



# CONNERS

3rd Edition™

By C. Keith Conners, Ph.D.

## Conners 3–Parent Short Form Assessment Report

**Child's Name/ID:** Susan S

Gender: Female

Birth Date: September 15, 1998

Parent's Name/ID: Sarah S.

Age: 8 years

Grade: 2

Administration Date: January 01, 2007

Assessor's Name:

Data Entered By: Jane

Normative Option: Gender-specific norms

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

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

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## Introduction

The Conners 3rd Edition–Parent Short form [Conners 3–P(S)] is an assessment tool used to obtain the parent's observations about the youth's behavior. This instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common co-morbid problems in children and adolescents aged 6 to 18 years old. When used in combination with other information, results from the Conners 3–P(S) can provide valuable information for guiding assessment decisions. This report provides information about the parent's assessment of the youth, how she compares to other youth, and which scales are elevated. See the *Conners 3 Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be given to clients or be used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this report with information gathered from other psychometric measures, interviews, observations, and review of available records will give the assessor or service provider a more comprehensive view of the youth than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Administrators should review the client's responses to specific items to ensure that these typical interpretations apply to the youth being described.

## Assessment of Validity

The following section provides the parent's scores for the Positive and Negative Impression scales.

### Positive Impression

Raw score = 0 (Probably valid)

The Positive Impression score does not suggest an overly positive response style.

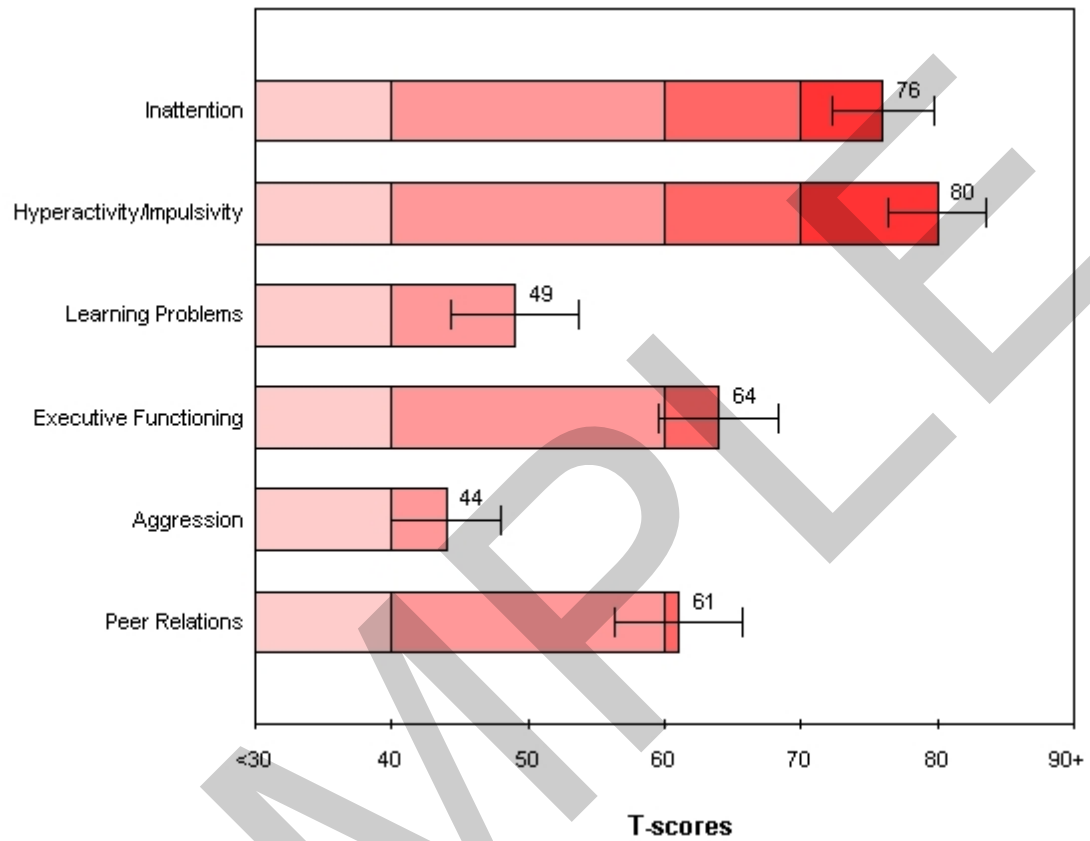
### Negative Impression

Raw score = 0 (Probably valid)

The Negative Impression score does not suggest an overly negative response style.

