



**CONNERS**  
Early Childhood™

*By C. Keith Connors, Ph.D.*

## **Behavior–Parent Assessment Report**

### **Child's Name/ID:**

**George**

Age:

5 years and 9 months

Gender:

Male

Birth Date:

May 11, 2003

Childcare Setting/School Grade:

Kindergarten

Parent's Name/ID:

Mr. B

Administration Date:

March 03, 2009

Assessor Name:

ES

Data Entered By:

ML

Normative Option:

Gender-specific norms

This Assessment Report is intended for use by qualified assessors only, and is not to be shown or in any other way provided to the respondent or any other unqualified individuals.



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3770 Victoria Park Ave., Toronto, ON M2H 3M6

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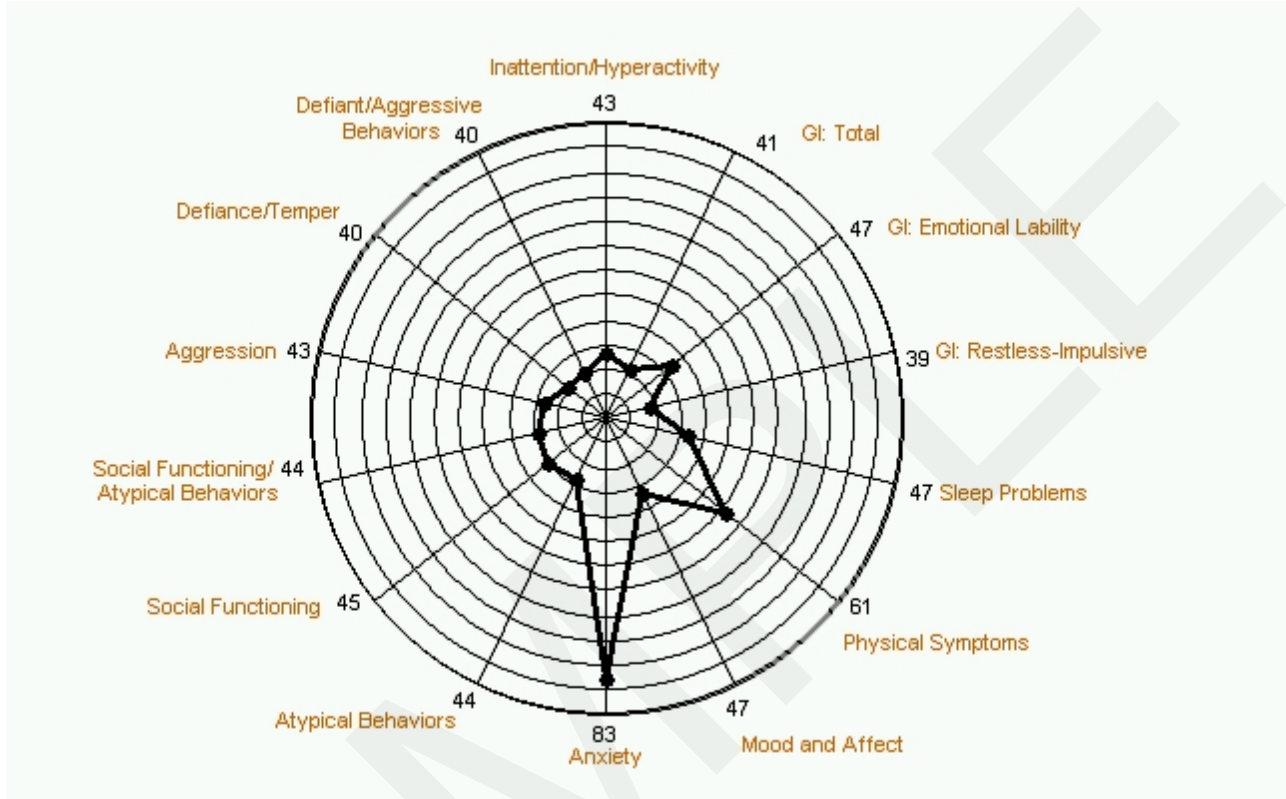
## Summary of Results

### Response Style Analysis

Scores on the Validity scales do not indicate a positive, negative, or inconsistent response style.

### Overview of Scores

The following graph provides T-scores for each of the Conners Early Childhood BEH-P scales.



**Note:**

Defiance/Temper and Aggression are subscales of the Defiant/Aggressive Behaviors scale. Social Functioning and Atypical Behaviors are subscales of the Social Functioning/Atypical Behaviors scale. Sleep Problems is a subscale of the Physical Symptoms scale.

