed of the 12 items that best differentiate youth with ADHD from those in the general population. The ADHD Index Probability score denotes the probability that a given score came from a youth with ADHD.

- **Conners 4–ADHD Index** (Probability Score = 83%): The teacher's ratings of Olivia produced a probability score in the High range, indicating high similarity with 16-year-olds who have ADHD. This ADHD Index score is dissimilar to scores from the general population.

ADDITIONAL QUESTIONS

The following section displays additional comments that the teacher shared about Olivia's problems, strengths, and skills.

Describe how these behaviors cause serious problems for this student at home, in school, at work, or with their friends.

She misses a lot of class and is constantly handing things in late. I know she could do better if she just showed up.

Do you have any other concerns about this student?

No other concerns.

What strengths or skills does this student have?

She is a very sweet girl and is so nice to talk to.

SAMPLE

ITEM RESPONSES

The teacher entered the following responses for the items on the **Conners 4** Teacher form.

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

Response Key:

- 0** = In the past month this was **not true at all**. It never (or rarely) 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 **completely true**. It happened very often (or always).

CONNERS 4TH EDITION FEEDBACK HANDOUT FOR TEACHER RATINGS

| | |
|------------------|----------------|
| Child's Name/ID: | Olivia D./1587 |
| Child's Age: | 16 |
| Teacher's Name: | Mrs. K |
| Assessment Date: | July 4, 2022 |
| Examiner's Name: | |

This feedback handout provides an overview of the scores from the teacher's ratings of Olivia's behaviors and feelings as assessed by the Conners 4th Edition (Conners 4) Teacher form.

What is the Conners 4 and why do teachers complete it?

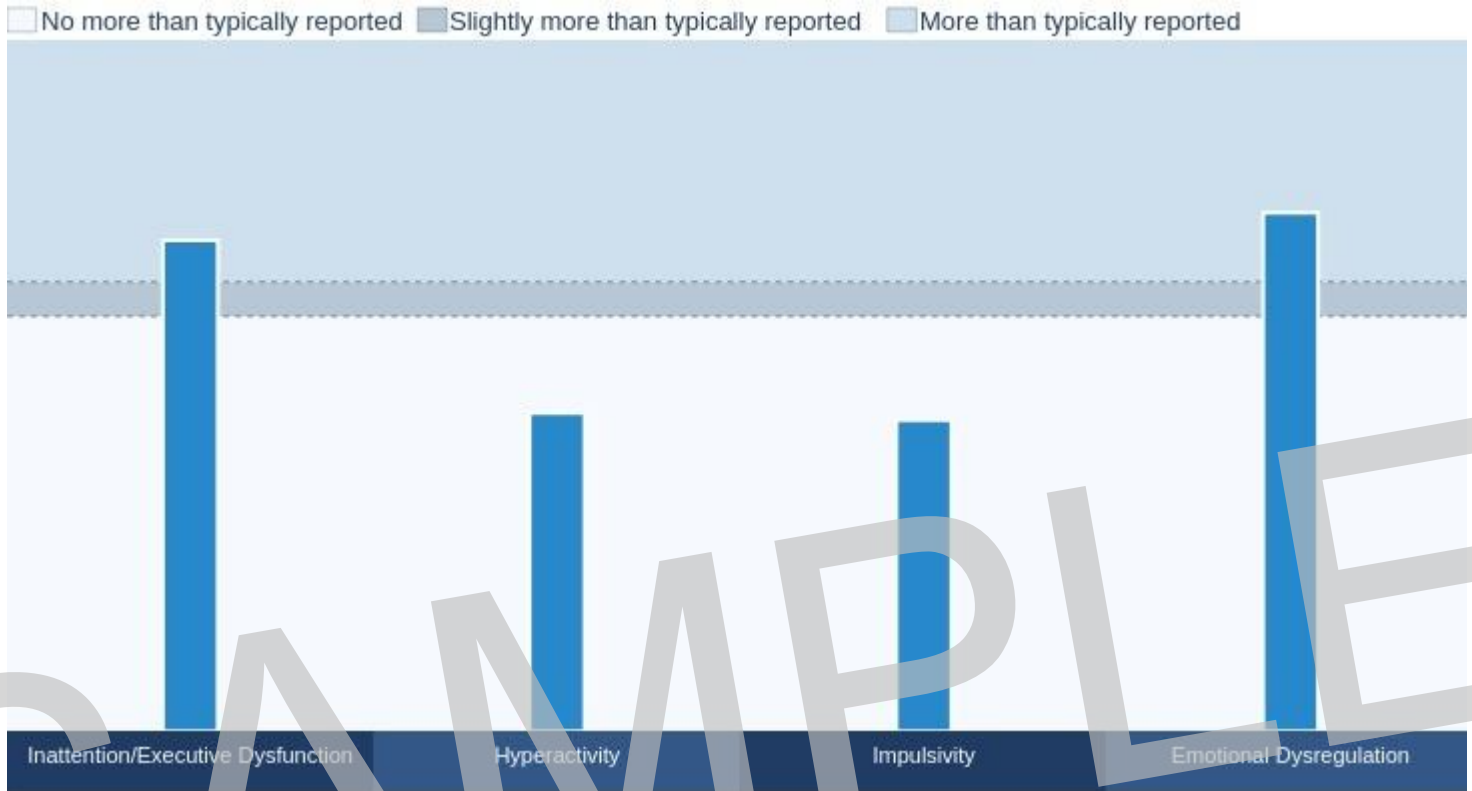
The Conners 4 is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and other related conditions, as well as difficulties experienced by the youth in several domains. The Conners 4 forms are used all over the world and have been through extensive research, development, and validation processes. Results from the Conners 4 can help to better understand a youth who is having difficulty, and to determine how to help. 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 during both structured academic work as well as during unstructured peer interactions.

