

CONNERS 3rd Edition[™]

By C. Keith Conners, Ph.D.

Conners 3–Teacher Progress Report

Client Name/ID:

Susan Sample

Gender: Birth Date: Normative Option: DSM Scoring Option: Report Options: Female September 15, 1998 Gender-specific norms DSM-5 The following features were included in this progress report: Item Responses by Scale, Percentiles.

	Administration 1	Administration 2	Administration 3
Client Name/ID:	Susan Sample	Susan S	Susan S
Date:	Sep 29, 2006	Sep 29, 2006	Jan 24, 2007
Age:	8 years	8 years	8 years
Grade:	2	2	2
Teacher's Name/ID:	Ms_Metry	Ms. Metry	Ms. Metry
Class(es) Taught:			
Time known student:	2 months	2 months	5 months
Assessor Name:			
Data Entered By:	Jane	Jane	Jane

This Progress 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-Teacher (Conners 3–T) is an assessment tool used to obtain the teacher's observations about the youth's behavior in a school setting. 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–T can provide valuable information to guide assessment decisions. This report combines the results of up to four Conners 3–T administrations to help the user interpret important changes in reported behavior that have occurred over time. Please note that this Progress report is intended to provide an *overview* of how scores have changed over time. For detailed information about any given administration, please refer to the Conners 3–T Assessment reports.

This computerized report is an interpretive aid and should not be given to teachers or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this with information gathered from other psychometric measures, as well as from interviews and discussions with the youth, will give the assessor or service provider a more comprehensive view of the youth than might be obtained from any one source.

Note: If the selected administrations were completed by different teachers, then differences in scores across administrations may be due to the teachers' differing perspectives, rather than to changes in Susan Sample's symptoms over time.

Response Style Analysis

The following table provides each teacher's scores (including the raw score and guideline) for the validity scales.

Validity Scale		Raw Score (Guideline)	
	Admin 1	Admin 2	Admin 3
Positive	0	0	0
	(positive response style not indicated)	(positive response style not indicated)	(positive response style not indicated)
Negative		1	1
Impression	(negative response style not indicated)	(negative response style not indicated)	(negative response style not indicated)
Inconsistency	3	3	4
Index	Differentials $\geq 2 = 0$	Differentials ≥ 2 = 0	Differentials ≥ 2 = 0
	(inconsistent response style not indicated)	(inconsistent response style not indicated)	(inconsistent response style not indicated)

T-score Guidelines

The guidelines in the following table apply to all *T*-scores presented in this report. See the *Conners 3 Manual* for more information.

T-score	Guideline
70+	Very Elevated Score (Many more concerns than are typically reported)
65-69	Elevated Score (More concerns than are typically reported)
60-64	High Average Score (Slightly more concerns than are typically reported)
40-59	Average Score (Typical levels of concern)
< 40	Low Score (Fewer concerns than are typically reported)

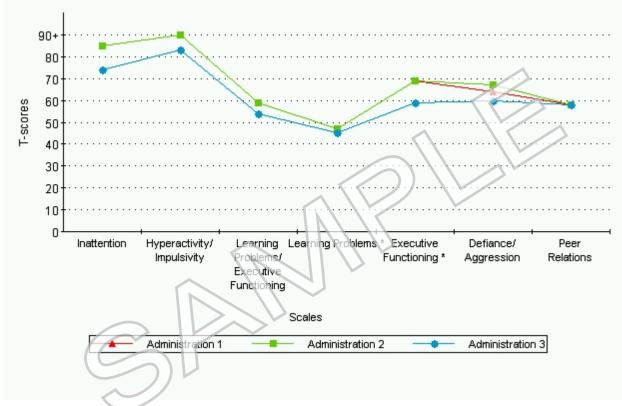


Conners 3–T Content Scales

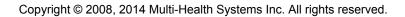
This section provides several ways of comparing scale scores across multiple administrations of the Conners 3–T. Please see the *Conners 3 Manual* for interpretation guidelines, including appropriate use of raw scores or *T*-scores to measure change over time.

T-scores: Comparison across Administrations

The following graph displays the *T*-score results for the Conners 3–T Content scales.



