



**CONNERS**  
3rd Edition™

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

**SAMPLE**

**Conners 3–Parent  
Assessment Report**

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

Age: 7 years

Gender: Male

Birth Date: January 01, 2010

Grade: 1

Parent's Name/ID: CDE

Administration Date: January 05, 2017

Assessor's Name:

Data Entered By:

Normative Option: Gender-specific norms

DSM Scoring Option: DSM-5

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

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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ver. 1.2

## DSM-5 Total Symptom Counts

The following tables summarize the results of the DSM-5 Total Symptom Counts as indicated by the Conners 3–P.

**Results from the Conners 3–P suggest that the Symptom Count requirements are *probably met* for the following DSM-5 diagnoses:**

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–P
ADHD Predominantly Inattentive Presentation (ADHD In) <sup>§</sup>	At least 6 out of 9 symptoms	6
ADHD Predominantly Hyperactive-Impulsive Presentation (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	9
ADHD Combined Presentation <sup>§</sup>	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 6 ADHD Hyp-Imp: 9
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	4

Notes: The Symptom Count is probably met for ADHD Combined Presentation. Follow-up is recommended to ensure symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.

The Symptom Count is probably met for Oppositional Defiant Disorder. Follow-up is recommended to ensure symptoms are exhibited during interaction with at least one individual who is not a sibling.

<sup>§</sup>At least one item was omitted from this scale.

**Results from the Conners 3–P suggest that the Symptom Count requirements are *probably not met* for the following DSM-5 diagnoses:**

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–P
Conduct Disorder	At least 3 out of 15 symptoms	1

## Conners 3–P Content Scales: Detailed Scores

The following table summarizes the results of the parent's assessment of ABC and provides general information about how he compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results.

Scale	Raw Score	T-score (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention	20	78 (94)	<b>Very Elevated Score</b> (Many more concerns than are typically reported)	<b>May have poor concentration/attention or difficulty keeping his/her mind on work. May make careless mistakes. May be easily distracted. May give up easily or be easily bored. May avoid schoolwork.</b>
Hyperactivity/Impulsivity	39	90 (99)	<b>Very Elevated Score</b> (Many more concerns than are typically reported)	<b>High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others. May be easily excited.</b>
Learning Problems	17	77 (96)	Very Elevated Score (Many more concerns than are typically reported)	Academic struggles (reading, writing, and/or math). May have difficulty learning and/or remembering concepts. May need extra explanations.
Executive Functioning	20	78 (98)	Very Elevated Score (Many more concerns than are typically reported)	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning or organizational skills.
Defiance/Aggression	5	64 (87)	High Average Score (Slightly more concerns than are typically reported)	May be argumentative; may defy requests from adults; may have poor control of anger and/or aggression; may be physically and/or verbally aggressive; may show violent and/or destructive tendencies; may bully others; may be manipulative or cruel.
Peer Relations	6	72 (86)	Very Elevated Score (Many more concerns than are typically reported)	May have difficulty with friendships, may have poor social connections. May seem to be unaccepted by group.

## Summary of Results

### Response Style Analysis

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

### Summary of Elevated Scores

The following section summarizes areas of concern for ABC based on his parent's ratings on the Conners 3-P. Note that areas that are not a concern are not reported in this summary.

#### Conners 3-P Content Scales

The **T-scores for the following Conners 3-P Content scales were very elevated** (i.e.,  $T$ -score  $\geq 70$ ), indicating many more concerns than are typically reported: Inattention ( $T = 78$ ), Hyperactivity/Impulsivity ( $T = 90$ ), Learning Problems ( $T = 77$ ), Executive Functioning ( $T = 78$ ) and Peer Relations ( $T = 72$ ).

#### DSM-5 Symptom Scales

The **Symptom Counts were probably met and the T-scores were elevated or very elevated** (i.e.,  $T$ -score  $\geq 65$ ) for the following **DSM-5 Symptom scales: ADHD Predominantly Inattentive Presentation ( $T = 79$ ), ADHD Predominantly Hyperactive-Impulsive Presentation ( $T = 88$ ) and Oppositional Defiant Disorder ( $T = 70$ )**. These diagnoses should be given strong consideration.

#### Impairment

The parent reports that ABC's problems seriously affect his functioning **often** (rating = 2) in the academic, social and home settings.

#### Conners 3 Index Scores

Based on the parent's ratings, an **ADHD classification is strongly indicated (99% probability)**, but other clinically relevant information should also be carefully considered in the assessment process.

