

## Confidential Psychological Report

**Student:**

**Parent/Guard.:**

**Address:**

**DOE:**

**DOB:**

**CA:** 16-10

**Phone:**

**Grade:** 11<sup>th</sup> (2006-07)

**Examiner:** Damian Bariexca, School Psychology Intern

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### Reason for Assessment

XXX was referred for evaluation due to mutual concern on the part of his mother and teachers regarding his poor academic performance, specifically his difficulty with completing work. The Conners' Teacher Rating Scale – Revised: Long Form (CTRS-R:L) was distributed to his teachers, and the data yielded by these forms were charted on the CTRS-R:L Profile for Males.

### Evaluation Procedures

Conners' Teacher Rating Scale – Revised: Long Form

### Test Description

The Conners' Teacher Rating Scale – Revised: Long Form (CTRS-R:L) is a tool used to assist in evaluating children for Attention Deficit Hyperactivity Disorder. Teachers are asked to review a list of 59 potential problem behaviors and rate, on a scale of 0-3, how problematic each behavior has been for the target student. Listed behaviors correspond to subscales that measure general behavioral categories such as opposition, inattention, hyperactivity, and perfectionism, among others. Raw scores are then tallied and converted to T-scores.

- T-scores **under 56** are **not indicative of a problem** in a given scale.
- T-scores **between 56-60** are **slightly atypical**, and may be cause for concern.
- T-scores **between 61-65** are **mildly atypical**, and suggest a **possible significant problem** in a given scale.
- T-scores **between 66-70** are **moderately atypical**, and indicate a **significant problem** in a given scale.
- T-scores **over 70** are **markedly atypical**, and also indicate a **significant problem**.

Additionally, the CTRS-R:L also provides two DSM-IV Symptoms Subscales, Inattentive Symptoms and Hyperactive-Impulsive Symptoms, that directly correspond to DSM-IV diagnoses. These subscales

yield scores between 0 and 9; scores of 6 and over suggest possible DSM-IV diagnosis. These subscales can help isolate the specific symptoms of AD/HD that are problematic for the student.

The following is a brief description of each subscale and index as presented in *Conners' Rating Scales Revised Technical Manual* (Conners, 1997).

#### *Subscales*

**Oppositional:** High scores may be indicative of rule-breaking, problems with authority, and ease to anger.

**Cognitive Problems/Inattention:** High scores may be indicative of inattention, academic difficulties, organizational problems, and difficulty with task completion and sustained concentration.

**Hyperactivity:** High scores may be indicative of difficulty sitting still, restlessness, and impulsiveness; need to be “on the go”.

**Anxious/Shy:** High scores may be indicative of more worries and fears than other peer group members, sensitivity to criticism, and anxiety in social situations.

**Perfectionism:** High scores may be indicative of obsessiveness about work or other tasks; possibly unrealistically high goal-setting.

**Social Problems:** High scores may be indicative of poor self-perception, low self-esteem, little self-confidence, greater feelings of social detachment than other peer group members.

**DSM-IV Symptoms: Inattentive:** High scores suggest a pronounced chance that the student meets the criteria for a DSM-IV diagnosis of ADHD: Inattentive.

**DSM-IV Symptoms: Hyperactive-Impulsive:** High scores suggest a pronounced chance that the student meets the criteria for a DSM-IV diagnosis of ADHD: Hyperactive-Impulsive.

#### *Indices*

**ADHD Index:** A high score on this index, combined with high scores on other ADHD-related subscales, provides strong evidence of an attentional problem.

**Conners' Global Index: Restless-Impulsive:** A high score on this index indicates a strong tendency toward hyperactivity as well as inattentiveness, both components of ADHD.

**Conners' Global Index: Emotional Lability:** A high score on this index indicates a strong tendency for pronounced emotional reaction, such as crying, getting angry, or experiencing frequent and sudden mood swings.

**Conners' Global Index: Total:** This index presents a global view of the CGI:EL and CGI:R-I indices, and can also be used as an indicator of overall psychopathology.

**DSM-IV Symptoms: Total:** This index presents a global view of the DSM-IV Symptoms subscales.

### Summary of Findings & Interpretation of Assessment Results

The following information reflects XXX's teachers' answers to the questions on the Conners' Teacher Rating Scale – Revised: Long Form (CTRS-R:L):

**Mrs. X (Civil Law):** Mrs. X's included a note with her completed survey in which she indicated that she has “absolutely NO problems with XXX in the classroom setting. Great kid! Does not hand in classwork, though. Missing many assignments.” Mrs. X's responses generally indicated no cause for concern in most areas of XXX's behavior.

