

Behavior Assessment System for Children, Third Edition (BASC[™]-3) BASC-3 Teacher Rating Scales - Child Interpretive Summary Report with Intervention Recommendations Cecil R. Reynolds, PhD, & Randy W. Kamphaus, PhD

Child Information Test Information

ID: Test Date: 11/14/2024

Name: J. Doe Rater Name: Classroom Teacher

Gender: Male Rater Position: Regular-education teacher

Birth Date: 09/13/2014 Time Known

Child: 3-5 months

Age: 10:2

Grade: School:

Norm Group 1: General Combined

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[1.16 / RE1 / QG1]



COMMENTS AND CONCERNS

Rater General Comments

What are the behavioral and/or emotional strengths of this child?

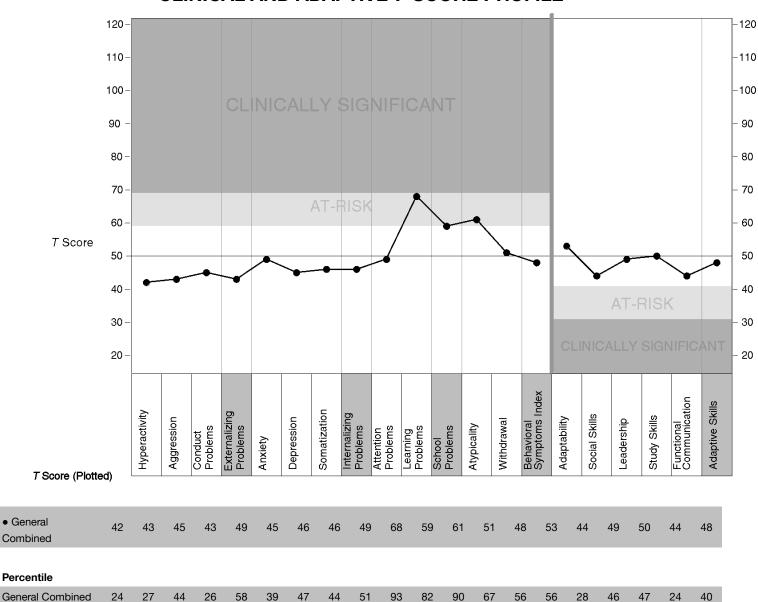
Studen works very hard. He is upbeat and positive. He asks a lot of questions and always wants to participate. He thinks in pictures and really struggles with expressive writing.

Please list any specific behavioral and/or emotional concerns you have about this child. Often can't 'let go' when he isn't called on.

VALIDITY INDEX SUMMARY

F Index	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 105	Raw Score: 11

CLINICAL AND ADAPTIVE T-SCORE PROFILE



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CLINICAL AND ADAPTIVE SCORE TABLE: General Combined Norm Group

Composite Score Summary

	Raw Score	T Score	Percentile Rank	90% Confidence Interval
Externalizing Problems	130	43	26	40-46
Internalizing Problems	140	46	44	41-51
School Problems	117	59	82	55-63
Behavioral Symptoms Index	291	48	56	45-51
Adaptive Skills	240	48	40	45-51

Composite Comparisons	Difference	Significance Level	Frequency of Difference
Externalizing Problems vs. Internalizing Problems	-3	NS	
Internalizing Problems vs. School Problems	-13	0.01	25% or less
Externalizing Problems vs. School Problems	-16	0.01	10% or less

Mean T score of the BSI	49
Mean T score of the Adaptive Skills Composite	48

Scale Score Summary

					Ipsative Comparison		
	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Difference	Significance Level	Frequency of Difference
Hyperactivity	1	42	24	38-46	-7	0.05	25% or less
Aggression	0	43	27	38-48	-6	NS	
Conduct Problems	1	45	44	40-50	-4	NS	
Anxiety	4	49	58	43-55	0	NS	
Depression	1	45	39	39-51	-4	NS	
Somatization	1	46	47	40-52	-3	NS	
Attention Problems	7	49	51	45-53	0	NS	
Learning Problems	14	68	93	63-73	19	0.05	5% or less
Atypicality	6	61	90	55-67	12	0.05	5% or less
Withdrawal	4	51	67	46-56	2	NS	
Adaptability	21	53	56	48-58	5	NS	
Social Skills	14	44	28	40-48	-4	NS	
Leadership	11	49	46	43-55	1	NS	
Study Skills	16	50	47	45-55	2	NS	
Functional Communication	18	44	24	38-50	-4	NS	

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Note: All classifications of test scores are subject to the application of the standard error of measurement (SEM) when making classification decisions. Individual clinicians are advised to consider all case-related information to determine if a particular classification is appropriate. See the BASC-3 Manual for additional information on SEMs and confidence intervals.

CLINICAL VALIDITY INDEX NARRATIVES

The BASC-3 *F* Index is a classically derived infrequency scale, designed to assess the possibility that a rater has depicted a child's behavior in an inordinately negative fashion. The *F* Index consists of items that represent maladaptive behaviors to which the rater answered "almost always" and adaptive behaviors to which the rater responded "never."

The *F* Index score produced from the ratings of J. by Classroom falls within the **Acceptable** range and does not indicate the presence of negative response distortion.

The Consistency Index identifies situations when the rater has given inconsistent responses to items that are typically answered in a similar way, based on comparisons made to raters from the general population. The Consistency Index was designed to identify ratings that might not be easily interpretable due to these response discrepancies.

The Consistency Index score produced from the ratings of J. by Classroom falls within the **Acceptable** range and indicates the rater consistently answered items when completing the rating form.

VALIDITY INDEX ITEM LISTS

Validity Index ratings for F Index, Response Pattern Index, and Consistency Index are all Acceptable.

F Index

The F Index rating is Acceptable.

Response Pattern Index

The Response Pattern Index rating is Acceptable.

Consistency Index

The Consistency Index rating is Acceptable.

CLINICAL AND ADAPTIVE SCALE NARRATIVES

This report is based on Classroom Teacher's rating of J.'s behavior using the BASC-3 Teacher Rating Scales form. The narrative and scale classifications in this report are based on *T* scores obtained using norms. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring.

Externalizing Problems

The Externalizing Problems composite scale *T* score is 43, with a 90% confidence interval range of 40-46 and a percentile rank of 26.