The **T-scores for the following Conners 3 Global Index scales were very elevated** (i.e.,  $T$ -score  $\geq 70$ ), indicating many more concerns than are typically reported: Conners 3GI: Restless-Impulsive ( $T = 90$ ), Conners 3GI: Emotional Lability ( $T = 79$ ) and Conners 3GI: Total ( $T = 90$ ).

#### Screener Items

Based on the parent's ratings, further investigation was suggested/recommended for issues with anxiety. Based on the parent's ratings, further investigation was suggested/recommended for issues with depression.

#### Conners 3-P Results and IDEA

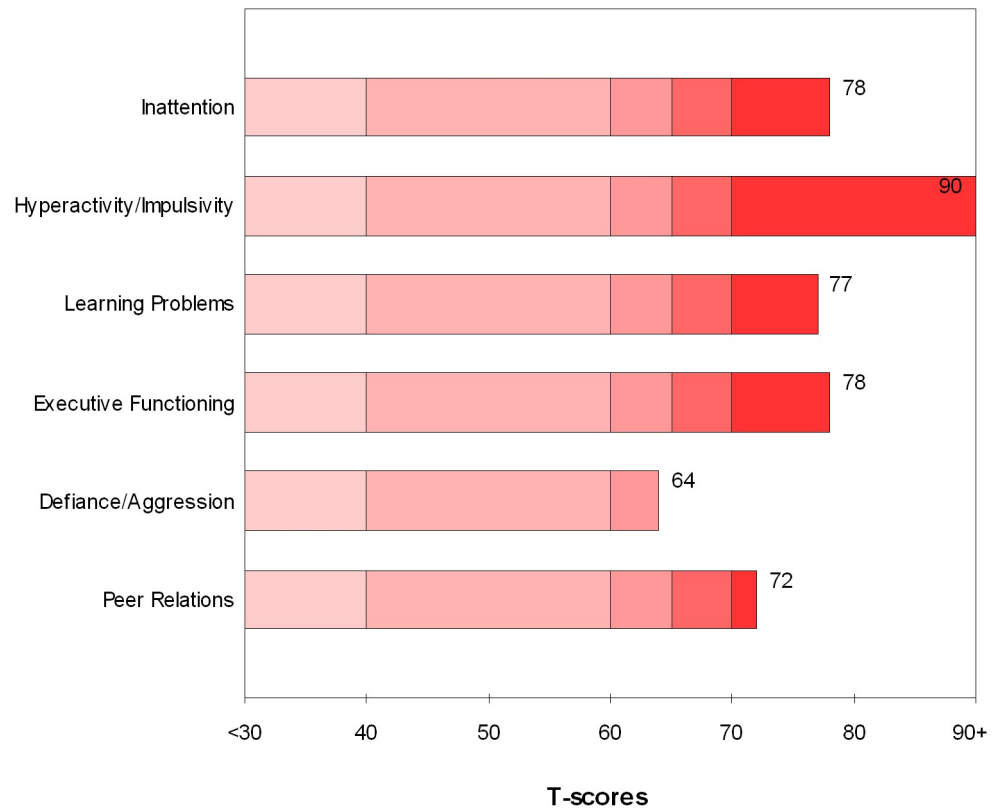
Scores on the Conners 3-P suggest possible consideration for IDEA 2004 eligibility in the following area(s): Autism, Developmental Delay-Communication, Developmental Delay-Emotional, Developmental Delay-Social, Emotional Disturbance, Other Health Impairment and Specific Learning Disability.

### Cautionary Remark

This Summary of Results section only provides information 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 omitted items.