The following elevated T-scores were derived from Mrs. X's responses:

| <u>Subscale/Index</u>           | <u>T-score</u>         |
|---------------------------------|------------------------|
| Cognitive Problems: Inattention | 62 (Mildly Atypical)   |
| DSM-IV: Inattentive             | 59 (Slightly Atypical) |

**Mrs. X (Fundamentals of Algebra I - ICS):** Mrs. X's responses also indicated no atypical behaviors in the areas of social or emotional problems; however, they did produce slightly more elevated scores than Mrs. X's. The following T-scores were derived from these responses:

| <u>Subscale/Index</u>           | <u>T-score</u>         |
|---------------------------------|------------------------|
| Cognitive Problems: Inattention | 74 (Markedly Atypical) |
| Conners' ADHD Index             | 61 (Mildly Atypical)   |
| CGI: Restless-Impulsive         | 58 (Slightly Atypical) |
| DSM-IV: Inattentive             | 74 (Markedly Atypical) |
| DSM-IV: Total                   | 64 (Mildly Atypical)   |

**Ms. X (Lab Chemistry - ICS):** Ms. X's responses also indicated no atypical behavior in the areas of hyperactivity or social problems. Her responses revealed the most elevated T-scores of the three teachers surveyed:

| <u>Subscale/Index</u>           | <u>T-score</u>                         |
|---------------------------------|--|
| Oppositional                    | 62 (Mildly Atypical)                   |
| Cognitive Problems: Inattention | 77 (Markedly Atypical)                 |
| Anxious-Shy                     | 57 (Slightly Atypical)                 |
| Conners' ADHD Index             | 66 (Moderately Atypical)               |
| CGI: Restless-Impulsive         | 58 (Slightly Atypical)                 |
| CGI: Emotional Lability         | 72 (Markedly Atypical)                 |
| CGI: Total                      | 62 (Mildly Atypical)                   |
| DSM-IV: Inattentive             | 90 (Markedly Atypical)                 |
| DSM-IV: Total                   | 65 (Mildly Atypical)                   |
| DSM-IV Symptoms: Inattentive    | 7 (Suggests possible DSM-IV diagnosis) |

Based on a review of three teacher responses, XXX's profile seems to indicate that he has significant difficulty in organization and sustaining concentration and attention for prolonged periods of time. Additionally, Ms. X's responses indicate that XXX displays some highly emotional behaviors (opposition, social anxiety, impulsivity) in her class that he does not display in others.

### **Recommendations**

Given the information yielded by the three CTRS-R:L responses, as well as XXX's documented specific learning disability in the area of listening comprehension, it is recommended that larger assignments or projects be broken down to smaller components with set "start and finish" points for XXX. Additionally, intermittent refocusing by a teacher or aide during periods of independent seatwork would be helpful to XXX. Seating away from potential distractions such as talkative friends or loud machinery (air conditioner, etc.) would also help XXX to focus on his tasks.

Additionally, a full clinical investigation into the DSM-IV Symptoms subscale related to ADHD: Inattentive is highly recommended.

### **Summary**

XXX is a 16-year-old junior at XXX High School who was referred due to academic problems related to work completion. XXX's teachers filled out Conners' Teacher Rating Scale – Revised: Long Form response sheets, the results of which indicated that XXX has little to no problems with hyperactivity or social problems, but does experience difficulty with inattention, disorganization, and sustaining concentration and mental focus for long periods of time. Ms. X's responses also noted behaviors ranging from slightly to markedly atypical in the areas of emotional lability, anxiety, and opposition.

Given XXX's specific learning disability and the information yielded by the CTRS-R:L responses, it is recommended that larger assignments or projects be broken down to smaller components with set "start and finish" points for XXX. Additionally, intermittent refocusing by a teacher or aide during periods of independent seatwork would be helpful to XXX. Seating away from potential distractions such as talkative friends or loud machinery (air conditioner, etc.) would also help XXX to focus on his tasks. Additionally, a full clinical investigation into the DSM-IV Symptoms subscale related to ADHD: Inattentive is highly recommended.

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**Damian N. Bariexca, B.A.**  
**School Psychology Intern**

**Date**

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