- J.'s *T* score on Hyperactivity is 42 and has a percentile rank of 24. J.'s teacher reports J. exhibits typical classroom behavior and a level of self-control similar to that of others of the same age.
- J.'s *T* score on Aggression is 43 and has a percentile rank of 27. J.'s teacher reports J. tends not to act aggressively any more often than others of the same age.
- J.'s *T* score on Conduct Problems is 45 and has a percentile rank of 44. J.'s teacher reports J. demonstrates rule-breaking behavior no more often than others of the same age.

Internalizing Problems

The Internalizing Problems composite scale *T* score is 46, with a 90% confidence interval range of 41-51 and a percentile rank of 44.

- J.'s *T* score on Anxiety is 49 and has a percentile rank of 58. J.'s teacher reports J. displays anxiety-based behaviors no more often than others of the same age.
- J.'s *T* score on Depression is 45 and has a percentile rank of 39. J.'s teacher reports J. displays depressive behaviors no more often than others of the same age.
- J.'s *T* score on Somatization is 46 and has a percentile rank of 47. J.'s teacher reports J. complains of health-related problems to about the same degree as others of the same age.

School Problems

The School Problems composite scale *T* score is 59, with a 90% confidence interval range of 55-63 and a percentile rank of 82.

- J.'s *T* score on Attention Problems is 49 and has a percentile rank of 51. J.'s teacher reports J. maintains an attention level similar to that of others of the same age.
- J.'s *T* score on Learning Problems is 68 and has a percentile rank of 93. This *T* score falls in the At-Risk classification range and follow-up may be necessary. J.'s teacher reports J. has difficulty comprehending and completing schoolwork in a variety of academic areas.

Behavioral Symptoms Index

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The Behavioral Symptoms Index (BSI) composite scale *T* score is 48, with a 90% confidence interval range of 45-51 and a percentile rank of 56. Scale summary information for Hyperactivity, Aggression, Depression, and Attention Problems (scales included in the BSI) has been provided above. Scale summary information for the remaining BSI scales is provided next.

- J.'s *T* score on Atypicality is 61 and has a percentile rank of 90. This *T* score falls in the At-Risk classification range and follow-up may be necessary. J.'s teacher reports J. sometimes engages in behaviors that are considered strange or odd, and he at times can seem disconnected from his surroundings.
- J.'s *T* score on Withdrawal is 51 and has a percentile rank of 67. J.'s teacher reports J. does not avoid social situations and appears to be capable of developing and maintaining friendships with others.

Adaptive Skills

The Adaptive Skills composite scale *T* score is 48, with a 90% confidence interval range of 45-51 and a percentile rank of 40.

- J.'s *T* score on Adaptability is 53 and has a percentile rank of 56. J.'s teacher reports J. is able to adapt as well as most others of the same age to a variety of situations.
- J.'s *T* score on Social Skills is 44 and has a percentile rank of 28. J.'s teacher reports J. possesses sufficient social skills and generally does not experience debilitating or abnormal social difficulties.
- J.'s *T* score on Leadership is 49 and has a percentile rank of 46. J.'s teacher reports that, when compared to others of the same age, J. demonstrates a typical level of creativity, ability to work under pressure, and/or an ability to bring others together to complete a work assignment.
- J.'s *T* score on Study Skills is 50 and has a percentile rank of 47. J.'s teacher reports J. generally exhibits adequate organizational and study skills, and J. completes most homework in a timely fashion.
- J.'s *T* score on Functional Communication is 44 and has a percentile rank of 24. J.'s teacher reports J. generally exhibits adequate expressive and receptive communication skills and J. is usually able to seek out and find new information when needed.

BASC-3 TRS-C INTERVENTION RECOMMENDATIONS

Note. Information contained in the Intervention Summary section of this report is based on the BASC-3 Behavior Intervention Guide, authored by Kimberly J. Vannest, Cecil R. Reynolds, and Randy W. Kamphaus.

Primary Improvement Areas	Secondary Improvement Areas	Adaptive Skill Strengths
	Learning Problems (Academic Problems)Atypicality	- None

J.'s score on Learning Problems (Academic Problems) is elevated and may warrant targeted interventions and/or further monitoring to ensure they don't worsen.

Note that J. had a score on Atypicality that is an area of concern. Interventions for this area are not provided in this report. However, this area may require additional follow up.

J.'s BASC-3 profile indicates significant problems with Learning Problems (Academic Problems). Based on Classroom Teacher's ratings, J. is experiencing problems with the following behaviors:

Learning Problems

- completing assignments
- doing math problems
- keeping up with lessons
- reading
- spelling

Secondary Improvement: Learning Problems (Academic Problems)

Academic problems are considered a significant problem for J.. On the Teacher Rating Scales, academic problems are identified by the Learning Problems and Study Skills scales.

Academic problems are defined as the presence of academic difficulties particularly in understanding or completing homework. Learning problems can encompass a variety of academic domains, including reading, writing, spelling, and mathematics. Learning difficulties can cause problems beyond the classroom. The pervasive nature of academic problems--their influence on numerous content areas and academic skills--often makes dealing with academic problems challenging for both teacher and student alike and requires diligence and a long-term approach to intervention strategies to achieve successful remediation. These challenges are especially difficult for students with emotional and behavioral disorders, whose academic failures may also be due to problems with acquiring and processing information. These learning problems are significant contributors to increased risk of earning lower grades, being retained, and dropping out of school. Therefore, academic intervention is as important as the typical social and behavioral interventions.

Interventions for academic problems may be teacher directed or student directed. Student-directed interventions are techniques that students can use to store, retrieve, and generalize information for academic task completion and to manage their own behavior and learning. These self-mediated strategies are not instinctive and must be explicitly taught before independent use can be expected. Several intervention strategies have been shown to effectively remediate academic problems, including:

- Advance Organizers Cognitive Organizers • Instructional Strategies: Structure Scaffolding Procedural Prompting Instructional Sequencing Scripted Lessons • Instructional Strategies: Time Rate and Pacing Pausing Allocated and Engaged Times Instructional Strategies: Responding Mnemonics Peer Tutoring Classwide Peer Tutoring
- Reprocessing Strategies

Self-Monitoring

Self-Instruction

□ Summarization
□ Paraphrasing
□ Cover, Copy, and Compare
□ Self-Questioning

• Task-Selection Strategies

Detailed summaries of the instructional strategies and self-monitoring are provided below. See the BASC-3 Behavior Intervention Guide for additional detail about these strategies, along with the other intervention strategies listed above.