### Summary of Elevated Scores

The following section summarizes areas of concern for George based on his parent’s ratings. Note that areas that are not a concern are not reported in this summary.

#### Behavior Scales

The T-score for the following Conners Early Childhood Behavior scale is **very elevated** (i.e., T-score ≥ 70), indicating many more concerns than are typically reported: Anxiety (T = 83).

#### Other Clinical Indicators

Based on the parent’s ratings, **further investigation is recommended** for the following issue(s): Cruelty to Animals (rating = 2), Stealing (rating = 2).

#### Impairment

The parent reports that George’s problems **occasionally** (rating = 1) seriously affect his learning, interactions with other children, and home life.

## Conners Early Childhood BEH-P Results and IDEA

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

### Cautionary Remarks

This Summary of Results section provides information only 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 too many omitted items.

SAMPLE

## Introduction

The Conners Early Childhood Behavior–Parent (Conners Early Childhood BEH–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 a wide range of behavioral, emotional, and social issues in young children. When used in combination with other information, results from the Conners Early Childhood BEH–P can provide valuable information to aid in assessment and guide intervention decisions. This report provides information about the parent’s assessment of the child, how he/she compares to other children, and which scales are elevated. See the *Conners Early Childhood Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be given to parents or other unqualified users, or used as the sole criterion for clinical decision-making. 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 a more comprehensive view of the child than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the obtained scores. Administrators should review parent’s responses to specific items to ensure that these interpretations apply to the child 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 = 2) does not indicate an overly positive response style.

### Negative Impression

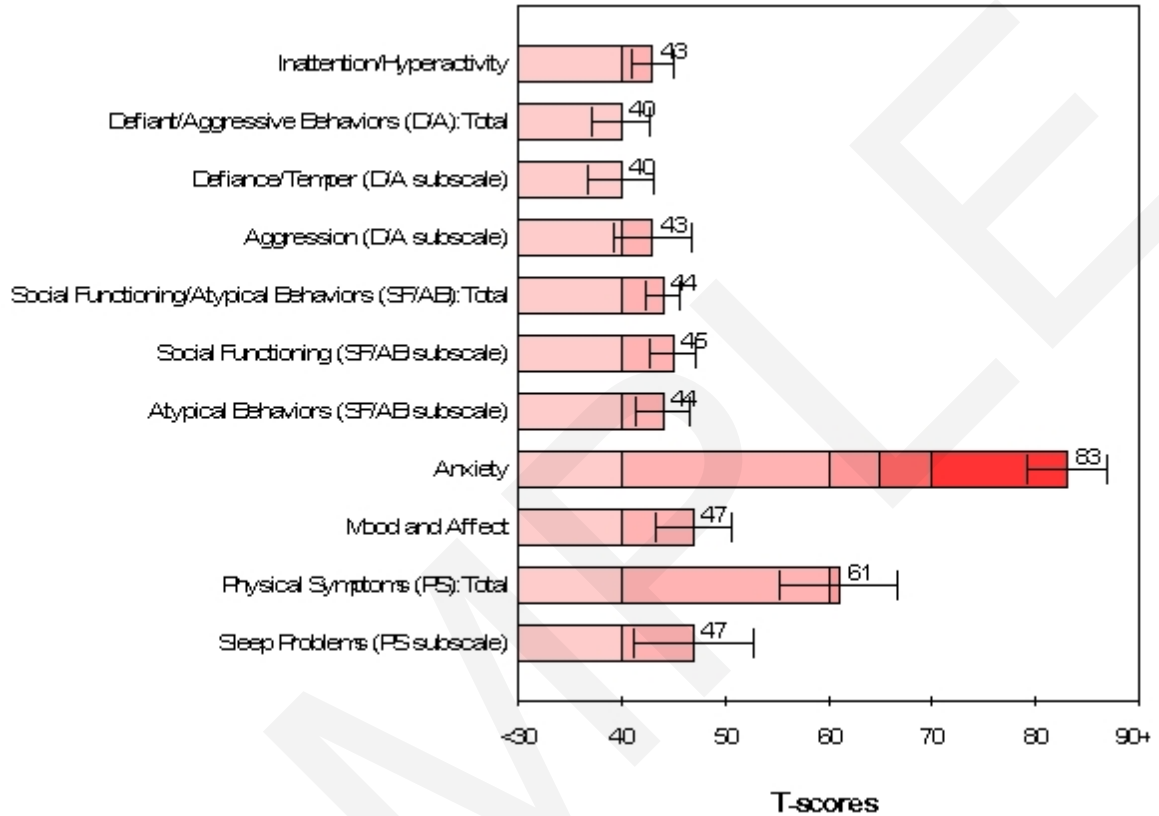
The Negative Impression score (raw score = 0) does not indicate an overly negative response style.