* Subscales of Learning Problems/Executive Functioning





Detailed Scores: Comparison across Administrations

The following table displays raw and *T*-scores for each scale, as well as any statistically significant (p < .10) changes in *T*-scores across pairs of administrations. If a pair of administrations appears in the "Significant Increase" column, this indicates that the symptoms have become more pronounced (i.e., Susan Sample's problems have become more of a concern) between the two administrations. If a pair of administrations appears in the "Significant Decrease" column, this indicates that the symptome have become less pronounced (i.e., Susan Sample has improved) between administrations. If a pair of administrations is not noted in either column, then the amount of change between those two administrations did not reach statistical significance.

Scale	-	nin 1 ores		nin 2 ores		nin 3 ores	Significant Increase	Significant Decrease
	Raw	T (%ile)	Raw	T (%ile)	Raw	T (%ile)		
Inattention	28	85 (99)	28	85 (99)	21	74 (96)		1-3; 2-3
Hyperactivity/Impulsivity	43	90 (99)	43	90 (99)	26	83 (96)		
Learning Problems/Executive Functioning (LE): Total	19	59 (84)	19	59 (84)	13	54 (77)	$ \land \land \land$	
Learning Problems (LE subscale)	2	47 (53)	2	47 (53)	1	45 (41)	$)) \setminus \cdot$	
Executive Functioning (LE subscale)	14	69 (89)	14	69 (89)	9	59 (8 4)		
Defiance/Aggression	5	64 (90)	6	67 (92)	4	60 (87)		
Peer Relations	4	58 (82)	4	58 (82)	4	58 (82)		

Note(s):

T-scores of 90 are displayed for all raw scores that are four or more standard deviations above the mean.

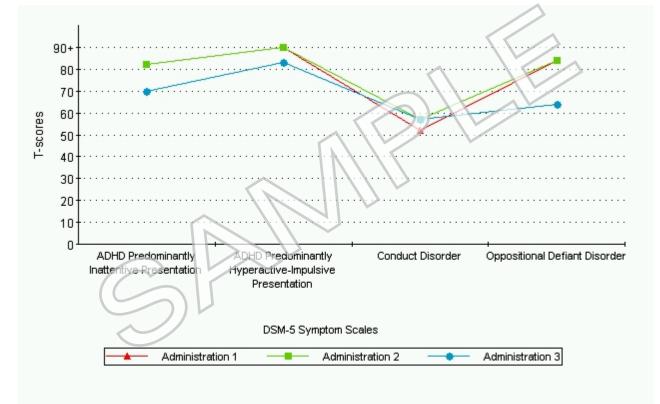




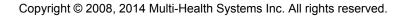
DSM-5 Symptom Scales

This section provides a comparison of DSM-5 Symptom scales across administrations of the Conners 3–T. The Conners 3–T provides information relevant to the DSM-5 diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-5 Symptom Counts can contribute to consideration of whether a particular DSM-5 diagnosis might be appropriate. A *T*-score for each DSM-5 diagnosis facilitates comparison of this individual's symptoms with his or her peers. At times there may be discrepancies between Symptom Count and *T*-score for a given diagnosis. This is to be expected, given that they are based on different metrics (i.e., absolute versus relative). See the *Conners 3 Manual* for information on interpreting discrepancies.

T-scores: Comparison across Administrations



The following graph displays the *T*-score results for the DSM-5 Symptom scales.





Detailed Scores: Comparison across Administrations

The following table displays raw and *T*-scores for each DSM-5 Symptom scale, as well as any significant changes (p < .10) in *T*-scores across pairs of administrations. If a pair of administrations appears in the "Significant Increase" column, this indicates that the symptoms have become more pronounced (i.e., Susan Sample's problems have become more of a concern) between the two administrations. If a pair of administrations appears in the "Significant Decrease" column, this indicates that the symptoms have become less pronounced (i.e., Susan Sample has improved) between administrations. If a pair of administrations is not noted in either column, then the amount of change between those two administration dates did not reach statistical significance.