Academic Problems Intervention Option 1: Instructional Strategies

Instructional strategies may alter structure, time, and/or student responding to assist students with academic problems. These changes create optimal learning environments and provide opportunities for improved student learning. The structure of instruction may be modified by scaffolding, procedural prompts, instructional sequencing, and/or scripted lessons. The timing aspects of instruction that may be modified include the rate and pacing of instruction, pauses during instruction, and amounts of allocated and engaged time within a lesson. Responding strategies affect the frequency and types of responses and verbal exchanges between the students and teacher to provide correction or confirmation.

Different strategies in altering structure, time, and responding aspects of instructional strategies are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussions of this topic.

Structure

The structure of instruction refers to the formation or development of the content and the organization of its delivery. Well-designed curriculum has an implicit structure, and good instruction presents that structure explicitly to students. Common structure methods used include the following:

- 1. Scaffold
- 2. Procedural prompt
- 3. Instructional sequence
- 4. Scripted lessons

Scaffolding is the generic term for the instructional support provided by the teacher until the student is able to transition into independent thinking and learning. Scaffolds can be aids to developing and applying cognitive strategies. Scaffolded instruction provides an instructional bridge between existing student knowledge and new content.

Procedural prompts are visual, verbal, or auditory prompts to help students organize and remember new information. There are two main steps to follow when applying procedural prompts. First, determine if the challenge to learning is related to memory (organization) or thinking (application). Second, ask questions that create opportunities for chunking (remembering concepts together), linking (connecting items sequentially or by

relation to each other), retrieval (accessing the information more efficiently), or schema (connecting newly learned material with previously learned material).

Instructional sequencing refers to the order in which information is presented to a student, as well as how a student structures his or her learning. During instruction, information to be learned should be incorporated into the context of previously learned information. When presenting information, provide clear and explicit expectations for student performance. Information should be presented using examples and nonexamples, and should be explicitly linked or connected to previously learned information. Throughout the lesson, students should be given ample opportunities to respond to questions. They also should receive consistent reinforcement for correct responses and frequent feedback loops to correct and shape incorrect responses. Information that is learned should then be reviewed and practiced. In order to promote retention of the learned information, provide opportunities to demonstrate that information has been learned.

Scripted lessons are a variant of the instructional sequencing concept. Teachers write scripts for lesson plans, including how the information will be presented, the desired responses by students, and the routines that will be used for learning the material. Prompts for teacher and students are included in the scripts. Although scripted lessons can take a variety of forms, they generally follow the same steps as instructional sequencing.

Time

Time is the component of instructional strategies that refers to how much, how quickly, and how smoothly instruction is presented. There are three major components of time:

- 1. Rate and pacing
- 2. Pausing
- 3. Allocated and engaged time

Rate and pacing refer to the speed and regularity of the presentation and of practicing new material. The speed of a lesson can determine the amount of material covered, the amount of practice in which students engage, and the interest level of the students. A good fit between the time needed for learner processing and the pace needed for effective instruction is required to optimize learning time.

Pausing is the delay in time between instructional prompts and expected student responses. It can help to maintain a brisk rate of instruction and provide a rhythm in which students intently listen to the instruction and process the information prior to responding. Pausing can also be used to increase exposure to material through repetition. Providing an instructional prompt following portions of instruction in a lesson can provide students with the opportunity to consider the answer and create memory through active repetition of new knowledge.

Allocated time refers to the time dedicated to instruction and learning. Engaged time is the component of allocated time that reflects the time a student spends learning tasks. It is suggested that teachers maximize their instructional time to reflect a minimum of 50% active instruction, 35% active monitoring, and 15% or less organizing and managing. The level of student engagement in learning tasks can be monitored and increased individually through a variety of self-monitoring techniques or the use of reinforcers contingent on levels of on-task behavior.

Responding

Responding provides opportunities for students to participate by answering questions, restating instruction, or asking questions about content. The teacher provides feedback via correction or confirmation. The types and frequency of student responses and teacher feedback are fairly easy to assess and relatively pliable. With

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minimal training, a teacher can dramatically increase both the opportunities for student response and the immediacy and frequency of specific praise or corrective feedback provided during a lesson.

Academic Problems Intervention Option 2: Self-Monitoring

Self-monitoring requires a person to record information about his or her personal performance on a task to improve self-regulation of behavior. Self-monitoring consists of several components, including awareness, observation, monitoring, and documentation. Self-monitoring places control of behavioral change in the student's sphere of influence and deemphasizes external control agents. The goal of self-monitoring is to improve a student's skills needed for self-regulation of behavior.

The essential elements of Self-Monitoring include the following:

- 1. Identify the problem.
- 2. Identify the replacement behavior.
- 3. Monitor and record behavior.
- 4. Prompt for student self-evaluation.
- 5. Ensure self-rewarding or reinforcing occurs.

The procedural steps for incorporating self-monitoring into the treatment of academic problems are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussion of this topic.

PREP

- Identify a behavior for change (either to increase or decrease). This may be done in conjunction with the student or identified by the teacher or other involved adult.
- Explain the behavior to the student, articulating a definition to the extent necessary (e.g., explaining what "off task" means, discussing that homework is on time if it is turned in at the beginning of class).
- Review baseline data with the student in a non-threatening, non-accusatory way.
- Emphasize the benefits of improving academic performance.

IMPLEMENT

- Set a reasonable and achievable goal and identify the reward for achieving this goal.
- Choose an appropriate recording form or method for tracking the selected behavior or charting the academic data. Forms and methods employed may include using a tone or stopwatch, checklist, frequency counts, tally sheets, event recording, time sampling, narrative diary, wrist counters, graphs, charts, or tangible item counters. The method for recording can be as simple as making tally marks on a piece of paper at each instance of the behavior or as complex as writing a descriptive account of the behavior. Appropriate intervals for recording can be as short as one minute for behavior that may occur more frequently (e.g., off-task behavior during class) or once per class period for a less frequent behavior (e.g., checking for homework completion at the beginning of each class).
- Have the student practice the technique with teacher prompting and self-monitoring and self-recording.