### Inconsistency Index

The Inconsistency Index score (raw score = 1) does not indicate an inconsistent response style.

## Behavior Scales: T-scores

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



## Behavior Scales: Detailed Scores

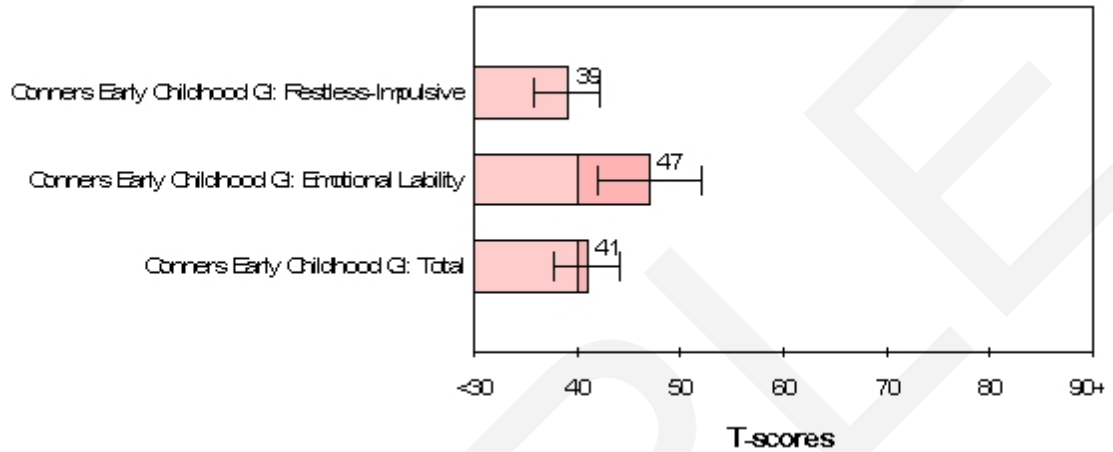
The following table summarizes the results of the parent's assessment of George, and provides general information about how he compares to the normative group. Please refer to the *Conners Early Childhood Manual* for more interpretation information.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention/Hyperactivity	7	43 ± 2.0 (25)	Average Score (Typical levels of concern)	Difficulty with control of attention and/or behavior. May have poor concentration or be easily distracted. May lose interest quickly or have difficulty finishing things. May have high activity levels and difficulty staying seated. May be easily excited, impulsive and/or fidgety.
Defiant/Aggressive Behaviors (D/A): Total	1	40 ± 2.8 (23)	Average Score (Typical levels of concern)	May be argumentative, defiant, destructive, or dishonest. May have problems with controlling temper. May have problems with physical and/or verbal aggression.
Defiance/Temper (D/A subscale)	1	40 ± 3.2 (23)	Average Score (Typical levels of concern)	Difficult. May be argumentative, stubborn, and/or defiant. May be manipulative, moody, whiny, or have poor anger control.
Aggression (D/A subscale)	0	43 ± 3.7 (23)	Average Score (Typical levels of concern)	Aggressive. May fight or bully. May be rude, destructive, and/or dishonest.
Social Functioning/Atypical Behaviors (SF/AB): Total	5	44 ± 1.7 (33)	Average Score (Typical levels of concern)	Poor and/or odd, unusual social skills. May have difficulty with friendships; socially awkward. May appear disinterested in social interactions. May have difficulty with emotions. May have unusual interests, behaviors and/or language. May show repetitive or rigid behavior.
Social Functioning (SF/AB subscale)	4	45 ± 2.2 (39)	Average Score (Typical levels of concern)	Poor social skills. May have difficulty with body language, social cues, or emotions. May seem rude or unfriendly. May have no friends; may be unliked, unaccepted, or ignored by peers.
Atypical Behaviors (SF/AB subscale)	1	44 ± 2.6 (36)	Average Score (Typical levels of concern)	Odd and unusual. May have unusual interests and/or language. May have repetitive body movements or play. May be rigid or inflexible. May appear disinterested in social interactions. May have limited emotional expression. May engage in unusual behaviors (e.g., self-harm, pica, tics).
Anxiety	25	83 ± 3.9 (99)	Very Elevated Score (Many more concerns than are typically reported)	Anxious, including emotional or physical symptoms. May be fearful or have difficulty controlling worries. May be clingy or easily frightened; may cry easily. Feelings may be easily hurt. May complain of aches/pains. May have sleep difficulties or nightmares.
Mood and Affect	3	47 ± 3.7 (51)	Average Score (Typical levels of concern)	Mood problems may include irritability, sadness, negativity, and anhedonia. May be tearful. May display sad or morbid themes in play.
Physical Symptoms (PS): Total	7	61 ± 5.7 (73)	High Average Score (Slightly more concerns than are typically reported)	Physical symptoms that may have medical/emotional roots. May complain of aches/pains or feeling sick. May have eating issues. May have sleep difficulties or nightmares.
Sleep Problems (PS subscale)	1	47 ± 5.8 (49)	Average Score (Typical levels of concern)	May have sleep difficulties or nightmares.