Scale	-	nin 1 ores		nin 2 ores	Adn Sco	nin 3 ores	Significant Increase	Significant Decrease
	Raw	T (%ile)	Raw	T (%ile)	Raw	<i>T</i> (%ile)		
ADHD Predominantly Inattentive Presentation	24	82 (99)	24	82 (99)	17	70 (94)		1-3; 2-3
ADHD Predominantly Hyperactive-Impulsive Presentation	25	90 (98)	25	90 (98)	16	83 (96)		
Conduct Disorder	1	52 (83)	2	57 (90)	2	57 (90)	-//	
Oppositional Defiant Disorder	6	84 (98)	6	84 (98)	3	64 (85)		1-3, 2-3

T-scores of 90 are displayed for all raw scores that are four or more standard deviations above the mean.





DSM-5 Total Symptom Counts: Comparison of Symptom Count Status across Administrations

The following table displays Symptom Count status as indicated by the Conners 3–T Total Symptom Count. A checkmark indicates that the Symptom Count was *probably met*.

Caala	DOM E Symmetry Count Dominomouto	Sympto	Symptom Count Probably Met			
Scale	DSM-5 Symptom Count Requirements	Admin 1	Admin 2	Admin 3		
ADHD Predominantly Inattentive Presentation (ADHD In)	At least 6 out of 9 symptoms	~	~	✓		
ADHD Predominantly Hyperactive-Impulsive Presentation (ADHD Hyp- Imp)	At least 6 out of 9 symptoms	~	~	√		
ADHD Combined Presentation	Criteria must be met for both ADHD In and ADHD Hyp-Imp	~	1	\checkmark		
Conduct Disorder [‡]	At least 3 out of 15 symptoms	<	?	?		
Oppositional Defiant Disorder	At least 4 out of 8 symptoms					

[‡]Two criteria from this scale have not been assessed, as most teachers do not directly observe these symptoms.

? = Symptom Count could not be determined due to omitted or unassessed item(s)

DSM-5 Total Symptom Counts: Comparison of Symptom Counts across Administrations

The following table displays the DSM-5 Total Symptom Counts as indicated by the Conners 3–T. **Bolded text** indicates that the Symptom Count requirements were *probably met*.

Scale	Symptom Count as indicated by Conners 3–T						
	Admin 1	Admin 2	Admin 3				
ADHD Predominantly Inattentive	9	9	6				
Presentation	DV						
ADHD Predominantly Hyperactive-Impulsive	8	8	6				
Presentation							
ADHD Combined	ADHD In: 9	ADHD In: 9	ADHD In: 6				
Presentation	ADHD Hyp-Imp: 8	ADHD Hyp-Imp: 8	ADHD Hyp-Imp: 6				
Conduct Disorder [‡]	0	1	1				
Oppositional Defiant Disorder	3	3	3				

[‡]Two criteria from this scale have not been assessed, as most teachers do not directly observe these symptoms.



DSM-5 Symptom Tables: Comparison across Administrations

The following tables display the status of specific DSM-5 criteria as indicated by the Conners 3–T.

DSM-5 Symptoms:	ltom	Criterion Status				
Criterion A	ltem	Admin 1	Admin 2	Admin 3		
A1a.	37	Indicated	Indicated	Indicated		
A1b.	111	Indicated	Indicated	Indicated		
A1c.	69	Indicated	Indicated	Not Indicated		
A1d.	73 and 57	Indicated	Indicated	Not Indicated		
A1e.	103	Indicated	Indicated	Indicated		
A1f.	60	Indicated	Indicated	May be Indicated		
A1g.	92	Indicated	Indicated	Indicated		
A1h.	23	Indicated	Indicated	Indicated		
A1i.	88	Indicated	Indicated	Not Indicated		

DSM-5 ADHD Predominantly Inattentive Presentation

DSM-5 ADHD Predominantly Hyperactive-Impulsive Presentation

DSM-5 Symptoms:	ltem	Criterion Statu		s
Criterion A	nem	Admin 1	Admin 2	Admin 3
Hyperactivity				
A2a.	4	Indicated	Indicated	Not Indicated
A2b.	1	Not Indicated	Not Indicated	Not Indicated
A2c.	24 or 7	Indicated	Indicated	Indicated
A2d.	32	Indicated	Indicated	Indicated
A2e.	17 or 78	Indicated	Indicated	May be Indicated
A2f.	50	Indicated	Indicated	Indicated
Impulsivity		J		
A2g.	9	Indicated	Indicated	Indicated
A2h.	76	Indicated	Indicated	Not Indicated
A2i.	29	Indicated	Indicated	Indicated

DSM-5 ADHD Combined Presentation

An ADHD Combined Presentation diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Presentation and for ADHD Predominantly Hyperactive-Impulsive Presentation. See the ADHD Predominantly Inattentive Presentation and ADHD Predominantly Hyperactive-Impulsive Presentation symptom tables above. Please also see the DSM-5 or the *Conners 3 Manual* and *DSM-5 Update* for additional guidance.