- Compare notes on the frequency of the behavior and provide reinforcement to the student for accurate self-recording. In some situations positive feedback alone is a sufficient reinforcer; in others, tangible rewards are needed initially.
- Fade the use of self-monitoring supports gradually after goal mastery.

EVALUATE

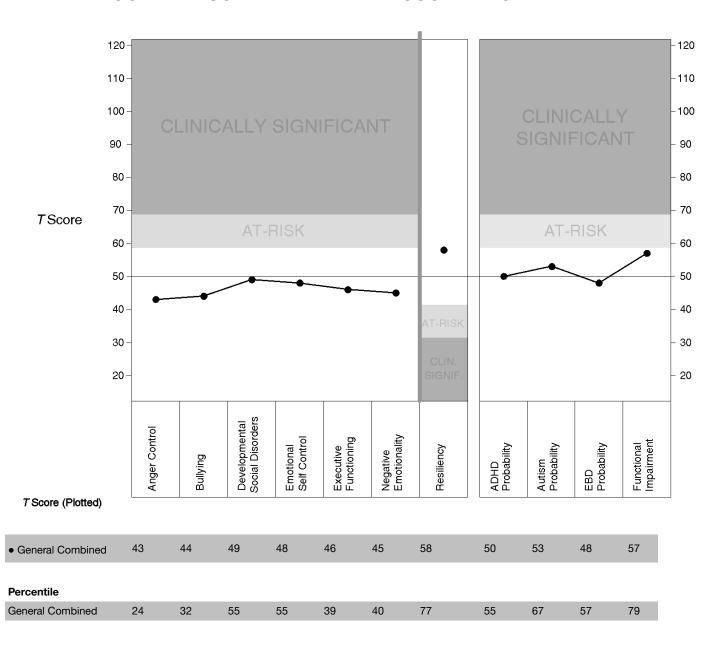
- Assess on an ongoing basis the student's ability to self-monitor.
- Consider the intrusiveness of any cueing.

Concluding Recommendations

When using any intervention, it is important to monitor the effectiveness of the interventions you are trying. The BASC-3 Flex Monitor is an Internet-based tool that can be used to monitor and track the impact of intervention strategies. Monitoring forms can be selected from a list of existing forms, or forms can be customized to meet the specific needs of each implementation. Forms can be completed online or printed for completion. Additional information about the BASC-3 Flex Monitor can be found at www.pearsonclinical.com.

Regardless of the method used to monitor progress, it is important to document the effectiveness of the interventions you have tried with J.. The BASC-3 Behavior Intervention Guide Documentation Checklist is designed to facilitate the recording of the steps that have been taken to remediate or manage a child's behavioral or emotional problem(s). It also includes a section to record the fidelity of the intervention approach that has been used, a factor that is critical to the success of any intervention program.

CONTENT SCALE AND INDEX T-SCORE PROFILE



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CONTENT SCALE SCORE TABLE: General Combined Norm Group

	Raw Score	T Score	Percentile Rank	90% Confidence Interval
Anger Control	0	43	24	38-48
Bullying	0	44	32	39-49
Developmental Social Disorders	8	49	55	44-54
Emotional Self-Control	5	48	55	43-53
Executive Functioning	16	46	39	42-50
Negative Emotionality	1	45	40	41-49
Resiliency	31	58	77	53-63

CONTENT SCALE NARRATIVES

- J.'s *T* score on Anger Control is 43 and has a percentile rank of 24. J.'s teacher reports J. regulates his affect and self-control under adverse conditions as well as others of the same age.
- J.'s *T* score on Bullying is 44 and has a percentile rank of 32. J.'s teacher reports J. does not tend to act in a threatening or intrusive manner.
- J.'s *T* score on Developmental Social Disorders is 49 and has a percentile rank of 55. J.'s teacher reports J. has social and communication skills that are typical of others of the same age.
- J.'s *T* score on Emotional Self-Control is 48 and has a percentile rank of 55. J.'s teacher reports J. is able to control his reactions to environmental changes about as well as others of the same age.
- J.'s *T* score on Executive Functioning is 46 and has a percentile rank of 39. J.'s teacher reports J. is able to control and maintain his behavior and mood as capably as others of the same age.
- J.'s *T* score on Negative Emotionality is 45 and has a percentile rank of 40. J.'s teacher reports J. reacts to changes in everyday activities or routines in a manner that is typical of others of the same age.
- J.'s *T* score on Resiliency is 58 and has a percentile rank of 77. J.'s teacher reports J. is able to overcome stress and adversity about as well as others of the same age.

EXECUTIVE FUNCTIONING INDEX SUMMARY

Overall Executive Functioning Index	Problem Solving Index	g Attentional Control Behavioral Control Index Index		Emotional Control Index
Not Elevated	Not Elevated	Not Elevated	Not Elevated	Not Elevated
Raw Score: 22	Raw Score: 11	Raw Score: 7	Raw Score: 1	Raw Score: 3

EXECUTIVE FUNCTIONING INDEX NARRATIVES

- J.'s Overall Executive Functioning Index score is 22. This score falls in the Not Elevated classification range. Summary information for problem solving, attentional control, behavioral control, and emotional control is provided below.
- J.'s Problem Solving Index score is 11. This score falls in the Not Elevated classification range.
- J.'s Attentional Control Index score is 7. This score falls in the Not Elevated classification range.
- J.'s Behavioral Control Index score is 1. This score falls in the Not Elevated classification range.
- J.'s Emotional Control Index score is 3. This score falls in the Not Elevated classification range.

EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQs) SUMMARY

The EDQ scales were developed to reflect clinical and adaptive scale combinations that are grouped specifically to align with the constructs of emotional disturbance (ED) represented in the federal Individuals with Disabilities Education Improvement Act (IDEIA; 2004) disability definition¹. These constructs serve as the minimum criteria used to determine a student's eligibility for special education and related services under the classification of ED. Because of the breadth of assessment provided by the BASC-3, examiners are advised to consider other BASC-3 clinical, adaptive, and content scales, the history of the behaviors they measure, and the duration of any behavioral or emotional problems when making special education and related services eligibility recommendations.