**Note:** SEM = Standard Error of Measurement

## Conners Early Childhood Global Index

The following section summarizes the parent's ratings of George with respect to the Conners Early Childhood Global Index (Conners Early Childhood GI). High scores on the Conners Early Childhood GI tend to describe a child who is moody or emotional. They may also describe a child who is restless, impulsive, or inattentive. The error bars in the following graph represent Standard Error of Measurement (SEM) for the scale score. For information on SEM, see the *Conners Early Childhood Manual*.



Scale	Raw Score	T-score $\pm$ SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Conners Early Childhood GI: Restless-Impulsive	1	39 $\pm$ 3.2 (13)	Low Score (Fewer concerns than are typically reported)	May be easily distracted. May be restless, fidgety, or impulsive. May have trouble finishing things. May distract others.
Conners Early Childhood GI: Emotional Lability	1	47 $\pm$ 5.0 (53)	Average Score (Typical levels of concern)	Moody and emotional; may cry, lose temper, or become frustrated easily.
Conners Early Childhood GI: Total	2	41 $\pm$ 3.2 (16)	Average Score (Typical levels of concern)	Moody and emotional; restless, impulsive, inattentive.

**Note:** SEM = Standard Error of Measurement

## Other Clinical Indicators

The following table displays the results from the parent's observations of George's behavior with regard to specific items that are related to other clinical concerns. Endorsement of these items may indicate the need for further investigation.

Item	Item Content	Parent's Rating					Recommendation
		0	1	2	3	?	
B 7	Cruelty to Animals			✓			Further investigation recommended
B 73	Fire Setting	✓					No need for further investigation indicated
B 102	Perfectionism	✓					No need for further investigation indicated
B 11	Pica	✓					No need for further investigation indicated
B 94	Posttraumatic Stress Disorder	✓					No need for further investigation indicated
B 110	Self-Injury	✓					No need for further investigation indicated
B 41	Specific Phobia		✓				No need for further investigation indicated
B 57	Stealing			✓			Further investigation recommended
B 9	Tics: motor	✓					No need for further investigation indicated
B 14	Tics: vocal	✓					No need for further investigation indicated
B 105	Trichotillomania	✓					No need for further investigation 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.

## Impairment

The parent's report of George's level of impairment in learning/pre-academic, peer interactions, and home settings is presented below.

Item	Item Content	Parent's Rating					Guideline
		0	1	2	3	?	
IM 1	Learning/Pre-Academic		✓				Problems occasionally seriously affect learning.
IM 2	Peer Interactions		✓				Problems occasionally seriously affect interactions with other children.
IM 3	Home Life		✓				Problems occasionally seriously affect home life.

**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 George.

Item Number	Item Content	Parent's Response
AQ 1	Additional concerns about your child	This item was omitted.
AQ 2	Child's strengths or skills	This item was omitted.



## Conners Early Childhood BEH-P Results and IDEA

The Conners Early Childhood BEH-P provides information that may be useful to consider when determining whether a child is eligible for early intervention or special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004). The following table summarizes areas of IDEA 2004 categorization that are typically considered when a particular score is elevated. The "At Risk; Follow-up Recommended" column indicates which areas are elevated for George, suggesting the need for follow-up to determine if he is eligible for services under IDEA 2004 in this particular area.