DSM-5 Conduct Disorder

DSM-5 Symptoms:	ltom		Criterion Statu	IS
Criterion A	ltem	Admin 1	Admin 2	Admin 3
Aggression to People and	l Animals	,		·
A1.	98	Not Indicated	Not Indicated	Not Indicated
A2.	105	Not Indicated	Not Indicated	Not Indicated
A3.	14	Not Indicated	Not Indicated	Not Indicated
A4.	35	Not Indicated	Indicated	Indicated
A5.	21	Not Indicated	Not Indicated	Not Indicated
A6.	27	Not Indicated	Not Indicated	Not Indicated
A7.	33	Not Indicated	Not Indicated	Not Indicated
Destruction of Property	I	J	1	
A8.	61	Not Indicated	Not Indicated	Not Indicated
A9.	10	Not Indicated	Not Indicated	Not Indicated
Deceitfulness or Theft	I	J		
A10.	90	Not Indicated	Not Indicated	Not Indicated
A11.	40	Not Indicated	Not Indicated	Not Indicated
A12.	31	Not Indicated	Not Indicated	Not Indicated
Serious Violations of Rule	S			
A15.	54	Not Indicated	Not Indicated	Not Indicated

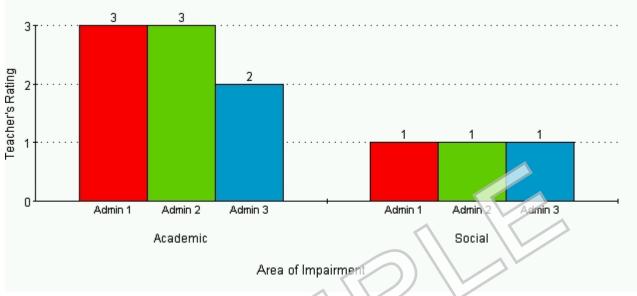
Note: The Conners 3–T does not assess Criterion A13 (staying out at hight without permission) or Criterion A14 (running away from home), as most teachers do not have the opportunity to observe these symptoms.

DSM-5 Oppositional Defiant Disorder

DSM-5 Symptoms:	Ham	Criterion Status			
Criterion A	ltem	Admin 1	Admin 2	Admin 3	
Angry/Irritable Mood		>			
A1.	62	Indicated	Indicated	May be Indicated	
A2.	56	May be Indicated	May be Indicated	May be Indicated	
A3.	38	Not Indicated	Not Indicated	Not Indicated	
Argumentative/Defiant Bel	havior]			
A4.	47	Not Indicated	Not Indicated	Not Indicated	
A5.	71	Not Indicated	Not Indicated	Not Indicated	
A6.	59	Not Indicated	Not Indicated	Not Indicated	
A7.	64	Indicated	Indicated	May be Indicated	
Vindictiveness		1	1	1	
A8.	51	Not Indicated	Not Indicated	Not Indicated	

Impairment

Each teacher's report of Susan Sample's level of impairment in academic and social settings is presented below.



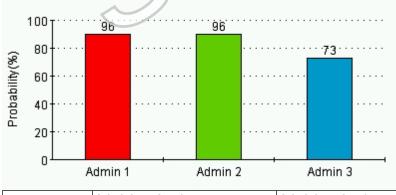
Teacher's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Conners 3 Index Scores

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

Conners 3 ADHD Index

The following section summarizes each teacher's ratings of Susan Sample with respect to the Conners 3 ADHD Index.