Results from the Conners 4 Teacher form

The professional who asked for this form to be completed will help explain these results and answer any questions. These scores were calculated based on a comparison of Olivia to youth of the same age. The results from teacher ratings on the Conners 4 should be combined with other important information, such as interviews with Olivia and their parent(s) or guardian(s), other test results, school records, and observations. All of the combined information is used to determine if Olivia needs help in a certain area and what kind of help is needed. Please keep in mind that not all areas assessed on the Conners 4 are reflected in this handout. The professional who is working with you may wish to communicate with you regarding other areas of concern, and in some cases may recommend further evaluation or follow-up. As you review the results, it may be helpful for you to share any additional insights that you might have, make notes, and freely discuss the results with the professional. If you have difficulty understanding this information, you should seek clarity from the professional.

DOES THE YOUTH EXHIBIT ANY SYMPTOMS OF ADHD?

The following results are based on the teacher's report of Olivia's behavior related to ADHD symptoms, compared to what is typically reported by teachers of 16-year-olds.



Displays **more** difficulty with attention and executive functioning than typically reported, such as:

- having trouble paying attention to details
- making careless mistakes
- losing things

Does not engage in more hyperactive behavior than typically reported.

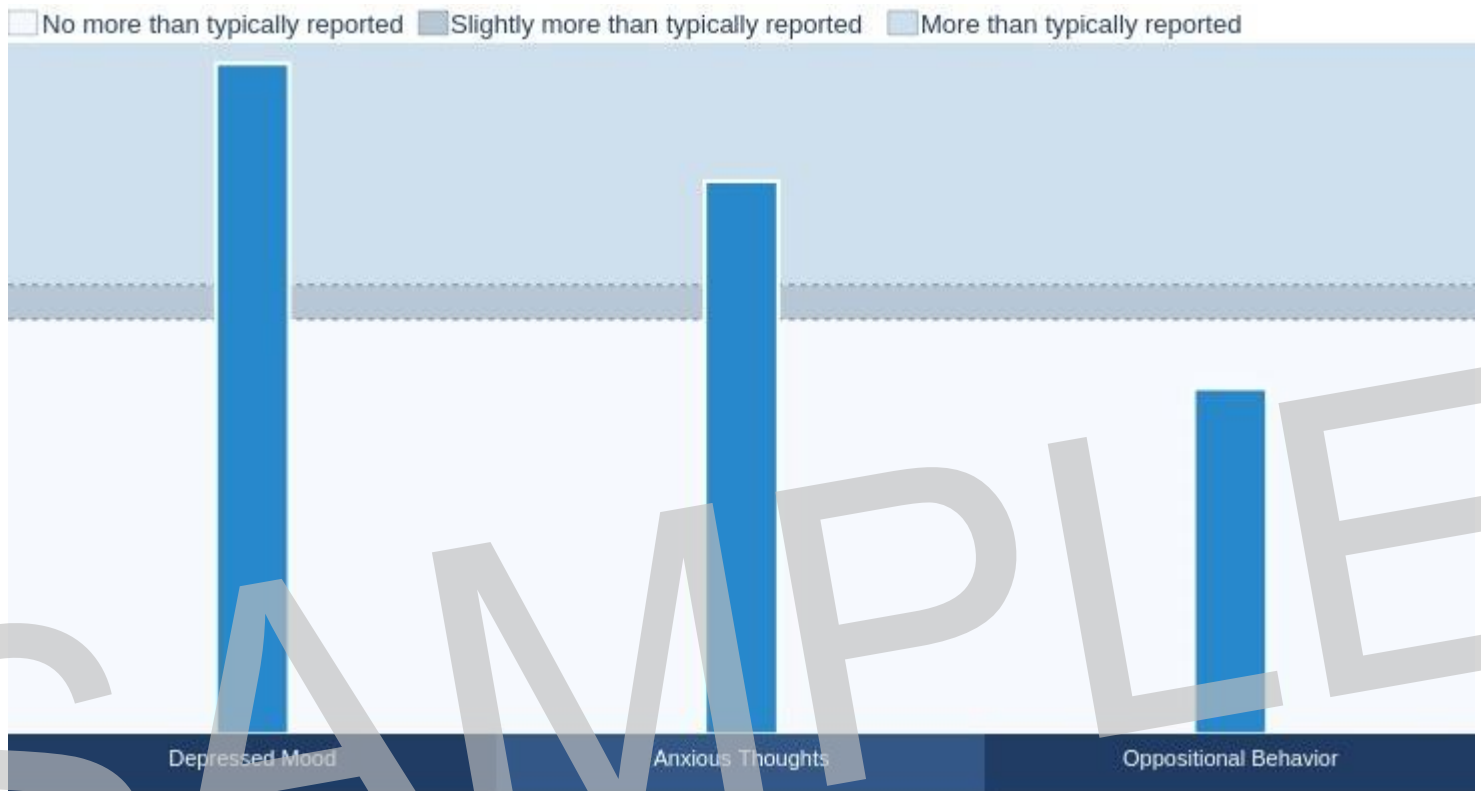
Does not display more impulsivity than typically reported.

Exhibits **more** difficulty regulating emotions than typically reported, such as:

- having trouble controlling their emotions
- having trouble calming down
- saying or doing things they don't mean when angry

DOES THE YOUTH EXHIBIT ANY OTHER SYMPTOMS MEASURED BY THE CONNERS 4?

The following results are based on the teacher's report of Olivia's behavior related to other symptoms measured by the Conners 4, compared to what is typically reported by teachers of 16-year-olds.



Seems to experience **more** features of depressed mood than typically reported, such as:

- appearing sad, gloomy, or irritable
- appearing tired
- not enjoying things they used to enjoy doing