The information in this table is based on 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 reminded to review local policies that may impact decision making. An elevated score is not sufficient justification for IDEA 2004 eligibility. The IDEA 2004 indicates that categorization is not required for provision of services, particularly in the case of early intervention services. In most districts, a child qualifies for early intervention services if there is evidence that he/she is at risk for substantial delays if services are not provided (even if no developmental delays or diagnoses have been documented yet). Please see the *Conners Early Childhood Manual* for further discussion of IDEA 2004.

Content Areas	At Risk; Follow-up Recommended	Possible IDEA Eligibility Category
<b>Behavior Scales</b>		
Inattention/Hyperactivity		DD-Cognitive, DD-Emotional, ED, OHI
Defiant/Aggressive Behaviors (D/A): Total		DD-Emotional, ED
Defiance/Temper (D/A subscale)		DD-Emotional, ED
Aggression (D/A subscale)		DD-Emotional, ED
Social Functioning/Atypical Behaviors (SF/AB): Total		Autism, DD-Cognitive, DD-Emotional, DD-Social, ED, MR/ID
Social Functioning (SF/AB subscale)		Autism, DD-Emotional, DD-Social, ED
Atypical Behaviors (SF/AB subscale)		Autism, DD-Cognitive, DD-Emotional, DD-Social, ED, MR/ID
Anxiety	✓	DD-Emotional, ED, OHI
Mood and Affect		DD-Emotional, ED
Physical Symptoms (PS): Total		DD-Emotional, ED, OHI
Sleep Problems (PS subscale)		DD-Emotional, ED, OHI
<b>Other Clinical Indicators</b>		
Cruelty to Animals	✓	ED
Fire Setting		ED
Perfectionism		Autism, DD-Emotional, ED
Pica		Autism, ED, MR/ID, OHI
Posttraumatic Stress Disorder		ED
Self-Injury		Autism, DD-Cognitive, DD-Emotional, ED, MR/ID
Specific Phobia		ED
Stealing	✓	ED
Tics		OHI
Trichotillomania		ED

DD = Developmental Delay; ED = Emotional Disturbance; MR/ID = Mental Retardation/Intellectual Disability; OHI = Other Health Impairment.

## Item Responses

The parent marked the following responses for items on the Conners Early Childhood BEH-P.

### Behavior Scales

Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating
B1.	2	B20.	2	B39.	3	B58.	2	B77.	0	B96.	1
B2.	3	B21.	3	B40.	1	B59.	1	B78.	1	B97.	0
B3.	3	B22.	1	B41.	1	B60.	0	B79.	0	B98.	3
B4.	3	B23.	0	B42.	1	B61.	0	B80.	0	B99.	0
B5.	1	B24.	0	B43.	2	B62.	0	B81.	0	B100.	2
B6.	2	B25.	2	B44.	3	B63.	0	B82.	1	B101.	0
B7.	2	B26.	0	B45.	0	B64.	0	B83.	0	B102.	0
B8.	0	B27.	2	B46.	3	B65.	1	B84.	0	B103.	2
B9.	0	B28.	3	B47.	1	B66.	2	B85.	2	B104.	3
B10.	0	B29.	3	B48.	0	B67.	0	B86.	0	B105.	0
B11.	0	B30.	0	B49.	0	B68.	0	B87.	1	B106.	0
B12.	1	B31.	0	B50.	0	B69.	0	B88.	0	B107.	0
B13.	3	B32.	1	B51.	0	B70.	0	B89.	0	B108.	0
B14.	0	B33.	0	B52.	0	B71.	0	B90.	0	B109.	1
B15.	0	B34.	1	B53.	0	B72.	1	B91.	0	B110.	0
B16.	0	B35.	0	B54.	2	B73.	0	B92.	0	IM1.	1
B17.	0	B36.	0	B55.	0	B74.	0	B93.	3	IM2.	1
B18.	0	B37.	0	B56.	2	B75.	0	B94.	0	IM3.	1
B19.	0	B38.	2	B57.	2	B76.	0	B95.	0		

**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.

Date printed: June 08, 2009

**End of Report**

## Conners Early Childhood Feedback Handout for Parent Ratings

**Child's Name:** George  
**Child's Age:** 5 years and 9 months  
**Date of Assessment:** March 03, 2009  
**Parent's Name:** Mr. B  
**Assessor's Name:** ES

*This feedback handout explains scores from parent ratings of this child's behaviors and feelings as assessed by the Conners Early Childhood-Parent form (Conners Early Childhood-P). This section of the report may be given to parents (caregivers) or to a third party if parental consent is granted.*

### What is the Conners Early Childhood?

The Conners Early Childhood is a set of rating scales used to gather information about young children. The Conners forms were developed by Dr. Conners, an expert in child behavior, and can be completed by parents and teachers (or childcare providers). Research has shown that the Conners 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 Early Childhood?