## Conners 3-P(S) Content Scales: T-scores

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



## Conners 3–P(S) Content Scales: Detailed Scores

The following table summarizes the results of the parent’s assessment of Susan S and provides general information about how she compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results. Caution: please note that *T*-score cutoffs are guidelines only and may vary depending on the context of the assessment. *T*-scores from 57–63 should be considered borderline and of special note since the assessor must decide (based on other information and knowledge of the youth) whether or not the concerns in the associated area warrant clinical intervention.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention	10	76 ± 3.7 (97)	Very Elevated Score (Many more concerns than are typically reported)	Poor concentration and attention, difficulty keeping his/her mind on work, makes careless mistakes, easily distracted.
Hyperactivity/ Impulsivity	12	80 ± 3.6 (97)	Very Elevated Score (Many more concerns than are typically reported)	Moves around a lot, fidgets, restless, impulsive.
Learning Problems	2	49 ± 4.7 (57)	Average Score (Typical levels of concern)	Problems with learning and/or understanding academic material that involves reading, spelling, or math skills; needs extra explanations.
Executive Functioning	6	64 ± 4.4 (90)	Elevated Score (More concerns than are typically reported)	Poor organization, loses things; difficulty getting started on projects.
Aggression	0	44 ± 4.0 (32)	Average Score (Typical levels of concern)	Physically and/or verbally aggressive; bullying behavior; poor control of anger/aggression.
Peer Relations	2	61 ± 4.7 (80)	Elevated Score (More concerns than are typically reported)	Difficulty with friendships, poor social connections; seems to be unaccepted by group.

Note: SEM = Standard Error of Measurement

## Additional Questions

The following section displays additional comments from the parent about Susan S.

Item Number	Item Content	Parent’s Rating
44	Additional concerns about your child	This item was omitted.
45	Child’s strengths or skills	This item was omitted.

## Conners 3–P(S) Results and IDEA

The Conners 3–P(S) provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners 3–P(S) may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners 3–P(S). Checkmarks indicate which areas of the Conners 3–P(S) were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in this table is based on the IDEA 2004 and general interpretation/application of this federal law. Specific state and local education agencies may have specific requirements that supersede these recommendations. The assessor is encouraged to consult local policies that may impact decision making. Remember that elevated scores or even a diagnosis is not sufficient justification for IDEA 2004 eligibility. Finally, keep in mind that the IDEA 2004 clearly indicates that categorization is not required for provision of services. Please see the *Conners 3 Manual* for further discussion of the IDEA 2004 and its relation to the Conners 3–P(S) content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
Inattention	✓	ED, LD, OHI
Hyperactivity/Impulsivity	✓	DD-Emotional , ED, OHI
Learning Problems		LD
Executive Functioning	✓	LD, OHI
Aggression		DD-Emotional, ED
Peer Relations	✓	Autism, DD-Communication, DD-Emotional, DD-Social, ED

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

**Note:** The category of Developmental Delay only applies to children through age 9 years.

## Item Responses

The parent entered the following response values for the items on the Conners 3-P(S).

Item	Parent's Rating	Item	Parent's Rating	Item	Parent's Rating
1.	2	16.	2	31.	2
2.	1	17.	2	32.	1
3.	3	18.	2	33.	2
4.	0	19.	0	34.	2
5.	2	20.	1	35.	1
6.	0	21.	0	36.	0
7.	1	22.	1	37.	1
8.	0	23.	0	38.	0
9.	1	24.	2	39.	1
10.	1	25.	0	40.	1
11.	0	26.	0	41.	2
12.	2	27.	2	42.	2
13.	1	28.	3	43.	0
14.	0	29.	1		
15.	1	30.	2		

### Response Key:

0 = In the past month, this was **not true at all**. It never (or seldom) happened.

1 = In the past month, this was **just a little true**. It happened occasionally.

2 = In the past month, this was **pretty much true**. It happened often (or quite a bit).

3 = In the past month, this was **very much true**. It happened very often (very frequently).