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	295	49	54	47-51	Acceptable
EDQC 2: Inappropriate Behavior/Feelings	348	50	61	48-52	Acceptable
EDQC 3: Unhappiness or Depression	90	45	41	41-49	Acceptable
EDQC 4: Physical Symptoms or Fears	95	47	48	42-52	Acceptable
EDQC 5 ² : Schizophrenia and Related Disorders of Thought	263	53	69	50-56	Acceptable
Social Maladjustment Indicator	Absent				

¹ The EDQs covers 5 of the 6 Emotional Disturbance criteria as defined by IDEIA (2004). The first criteria – "An inability to learn that cannot be explained by intellectual, sensory, or health factors" – is not covered by the BASC-3.

² Although elevated scores on the EDQC 5 should raise concerns of schizophrenia or another thought disorder as a possibility, it also correlates highly to autism spectrum disorder (ASD) and when elevated should prompt a more thorough evaluation to rule out ASD as the most likely diagnosis, especially if the actuarially derived Autism Index is also elevated.

EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQs) NARRATIVES

EDQC 1: Unsatisfactory Interpersonal Relationships

J.'s *T* score on the Unsatisfactory Interpersonal Relationships Composite is 49 and has a percentile rank of 54. Classroom reports J. maintains satisfactory interpersonal relationships with others compared to same-age peers.

EDQC 2: Inappropriate Behavior/Feelings

J.'s *T* score on the Inappropriate Behavior/Feelings Composite is 50 and has a percentile rank of 61. Classroom reports J. displays appropriate types of behaviors and feelings under normal circumstances that are comparable to same-age peers.

EDQC 3: Unhappiness or Depression

J.'s *T* score on the Unhappiness or Depression Composite is 45 and has a percentile rank of 41. Classroom reports J. displays no signs of pervasive unhappiness or depressive mood when compared to same-age peers.

EDQC 4: Physical Symptoms or Fears

J.'s *T* score on the Physical Symptoms or Fears Composite is 47 and has a percentile rank of 48. Classroom reports J. displays physical symptoms or fears associated with personal or school problems about as often as same-age peers.

EDQC 5: Schizophrenia and Related Disorders of Thought

J.'s *T* score on the Schizophrenia and Related Disorders of Thought Composite is 53 and has a percentile rank of 69. Classroom reports J. displays developmentally appropriate thinking patterns, perceptions, and communication skills. J. shows no signs of schizophrenia or related disorders when compared to same-age peers.

Social Maladjustment Indicator

Based on Classroom's responses, there is no indication J. presents with social maladjustment at this time. However, the need for follow-up assessment or intervention should occur based on the laws and regulations in the appropriate jurisdiction.

CLINICAL INDEX SCORE TABLE: General Combined Norm Group

	Raw Score	T Score	Percentile Rank	90% Confidence Interval
ADHD Probability Index	16	50	55	45-55
Autism Probability Index	19	53	67	48-58
EBD Probability Index	6	48	57	44-52
Functional Impairment Index	43	57	79	53-61

CLINICAL SUMMARY

J.'s profile of BASC-3 scale scores does not indicate significant elevations on BASC-3 Externalizing Problems, Internalizing Problems, or Attention Problems scales. This suggests the absence of clinical syndromes associated with these scales.

J. Doe

DSM-5™ DIAGNOSTIC CRITERIA

There are no scale elevations based on Classroom Teacher's ratings of J.'s behavior that directly correspond to the DSM-5 Diagnostic Criteria.

J. Doe

DSM-5™ DIAGNOSTIC CONSIDERATIONS

There are no scale elevations based on Classroom Teacher's ratings of J.'s behavior that directly correspond to the DSM-5 Diagnostic Criteria.

TARGET BEHAVIORS FOR INTERVENTION

The behaviors listed below were identified by the rater as being particularly problematic. These behaviors may be appropriate targets for intervention or treatment. It can be useful to readminister the BASC-3 in the future to determine progress toward meeting the associated behavioral objectives.

General Behavior Issues

The rater has not identified any target behaviors for this child in this behavior area.

Academic Behavior Issues

The rater has not identified any target behaviors for this child in this behavior area.

Adaptive/Social Behavior Issues

60. Is clear when telling about personal experiences. (Sometimes)

CRITICAL ITEMS

Bolded items may be of particular interest.

- 13. Falls down or trips over things easily. (Never)
- 26. Has panic attacks. (Never)
- 27. Eats things that are not food. (Never)
- 61. Threatens to hurt others. (Never)
- 65. Loses control when angry. (Never)
- 73. Hits other children. (Never)
- 90. Bullies others. (Never)
- 97. Says, "I hate myself." (Never)
- 99. Is distracted by smartphone (or similar device) during class. (Never)
- 109. Picks on others who are different from his or her self. (Never)
- 121. Hurts others on purpose. (Never)
- 138. Gets back at others. (Never)
- 149. Cheats in school. (Never)

ITEMS BY SCALE - CLINICAL SCALES

Aggression

- 6. Argues when denied own way. (Never)
- 10. Is overly aggressive. (Never)
- 52. Annoys others on purpose. (Never)
- 61. Threatens to hurt others. (Never)
- 73. Hits other children. (Never)
- 82. Defies teachers. (Never)
- 90. Bullies others. (Never)
- 111. Loses temper too easily. (Never)
- 124. Teases others. (Never)
- 138. Gets back at others. (Never)

Anxiety

- 8. Is fearful. (Never)
- 15. Is easily stressed. (Sometimes)
- 26. Has panic attacks. (Never)
- 54. Is nervous. (Sometimes)
- 68. Says, "I get nervous during tests" or "Tests make me nervous." (Never)
- 79. Says, "I'm afraid I will make a mistake." (Sometimes)
- 83. Worries about things that cannot be changed. (Never)
- 106. Worries. (Never)
- 112. Appears tense. (Sometimes)