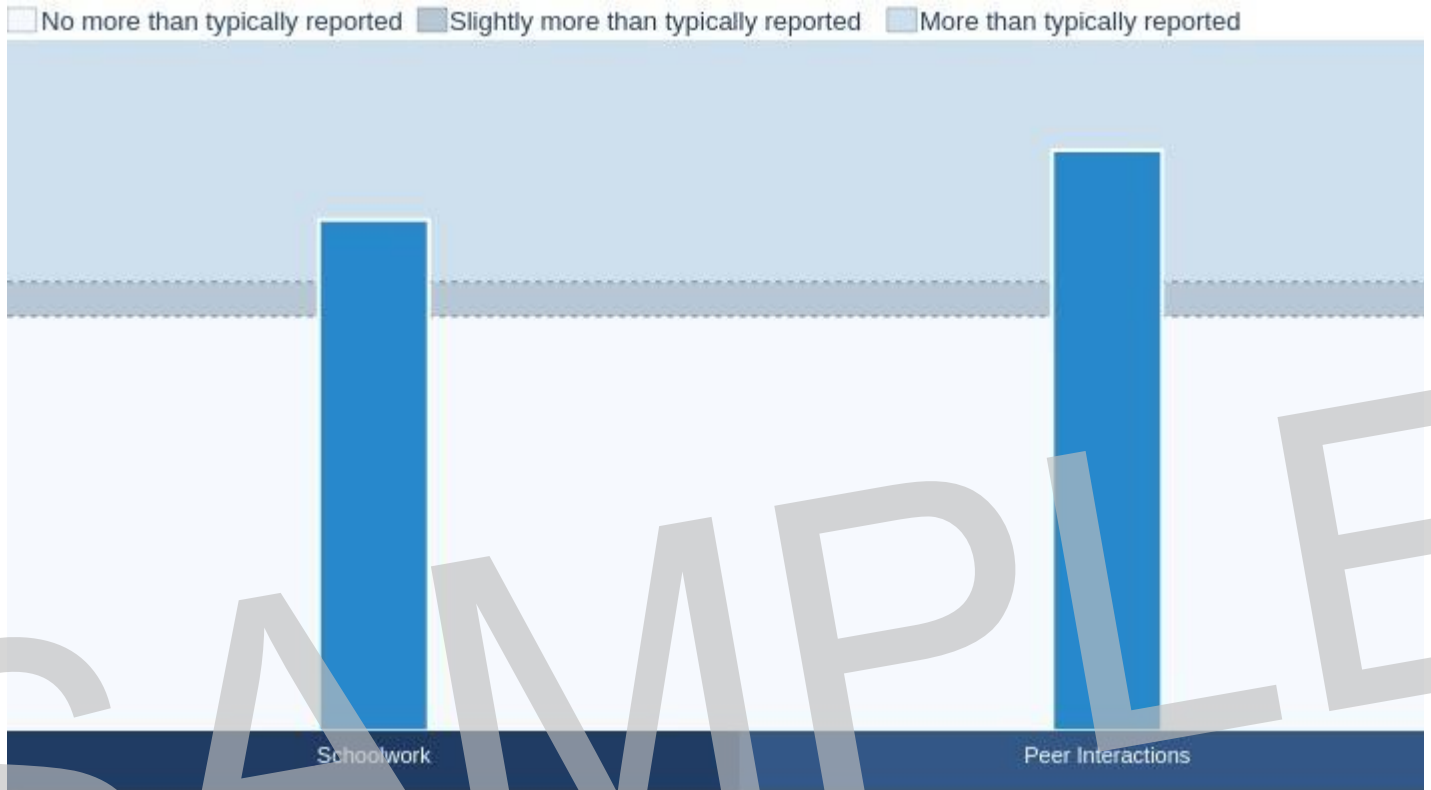
Appears to experience **more** anxiety than typically reported, such as:

- having trouble controlling their worries
- worrying too much
- appearing tense, nervous, or jumpy

Does not display more anger, defiance, and/or vindictiveness than typically reported.

IN WHAT SETTINGS DOES THE YOUTH EXPERIENCE DIFFICULTIES?

The following results are based on the teacher's report of Olivia's difficulties with schoolwork and when interacting with peers, compared to what is typically reported by teachers of 16-year-olds.



Exhibits **more** difficulty with schoolwork than typically reported, such as:

- forgetting to turn in work
- handing things in late
- handing in incomplete work

Displays **more** difficulty interacting with peers than typically reported, such as:

- people don't want to be friends with them
- having trouble making or keeping friends
- being annoying to peers