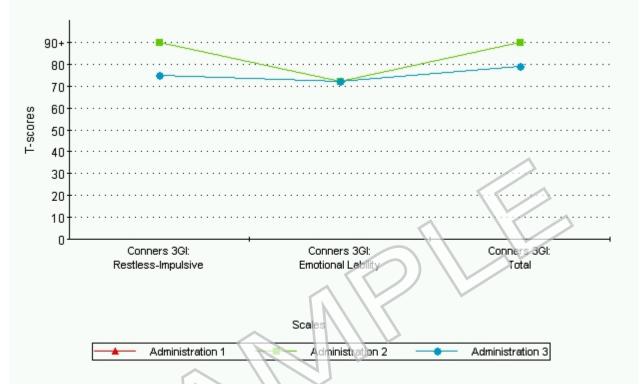
	Administration 1	Administration 2	Administration 3
Probability (%)	96	96	73
Guideline	A classification of ADHD is strongly indicated		A classification of ADHD is indicated

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Conners 3 Global Index

The following section summarizes each teacher's ratings of Susan Sample with respect to the Conners 3 Global Index.



The following table displays raw and *T*-scores for the Conners 3 Global Index, as well as any significant changes (p < .10) in *T*-scores across pairs of administrations. If a pair of administrations appears in the "Significant Increase" column, this indicates that the symptoms have become more pronounced (i.e., Susan Sample's problems have become more of a concern) between the two administrations. If a pair of administrations appears in the "Significant Decrease" column, this indicates that the symptoms have become have become more of a concern) between the two administrations. If a pair of administrations appears in the "Significant Decrease" column, this indicates that the symptoms have become less pronounced (i.e., Susan Sample has improved) between administrations. If a pair of administrations is not noted in either column, then the amount of change between those two administration dates did not reach statistical significance.

Scale	Admin 1 Scores		Admin 2 Scores		Admin 3 Scores		Significant Increase	Significant Decrease
	Raw	T (%ile)	Raw	T (%ile)	Raw	T (%ile)		
Conners 3GI: Restless-Impulsive	16	90 (99)	16	90 (99)	10	75 (95)		1-3; 2-3
Conners 3GI: Emotional Lability	3	72 (92)	3	72 (92)	3	72 (92)		
Conners 3GI: Total	19	90 (99)	19	90 (99)	13	79 (99)		1-3; 2-3

Note(s):

T-scores of 90 are displayed for all raw scores that are four or more standard deviations above the mean.



Anxiety Screener Items

The following table displays the results from each teacher's observations of Susan Sample's behavior with regard to specific items that are related to generalized anxiety.

Guideline based on the teacher's ratings to these items:

Administration 1: Further investigation was suggested/recommended. Administration 2: Further investigation was suggested/recommended. Administration 3: Further investigation was suggested/recommended.

ltem		Teacher's Rating					
Number	Item Content	Admin 1	Admin 2	Admin 3			
58	Irritable when anxious	1	1	1			
87	Worries	2	2	2			
79	Trouble controlling worries	0	0	0			
82	Nervous or jumpy	0	0	0			

Teacher's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Depression Screener Items

The following table displays the results from the teacher's observations of Susan Sample's behavior with regard to specific items that are related to depression.

Guideline based on the teacher's ratings to these items:

Administration 1: The ratings did not indicate a need for further investigation. Administration 2: The ratings did not indicate a need for further investigation. Administration 3: Further investigation was suggested/recommended.

ltem		Teacher's Rating						
Number	Item Content	Admin 1	Admin 2	Admin 3				
53	Loss of interest or pleasure	0	0	0				
49	Sad, gloomy, or irritable	0	0	0				
95	Worthlessness	0	0	2				
67	Tired; low energy	0	0	0				

Teacher's Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.



Severe Conduct Critical Items

The following table displays each teacher's observations of Susan Sample with regard to the Severe Conduct Critical Items.

ltem		Teacher's Rating						
Number	Item Content	Admin 1	Admin 2	Admin 3				
14	Uses a weapon	0	0	0				
21	Cruel to animals	0	0	0				
27	Confrontational stealing	0	0	0				
33	Forced sex	0	0	0				
61	Fire setting	0	0	0				
90	Breaking and entering	0	0	0				
68	Trouble with police	0	0	0				

Teacher'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.

Note: None of the teacher responses suggested the need for further investigation.

Additional Questions

The following section displays additional comments from each teacher about Susan Sample.

- 114. Any concerns about student:
- Admin 1: Omitted Item
- Admin 2: Omitted Item
- Admin 3: Omitted Item

115. Strengths or skills about students

- Admin 1: Omitted Item
- Admin 2: Omitted Item
- Admin 3: Omitted Item



Conners 3–T Results and IDEA

Checkmarks under "Follow-up Recommended" in the following table denote areas of the Conners 3–T that were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas.