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 Conners Early Childhood is typically used to better understand a child's difficulties and find a way to help. The Conners Early Childhood can also be used for a child receiving treatment to see if the child is improving. Sometimes the Conners Early Childhood is used as a routine check, even when the child does not appear to have a problem. If you are not sure why the parent was asked to complete the Conners Early Childhood, please ask the assessor listed at the top of this feedback form.

### How does the Conners Early Childhood work?

The parent described George's emotions and behaviors by marking 110 items to show how well each statement described George or how often George displayed each emotion/behavior in the past month. The parent's responses to these statements were combined into several groups of items. Each group of items describes a certain type of emotion (for example, anxiety) or behavior (for example, hyperactivity). The parent's responses were compared with what is expected for boys who are the same age as George. The scores for each group of items tell how similar George is to his peers. This information helps the assessor know if George is having more difficulty in a certain area than other boys who are the same age.

## Results from the Conners Early Childhood-Parent Form

The assessor who asked the parent to complete the Conners Early Childhood will help explain these results and answer any questions you might have. Remember, these scores were calculated from how the parent described George in the past month. The parent ratings are supposed to let the assessor know how George acts at home and in the community. The results from parent ratings on the Conners Early Childhood should be combined with other important information, such as interviews with George's parent, other test results, and observations of George. All of the combined information is used to determine if George 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 results do not make sense to you, you should let the assessor know so that you can discuss other possible explanations.

Remember that the parent's responses to all of the items were combined into groups of possible problem areas. The following tables list the main topics covered by the Conners Early Childhood-Parent form. These scores were compared with other boys who are the same age as George. 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 boys who are the same age as George.

## Emotions and Behaviors

The tables below summarize the parent's observations of George's emotions and behaviors. The tables also give you examples of emotional and behavioral issues that are included in each possible problem area. George may not show *all* of the problems in an area; it is possible to have "more concerns than average" even if only *some* of the problems are happening. Also, it is possible that the parent may describe typical or average levels of concern even if George is showing *some* of the problems in an area.

### Inattention/Hyperactivity

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 attention and concentration. Loses interest, doesn't finish things. High activity levels, fidgets, impulsive.

### Defiant/Aggressive Behaviors

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
✓		Doesn't follow directions, loses temper; physical and/or verbal aggression.
✓		Argumentative, stubborn, defiant, manipulative, whiny, and/or moody; poor anger control.
✓		Fighting; bullying; rude, destructive, and/or dishonest.

### Social Functioning/Atypical Behaviors

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
✓		Lacks good friendships; socially awkward. Difficulty with emotions. Unusual interests, behaviors and/or language. Repetitive or rigid behavior.
✓		Poor social skills; difficulty with body language, social cues, and/or emotions; unfriendly or rude; social isolation.
✓		Odd/unusual personality, interests, and/or language. Repetitive body movements or play; rigid/inflexible/unusual behavior. Limited emotional expression; disinterested in social interactions.

### Anxiety

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
	✓	Emotional symptoms of anxiety (fearful, difficulty controlling worries, clingy, easily frightened, cries easily, feelings easily hurt). Physical symptoms of anxiety (aches/pains; sleep difficulties).

### Mood and Affect

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
✓		Irritability, sadness, negativity, and lack of interest/pleasure; tearfulness; sad or morbid themes in play.

### Physical Symptoms

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
✓		Complains of aches/pains or feeling sick; eating or sleeping issues.
✓		Sleep difficulties or nightmares.

It is important to discuss these results with the assessor listed at the top of this feedback handout. This feedback handout only describes results from the Conners Early Childhood-Parent form. A checkmark in the "more concerns than average" box does not necessarily mean that George has a serious problem and is in need of treatment. Conners Early Childhood results must be combined with information from other sources and be confirmed by a qualified clinician before concluding that an actual problem exists.

### 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 Early Childhood suggest that it is important to consider the following topics in further evaluation of George. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Cruelty to Animals
- Stealing

### Impairment

**When asked to rate whether the problems described on the Conners Early Childhood-Parent form affected the child's functioning, the parent responded:**

The parent indicated that George's problems occasionally seriously affect his learning.

The parent indicated that George's problems occasionally seriously affect his interactions with other children.

The parent indicated that George's problems occasionally seriously affect his home life.