? = Omitted Item

Date printed: March 20, 2008

**End of Report**

## Conners 3rd Edition Feedback Handout for Parent Short Form Ratings

**Child's Name:** Susan S  
**Child's Age:** 8  
**Date of Assessment:** January 01, 2007  
**Parent's Name:** Sarah S.  
**Assessor's Name:**

*This feedback handout explains scores from parent ratings of this youth's behaviors and feelings as assessed by the Conners 3–Parent Short Form [Conners 3–P(S)]. This section of the report may be given to parents (caregivers) or to a third party upon parental consent.*

### **What is the Conners 3?**

The Conners 3 is a set of rating scales that are used to gather information about the behaviors and feelings of children and adolescents. These rating scales can be completed by parents, teachers, and youth. The Conners forms were developed by Dr. Conners, an expert in child and adolescent behavior, and are used all over the world to assess youth from many cultures. Research has shown that the Conners scales are reliable and valid, which means that the scores that are produced by the parent's ratings can be trusted.

### **Why do parents complete the Conners 3?**

Information from parents (or guardians) about their child's behavior and feelings is extremely important, as parents generally know their child better than anyone else. Parents can describe their child's behavior in a number of different situations, including the home and community.

The most common reason for using the Conners 3 scales is to better understand a youth who is having difficulty, and to determine how to help. The Conners 3 scales can also be used to make sure that treatment services are helping, or to see if the youth is improving. Sometimes the Conners 3 scales are used for a routine check, even if there is no reason to suspect the youth is struggling with a problem. If you are not sure why you were asked to complete the Conners 3, please ask the assessor listed at the top of this feedback form.

### **How does the Conners 3 work?**

The parent read 43 items, and decided how well each statement described Susan S, or how often Susan S displayed each behavior in the past month ("Not at all/Never, Seldom," "Just a little true/Occasionally," "Pretty much true/Often, Quite a bit," or "Very much true/Very often, Very frequently"). The parent's responses to these 43 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, inattention, aggression). The parent's responses were compared with what is expected for 8-year-old girls. The scores for each group of items tell how similar Susan S is to her peers. This information helps the assessor know if Susan S is having more difficulty in a certain area than other 8-year-old girls.

### **Results from the Conners 3–Parent Form**

The assessor who asked the parent to complete the Conners 3 will help explain these results and answer any questions you might have. Remember, these scores were calculated from how the parent described Susan S in the past month. The parent ratings help the assessor know how Susan S acts at home and in the community. The results from parent ratings on the Conners 3 should be combined with other important information, such as interviews with Susan S and her parent, other test results, and observations of Susan S. All of the combined information is used to determine if Susan S needs help in a certain area and what kind of help is needed.

As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the scores do not make sense to you, let the assessor know so that you can discuss other possible explanations.

The parent's responses to the 43 items were combined into groups of possible problem areas. The following table lists the main topic areas covered by the Conners 3–Parent form. These scores were compared with other 8-year-old girls. This table 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 8-year-old girls. The table also gives you a short description of the types of difficulties that are included in each possible problem area. Susan S 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. It is also possible that a parent may have described typical or average levels of concern, even if Susan S is only showing some of the problems in an area.

It is important to discuss these results with the assessor listed at the top of this feedback handout. This feedback handout only describes results from the Conners 3–Parent form. A checkmark in the "more concerns than average" box does not necessarily mean that Susan S has a serious problem and is in need of treatment. Conners 3 results must be combined with information from other sources and be confirmed by a qualified clinician before the conclusion is made that an actual problem exists.

### Inattention

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Poor concentration and attention, difficulty keeping his/her mind on work, makes careless mistakes, easily distracted.

### Hyperactivity/Impulsivity

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Moves around a lot, restless, impulsive; difficulty being quiet, interrupts others.

### Learning Problems

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Problems with learning and/or understanding academic material that involves reading, writing, or math skills; forgets concepts.

### Executive Functioning

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Poor organization, loses things; difficulty getting started on projects.

### Peer Relations

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Difficulty with friendships, poor social skills; seems to be unaccepted by group.



**Aggression**

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Physically and/or verbally aggressive; bullying; argumentative; poor control of anger/aggression.

**Validity**

Information about the validity of the Conners 3 results should be considered when the assessor reviews the results with you.

SAMPLE