Content Areas	Follow	-up Recom	mended	Possible IDEA Eligibility Category		
	A	dministrati	on			
	1	2	3			
Conners 3–T Content Scales		1				
Inattention	✓	✓	✓	ED, LD, OHI		
Hyperactivity/Impulsivity	✓	✓	✓	DD- Emotional, ED, OHI		
Learning Problems/Executive Functioning (LE): Total				LD, OHI		
Learning Problems (LE subscale)				LD		
Executive Functioning (LE subscale)	\checkmark	~		ED, OHI		
Defiance/Aggression		~		DD- Emotional, ED		
Peer Relations				Autism, DD-Communication, DD- Emotional DD- Social, ED		
DSM-5 Symptom Scales						
ADHD Predominantly Inattentive Presentation	~	~		ED, LD, OH		
ADHD Predominantly Hyperactive-Impulsive Presentation	~	~		ED, OHI		
ADHD Combined Presentation	~	✓	1	ED, LD, OHI		
Conduct Disorder		?	3	ED		
Oppositional Defiant Disorder	✓	N N		ED		
Screener Items				·		
Anxiety		~	 ✓ 	ED		
Depression	\sim		 ✓ 	ED		
			0 0			

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

? = The need for follow-up could not be determined due to omitted or unassessed item responses.

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Item Responses

Teacher's Rating			Teacher's Rating					Teacher's Rating			
ltem	Admin 1	Admin 2	Admin 3	Item	Admin 1	Admin 2	Admin 3	Item	Admin 1	Admin 2	Admin 3
1.	1	1	0	39.	2	2	2	77.	3	3	1
2.	3	3	1	40.	1	1	1	78.	2	2	1
3.	3	3	1	41.	2	2	2	79.	0	0	0
4.	3	3	1	42.	0	0	0	80.	1	1	1
5.	2	2	1	43.	0	0	0	81.	2	2	1
6.	2	2	1	44.	3	3	2	82.	0	0	0
7.	3	3	2	45.	0	0	0	83.	3	3	1
8.	0	0	0	46.	1	1	1	84.	1	1	1
9.	3	3	2	47.	1	1	0	85.	0	0	0
10.	0	0	0	48.	2	2	1	86.	3	3	2
11.	1	1	0	49.	0	0	0	87.	2	2	2
12.	1	1	0	50.	3	3	2	88.	3	3	1
13.	3	3	1	51.	0	0	0	89.	0	0	0
14.	0	0	0	52.	0	0	0	90.	0	0	0
15.	0	0	0	53.	0	0	0	91.	1	1	1
16.	2	2	1	54.	0	0	0	92.	2	2	2
17.	1	1	1	55.	1	$\left[\right] $	1	93.	0	0	0
18.	0	0	0	56	1		1	94.	1	1	1
19.	2	2	1	57.	2	2	1	95.	0	0	2
20.	2	2		58.	1	1	1	96.	1	1	1
21.	0	0	0	59.	0	0	0	97.	3	3	2
22.	1		1	60.	3	3	2	98.	0	0	0
23.	2	2	2	61.	0	0	0	99.	2	2	2
24.	1	1	1	62.	2	2	1	100.	3	3	3
25.	2	2	2	63.	1	1	1	101.	0	0	0
26.	3	3	3	64.	2	2	1	102.	0	0	0
27.	0	0	0	65.	0	0	0	103.	2	2	2
28.	0	0	0	66.	1	1	1	104.	0	0	0
29.	3	3	3	67.	0	0	0	105.	0	0	0
30.	3	3	3	68.	0	0	0	106.	3	3	2
31.	0	0	0	69.	2	2	1	107.	2	2	2
32.	2	2	2	70.	0	0	0	108.	2	2	2
33.	0	0	0	71.	0	0	0	109.	1	1	1
34.	0	0	0	72.	0	0	0	110.	0	0	0
35.	0	1	1	73.	2	2	1	111.	3	3	2
36.	3	3	3	74.	2	2	1	112.	3	3	2
37.	3	3	3	75.	0	0	0	113.	1	1	1
38.	0	0	0	76.	3	3	1				

Teacher'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.

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