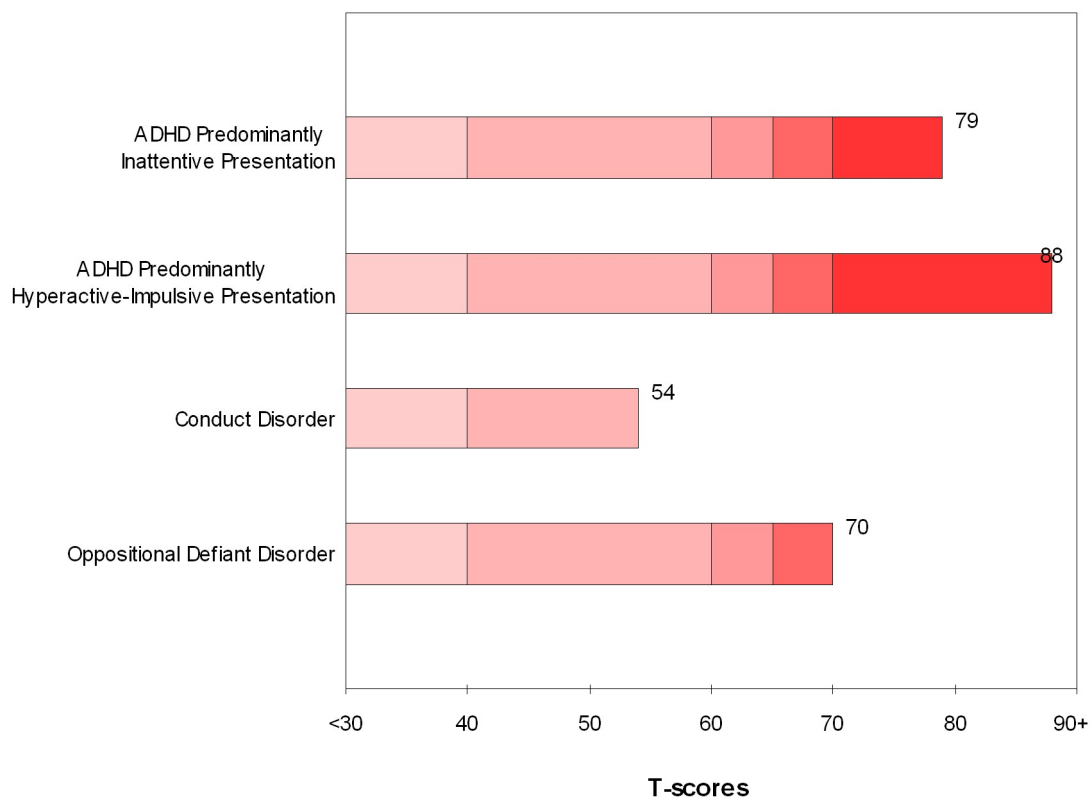
## Conners 3-P Content Scales: T-scores

The following graph provides T-scores for each of the Conners 3-P Content scales.



## DSM-5 Symptom Scales: T-scores

The following graph provides T-scores for each of the DSM-5 Symptom scales.



## DSM-5 Symptom Scales: Detailed Scores

The following table summarizes the results of the parent's assessment of ABC with respect to the DSM-5 Symptom scales, and provides general information about how he compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results.

Scale	Raw Score	T-score (Percentile)	Guideline
ADHD Predominantly Inattentive Presentation	21*	79 (97)	Very Elevated Score (Many more concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Presentation	29	88 (99)	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	2	54 (79)	Average Score (Typical levels of concern)
Oppositional Defiant Disorder	10	70 (98)	Very Elevated Score (Many more concerns than are typically reported)

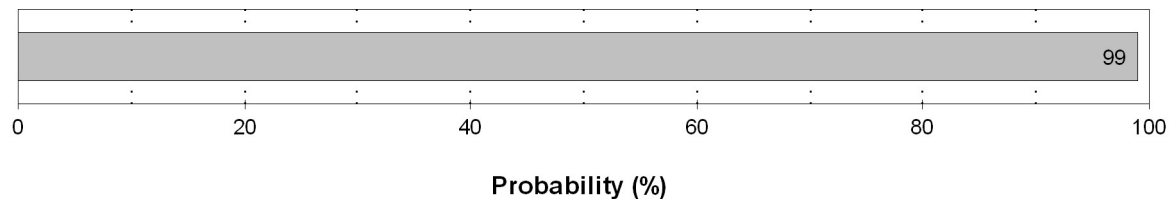
\*Raw score(s) are based on extrapolated data due to omitted item(s).

## Conners 3 Index Scores

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

### Conners 3 ADHD Index

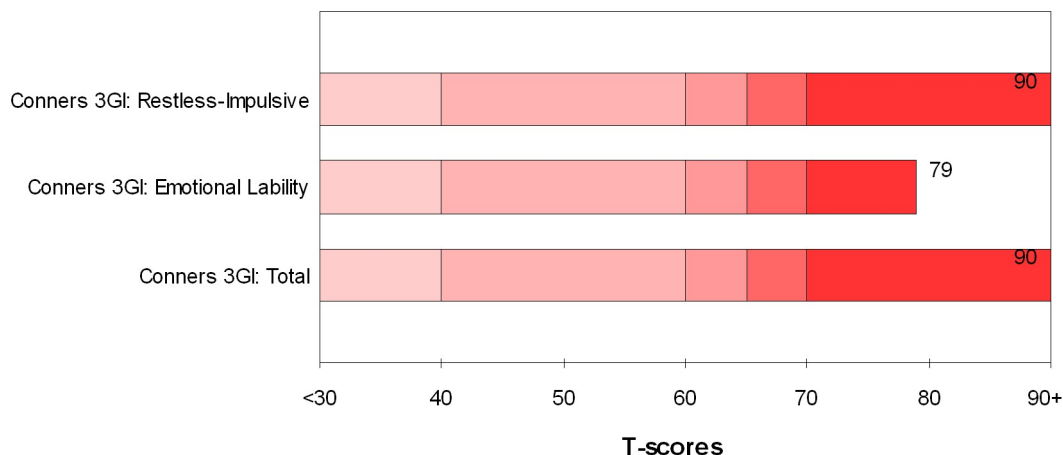
The following graph summarizes the parent's ratings of ABC with respect to the Conners 3 ADHD Index.