Attention Problems

- 1. Pays attention. (Almost always)
- 14. Is easily distracted. (Never)
- 21. Listens carefully. (Sometimes)
- 53. Has a short attention span. (Sometimes)
- 64. Listens to directions. (Often)
- 88. Is easily distracted from class work. (Sometimes)
- 107. Has trouble concentrating. (Sometimes)
- 152. Makes careless mistakes. (Sometimes)

Atypicality

- 9. Does strange things. (Never)
- 50. Seems out of touch with reality (Never)
- 63. Acts strangely. (Never)
- 87. Picks at things like own hair, nails, or clothing. (Never)
- 125. Acts confused. (Often)
- 128. Says things that make no sense. (Sometimes)
- 132. Babbles to self. (Sometimes)
- 145. Seems odd. (Sometimes)
- 151. Speech is confused or disorganized. (Sometimes)

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Conduct Problems

- 23. Gets into trouble. (Sometimes)
- 35. Deceives others. (Never)
- 43. Sneaks around. (Never)
- 48. Uses others' things without permission. (Never)
- 70. Breaks the rules. (Never)
- 85. Lies. (Never)
- 121. Hurts others on purpose. (Never)
- 135. Disobeys. (Never)
- 149. Cheats in school. (Never)

Depression

- 12. Says, "Nobody likes me." (Never)
- 81. Cries easily. (Never)
- 91. Is easily upset. (Sometimes)
- 97. Says, "I hate myself." (Never)
- 114. Is sad. (Never)
- 118. Is negative about things. (Never)
- 133. Is pessimistic. (Never)
- 142. Is irritable. (Never)
- 146. Seems lonely. (Never)
- 153. Says, "I can't do anything right." (Never)
- 156. Says, "I don't have any friends." (Never)

Hyperactivity

- 4. Is overly active. (Never)
- 11. Has trouble keeping hands or feet to self. (Never)
- 30. Speaks out of turn during class. (Sometimes)
- 33. Has trouble staying seated. (Never)
- 40. Disrupts the schoolwork of other children. (Never)
- 93. Has poor self-control. (Never)
- 103. Acts without thinking. (Never)
- 110. Disrupts other children's activities. (Never)
- 126. Cannot wait to take turn. (Never)
- 137. Is in constant motion. (Never)
- 154. Acts out of control. (Never)

Learning Problems

- 28. Has reading problems. (Almost always)
- 44. Performs poorly on school assignments. (Sometimes)
- 55. Demonstrates critical thinking skills. (Often)
- 72. Has problems with mathematics. (Sometimes)
- 117. Has trouble keeping up in class (Almost always)
- 120. Does not complete tests. (Often)
- 130. Gets failing school grades. (Never)
- 147. Has spelling problems. (Almost always)

Somatization

- 34. Complains of pain. (Never)
- 56. Is afraid of getting sick. (Never)
- 76. Has headaches. (Never)
- 80. Gets sick. (Sometimes)
- 95. Complains of stomach pain. (Never)
- 105. Complains about health. (Never)
- 131. Complains of physical problems. (Never)
- 134. Has fevers. (Never)

Withdrawal

- 16. Isolates self from others. (Never)
- 37. Refuses to talk. (Never)
- 62. Has trouble making new friends. (Sometimes)
- 96. Avoids other children. (Never)
- 98. Makes friends easily. (Sometimes)
- 115. Prefers to play alone. (Never)
- 123. Avoids making friends. (Never)
- 144. Quickly joins group activities. (Often)

ITEMS BY SCALE - ADAPTIVE SCALES

Adaptability

- 3. Transitions well. (Almost always)
- 20. Refuses advice. (Never)
- 24. Is easy to please. (Often)
- 38. Adjusts well to changes in routine. (Almost always)
- 42. Accepts things as they are. (Almost always)
- 47. Recovers quickly after a setback. (Often)
- 59. Adjusts well to new teachers. (Often)
- 67. Handles winning and losing well. (Almost always)
- 69. Is easily calmed when angry. (Never)

Functional Communication

- 2. Communicates clearly. (Often)
- 22. Is unclear when presenting ideas. (Sometimes)
- 32. Has difficulty explaining rules of games to others. (Sometimes)
- 39. Tracks down information when needed. (Often)
- 60. Is clear when telling about personal experiences. (Sometimes)
- 71. Responds appropriately when asked a question. (Often)
- 74. Provides home address when asked. (Never)
- 89. Is able to describe feelings accurately. (Often)
- 119. Starts conversations. (Often)
- 139. Has trouble getting information when needed. (Never)

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Leadership

- 25. Is usually chosen as a leader. (Never)
- 41. Works well under pressure. (Sometimes)
- 49. Is creative. (Almost always)
- 58. Gives good suggestions for solving problems. (Often)
- 86. Makes decisions easily. (Sometimes)
- 92. Is good at getting people to work together. (Often)
- 102. Is highly motivated to succeed. (Often)

Social Skills

- 5. Congratulates others when good things happen to them. (Never)
- 19. Says, "please" and "thank you." (Often)
- 31. Accepts people who are different from his or her self. (Often)
- 45. Offers help to other children. (Often)
- 104. Makes others feel welcome. (Often)
- 113. Compliments others. (Never)
- 116. Tries to help others be their best. (Never)
- 127. Shows interest in others' ideas. (Often)
- 141. Encourages others to do their best. (Often)
- 150. Makes positive comments about others. (Often)

Study Skills

- 7. Reads. (Sometimes)
- 77. Turns in work on time. (Often)
- 94. Has good study habits (Often)
- 122. Stays on task. (Often)
- 129. Completes homework. (Often)
- 143. Is well organized. (Often)
- 148. Analyzes the nature of a problem before starting to solve it. (Often)
- 155. Tries to do well in school. (Almost always)

ITEMS BY SCALE - CONTENT SCALES

Anger Control

- 6. Argues when denied own way. (Never)
- 61. Threatens to hurt others. (Never)
- 65. Loses control when angry. (Never)
- 75. Gets angry easily. (Never)
- 93. Has poor self-control. (Never)
- 111. Loses temper too easily. (Never)
- 142. Is irritable. (Never)

Bullying

- 35. Deceives others. (Never)
- 36. Spreads rumors about others. (Never)
- 48. Uses others' things without permission. (Never)
- 57. Puts others down. (Never)
- 61. Threatens to hurt others. (Never)
- 90. Bullies others. (Never)
- 109. Picks on others who are different from his or her self. (Never)
- 121. Hurts others on purpose. (Never)
- 124. Teases others. (Never)

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Developmental Social Disorders

- 2. Communicates clearly. (Often)
- 16. Isolates self from others. (Never)
- 38. Adjusts well to changes in routine. (Almost always)
- 50. Seems out of touch with reality (Never)
- 62. Has trouble making new friends. (Sometimes)
- 63. Acts strangely. (Never)
- 66. Engages in repetitive movements. (Never)
- 71. Responds appropriately when asked a question. (Often)
- 89. Is able to describe feelings accurately. (Often)
- 100. Avoids eye contact. (Never)
- 115. Prefers to play alone. (Never)
- 127. Shows interest in others' ideas. (Often)
- 132. Babbles to self. (Sometimes)
- 136. Shows basic emotions clearly. (Often)
- 144. Quickly joins group activities. (Often)

Emotional Self-Control

- 6. Argues when denied own way. (Never)
- 15. Is easily stressed. (Sometimes)
- 29. Is overly emotional. (Never)
- 51. Overreacts to stressful situations. (Never)
- 67. Handles winning and losing well. (Almost always)
- 69. Is easily calmed when angry. (Never)
- 81. Cries easily. (Never)
- 91. Is easily upset. (Sometimes)
- 93. Has poor self-control. (Never)
- 111. Loses temper too easily. (Never)
- 142. Is irritable. (Never)
- 154. Acts out of control. (Never)

Executive Functioning

- 1. Pays attention. (Almost always)
- 6. Argues when denied own way. (Never)
- 14. Is easily distracted. (Never)
- 17. Finds ways to solve problems. (Often)
- 18. Plans well. (Sometimes)
- 33. Has trouble staying seated. (Never)
- 39. Tracks down information when needed. (Often)
- 40. Disrupts the schoolwork of other children. (Never)
- 51. Overreacts to stressful situations. (Never)
- 55. Demonstrates critical thinking skills. (Often)
- 58. Gives good suggestions for solving problems. (Often)
- 69. Is easily calmed when angry. (Never)
- 86. Makes decisions easily. (Sometimes)
- 93. Has poor self-control. (Never)
- 103. Acts without thinking. (Never)

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- 107. Has trouble concentrating. (Sometimes)
- 108. Takes a step-by-step approach to work. (Often)
- 111. Loses temper too easily. (Never)
- 122. Stays on task. (Often)
- 126. Cannot wait to take turn. (Never)
- 142. Is irritable. (Never)
- 143. Is well organized. (Often)
- 148. Analyzes the nature of a problem before starting to solve it. (Often)
- 154. Acts out of control. (Never)

Negative Emotionality

- 6. Argues when denied own way. (Never)
- 20. Refuses advice. (Never)
- 46. Finds fault with everything. (Never)
- 78. Reacts negatively. (Never)
- 91. Is easily upset. (Sometimes)
- 118. Is negative about things. (Never)
- 133. Is pessimistic. (Never)
- 142. Is irritable. (Never)

Resiliency

- 3. Transitions well. (Almost always)
- 17. Finds ways to solve problems. (Often)
- 38. Adjusts well to changes in routine. (Almost always)
- 39. Tracks down information when needed. (Often)
- 41. Works well under pressure. (Sometimes)
- 42. Accepts things as they are. (Almost always)
- 47. Recovers quickly after a setback. (Often)
- 49. Is creative. (Almost always)
- 67. Handles winning and losing well. (Almost always)
- 84. Has good coping skills. (Often)
- 92. Is good at getting people to work together. (Often)
- 101. Overcomes problems. (Often)
- 140. Is resilient. (Almost always)

ITEMS BY SCALE - CLINICAL INDEXES

ADHD Probability

- 4. Is overly active. (Never)
- 6. Argues when denied own way. (Never)
- 13. Falls down or trips over things easily. (Never)
- 14. Is easily distracted. (Never)
- 22. Is unclear when presenting ideas. (Sometimes)
- 25. Is usually chosen as a leader. (Never)
- 41. Works well under pressure. (Sometimes)
- 53. Has a short attention span. (Sometimes)
- 64. Listens to directions. (Often)
- 70. Breaks the rules. (Never)
- 88. Is easily distracted from class work. (Sometimes)
- 91. Is easily upset. (Sometimes)
- 107. Has trouble concentrating. (Sometimes)
- 111. Loses temper too easily. (Never)
- 125. Acts confused. (Often)
- 135. Disobeys. (Never)

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- 136. Shows basic emotions clearly. (Often)
- 139. Has trouble getting information when needed. (Never)
- 143. Is well organized. (Often)
- 148. Analyzes the nature of a problem before starting to solve it. (Often)
- 154. Acts out of control. (Never)

Autism Probability

- 5. Congratulates others when good things happen to them. (Never)
- 9. Does strange things. (Never)
- 45. Offers help to other children. (Often)
- 55. Demonstrates critical thinking skills. (Often)
- 58. Gives good suggestions for solving problems. (Often)
- 60. Is clear when telling about personal experiences. (Sometimes)
- 62. Has trouble making new friends. (Sometimes)
- 63. Acts strangely. (Never)
- 86. Makes decisions easily. (Sometimes)
- 87. Picks at things like own hair, nails, or clothing. (Never)
- 91. Is easily upset. (Sometimes)
- 92. Is good at getting people to work together. (Often)
- 100. Avoids eye contact. (Never)
- 106. Worries. (Never)
- 111. Loses temper too easily. (Never)
- 119. Starts conversations. (Often)
- 132. Babbles to self. (Sometimes)
- 141. Encourages others to do their best. (Often)
- 145. Seems odd. (Sometimes)
- 151. Speech is confused or disorganized. (Sometimes)
- 154. Acts out of control. (Never)