Among ADHD and general population cases, individuals with ADHD obtained this score 99% of the time. Based on this metric, a classification of ADHD is strongly indicated, but other clinically relevant information should also be carefully considered in the assessment process. Please see the *Conners 3 Manual* for further information about interpretation.

### Conners 3 Global Index

The following section summarizes the parent's ratings of ABC with respect to the Conners 3 Global Index (Conners 3GI). High scores on the Conners 3GI may describe a youth who is moody and emotional, or restless, impulsive, or inattentive.



Scale	Raw Score	T-score (Percentile)	Guideline	Common Characteristics of High Scorers
Conners 3GI: Restless-Impulsive	19	90 (99)	Very Elevated Score (Many more concerns than are typically reported)	May be easily distracted. May be restless, fidgety, or impulsive. May have trouble finishing things. May distract others.
Conners 3GI: Emotional Lability	6	79 (98)	Very Elevated Score (Many more concerns than are typically reported)	Moody and emotional; may cry, lose temper, or become frustrated easily.
Conners 3GI: Total	25	90 (98)	Very Elevated Score (Many more concerns than are typically reported)	Moody and emotional; Restless, impulsive, inattentive.

## Conners 3rd Edition Feedback Handout for Parent Ratings

**Child's Name/ID:** ABC  
**Child's Age:** 7  
**Date of Assessment:** January 05, 2017  
**Parent's Name:** CDE  
**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 form (Conners 3–P). 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 3 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 3 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 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 behaviors 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 110 items and decided how well each statement described ABC, or how often ABC displayed each behavior in the past month ("Not at all/never," "Just a little true/occasionally," "Pretty much true/often," or "Very much true/very frequently"). The parent's responses to these 110 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 7-year-old boys. The scores for each group of items show how similar ABC is to his peers. This information helps the assessor know if ABC is having more difficulty in a certain area than other 7-year-old boys.

### **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 ABC in the past month. The parent ratings help the assessor know how ABC 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 ABC and his parent, other test results, and observations of ABC. All of the combined information is used to determine if ABC 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, you should let the assessor know so that you can discuss other possible explanations.



The parent's responses to the 110 items were combined into groups of possible problem areas. The following table lists the main topics covered by the Conners 3–Parent form. These scores were compared with other 7-year-old boys. 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 7-year-old boys. This table also gives you a short description of the types of difficulties that are included in each possible problem area. ABC 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 a parent may describe typical or average levels of concern, even when ABC is 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 describes results only from the Conners 3–Parent form. A checkmark in the "more concerns than average" box does not necessarily mean that ABC 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 a 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, careless mistakes, easily distracted; gives up easily; easily bored; avoids schoolwork.

### 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
	✓	High activity levels, restless and/or impulsive; difficulty being quiet; interrupts others; easily excited.

### 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
	✓	Academic struggles; difficulty learning/remembering concepts; needs extra instructions; struggles with reading, spelling, and/or math.

### 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
	✓	Difficulty starting or finishing projects; completes projects at the last minute; poor planning, prioritizing, or organizational skills.

### 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.

**Defiance/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
✓		Argumentative; poor control of anger; physically and/or verbally aggressive; violent behaviors, including bullying or destructive tendencies; manipulative or cruel.

**Oppositional Behavior**

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
	✓	Oppositional, hostile, defiant behaviors.

**Conduct 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
✓		Aggression; cruelty; destruction of property; deceitfulness; theft; serious rule-breaking behaviors.

**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 3 suggest that it is important to consider the following areas for further evaluation of ABC. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Symptoms of depression
- Symptoms of anxiety
- Features of general psychological difficulty that may be expressed behaviorally, academically, socially, or emotionally
- Features that are commonly seen in youth with inattention, hyperactivity, and/or impulsivity

**When asked to rate whether the problems described on the Conners 3 Parent form affected the youth's functioning, the parent responded:**

The parent indicated that ABC's problems often seriously affect his schoolwork or grades.

The parent indicated that ABC's problems often seriously affect his friendships and relationships.

The parent indicated that ABC's problems often seriously affect his home life.