EBD Probability

- 10. Is overly aggressive. (Never)
- 12. Says, "Nobody likes me." (Never)
- 23. Gets into trouble. (Sometimes)
- 35. Deceives others. (Never)
- 52. Annoys others on purpose. (Never)
- 57. Puts others down. (Never)
- 61. Threatens to hurt others. (Never)
- 62. Has trouble making new friends. (Sometimes)
- 70. Breaks the rules. (Never)
- 73. Hits other children. (Never)
- 85. Lies. (Never)
- 90. Bullies others. (Never)
- 91. Is easily upset. (Sometimes)
- 111. Loses temper too easily. (Never)
- 118. Is negative about things. (Never)
- 125. Acts confused. (Often)
- 133. Is pessimistic. (Never)

- 138. Gets back at others. (Never)
- 139. Has trouble getting information when needed. (Never)
- 148. Analyzes the nature of a problem before starting to solve it. (Often)
- 154. Acts out of control. (Never)
- 156. Says, "I don't have any friends." (Never)

Functional Impairment

- 1. Pays attention. (Almost always)
- 2. Communicates clearly. (Often)
- 5. Congratulates others when good things happen to them. (Never)
- 15. Is easily stressed. (Sometimes)
- 22. Is unclear when presenting ideas. (Sometimes)
- 23. Gets into trouble. (Sometimes)
- 28. Has reading problems. (Almost always)
- 32. Has difficulty explaining rules of games to others. (Sometimes)
- 39. Tracks down information when needed. (Often)
- 45. Offers help to other children. (Often)
- 50. Seems out of touch with reality (Never)
- 53. Has a short attention span. (Sometimes)
- 60. Is clear when telling about personal experiences. (Sometimes)
- 62. Has trouble making new friends. (Sometimes)
- 69. Is easily calmed when angry. (Never)
- 71. Responds appropriately when asked a question. (Often)
- 72. Has problems with mathematics. (Sometimes)
- 78. Reacts negatively. (Never)
- 80. Gets sick. (Sometimes)
- 81. Cries easily. (Never)
- 83. Worries about things that cannot be changed. (Never)
- 86. Makes decisions easily. (Sometimes)
- 89. Is able to describe feelings accurately. (Often)
- 91. Is easily upset. (Sometimes)
- 93. Has poor self-control. (Never)
- 94. Has good study habits (Often)
- 96. Avoids other children. (Never)
- 98. Makes friends easily. (Sometimes)
- 103. Acts without thinking. (Never)
- 105. Complains about health. (Never)
- 106. Worries. (Never)
- 111. Loses temper too easily. (Never)
- 117. Has trouble keeping up in class (Almost always)
- 120. Does not complete tests. (Often)
- 125. Acts confused. (Often)
- 126. Cannot wait to take turn. (Never)
- 128. Says things that make no sense. (Sometimes)
- 130. Gets failing school grades. (Never)
- 139. Has trouble getting information when needed. (Never)
- 143. Is well organized. (Often)

- 144. Quickly joins group activities. (Often)
- 146. Seems lonely. (Never)
- 147. Has spelling problems. (Almost always)
- 155. Tries to do well in school. (Almost always)

ITEMS BY SCALE - EXECUTIVE FUNCTIONING INDEX

Problem Solving Index

- 17. Finds ways to solve problems. (Often)
- 18. Plans well. (Sometimes)
- 39. Tracks down information when needed. (Often)
- 55. Demonstrates critical thinking skills. (Often)
- 58. Gives good suggestions for solving problems. (Often)
- 86. Makes decisions easily. (Sometimes)
- 108. Takes a step-by-step approach to work. (Often)
- 143. Is well organized. (Often)
- 148. Analyzes the nature of a problem before starting to solve it. (Often)

Attentional Control Index

- 1. Pays attention. (Almost always)
- 14. Is easily distracted. (Never)
- 21. Listens carefully. (Sometimes)
- 53. Has a short attention span. (Sometimes)
- 64. Listens to directions. (Often)
- 88. Is easily distracted from class work. (Sometimes)
- 107. Has trouble concentrating. (Sometimes)
- 152. Makes careless mistakes. (Sometimes)

Behavioral Control Index

- 30. Speaks out of turn during class. (Sometimes)
- 33. Has trouble staying seated. (Never)
- 40. Disrupts the schoolwork of other children. (Never)
- 93. Has poor self-control. (Never)
- 103. Acts without thinking. (Never)
- 126. Cannot wait to take turn. (Never)
- 154. Acts out of control. (Never)

Emotional Control Index

- 6. Argues when denied own way. (Never)
- 29. Is overly emotional. (Never)
- 51. Overreacts to stressful situations. (Never)
- 69. Is easily calmed when angry. (Never)
- 75. Gets angry easily. (Never)
- 111. Loses temper too easily. (Never)

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142. Is irritable. (Never)

Overall Executive Functioning Index

- 1. Pays attention. (Almost always)
- 6. Argues when denied own way. (Never)
- 14. Is easily distracted. (Never)
- 17. Finds ways to solve problems. (Often)
- 18. Plans well. (Sometimes)
- 21. Listens carefully. (Sometimes)
- 29. Is overly emotional. (Never)
- 30. Speaks out of turn during class. (Sometimes)
- 33. Has trouble staying seated. (Never)
- 39. Tracks down information when needed. (Often)
- 40. Disrupts the schoolwork of other children. (Never)
- 51. Overreacts to stressful situations. (Never)
- 53. Has a short attention span. (Sometimes)
- 55. Demonstrates critical thinking skills. (Often)
- 58. Gives good suggestions for solving problems. (Often)
- 64. Listens to directions. (Often)
- 69. Is easily calmed when angry. (Never)
- 75. Gets angry easily. (Never)
- 86. Makes decisions easily. (Sometimes)
- 88. Is easily distracted from class work. (Sometimes)
- 93. Has poor self-control. (Never)
- 103. Acts without thinking. (Never)
- 107. Has trouble concentrating. (Sometimes)
- 108. Takes a step-by-step approach to work. (Often)
- 111. Loses temper too easily. (Never)
- 126. Cannot wait to take turn. (Never)
- 142. Is irritable. (Never)
- 143. Is well organized. (Often)
- 148. Analyzes the nature of a problem before starting to solve it. (Often)
- 152. Makes careless mistakes. (Sometimes)
- 154. Acts out of control. (Never)

The Behavior Assessment System for Children, Third Edition (BASC-3) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. This computer-generated report should not be the sole basis for making important diagnostic or treatment decisions.

End of Report

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