

# Parent Feedback Report

## Teacher Rating Scales

# BASC-2

### Behavior Assessment System for Children, Second Edition

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Child's Name John Doe Age 11  
Teacher Completing the TRS Mr. Teacher Test Date 3-14-05  
Clinician's Name Ms. Psychologist Clinician's Number 555 555-5555

#### What is the BASC-2?

The *Behavior Assessment System for Children, Second Edition* (BASC-2) is a well-known system used by psychologists, education professionals, physicians, and other clinicians to learn about a child's behavior and feelings. Developed by prominent experts on child behavior, the BASC-2 has several components that gather information from parents, teachers, and the child. This information focuses on both strengths and weaknesses of the child's behavior and feelings, so that your child's positive features do not go unnoticed while potential problem areas are being explored. The purpose of this report is to help you understand the information that has been gathered about your child from the Teacher Rating Scales.

#### Why are teacher ratings important?

Although parents tend to know their child better than anyone else, teacher ratings of a child's behavior can provide important information about the school environment generally and about the environments in which parents interact with their child. In developing accurate diagnoses and effective treatment plans, it is important to know how children behave in a variety of settings. Often, more than one teacher or educational professional will be asked to complete a TRS. This additional input can be useful, because a child's behavior can vary in different classroom settings.

#### What is the BASC-2 Teacher Rating Scales?

The BASC-2 Teacher Rating Scales (TRS) consists of about 140 phrases describing positive and negative behaviors. The teacher indicates how often the child displays each of these behaviors, answering *Never*, *Sometimes*, *Often*, or *Almost always*. These phrases are

grouped into 11 to 15 scales, with each scale relating to a specific area of behavior. The response to each phrase within a scale is scored, and these scores are added up to give a total score for the scale. These scale scores tell the psychologist or clinician about the child's pattern of behavior. Usually, the response to an individual phrase is less important than the pattern of scores across phrases.

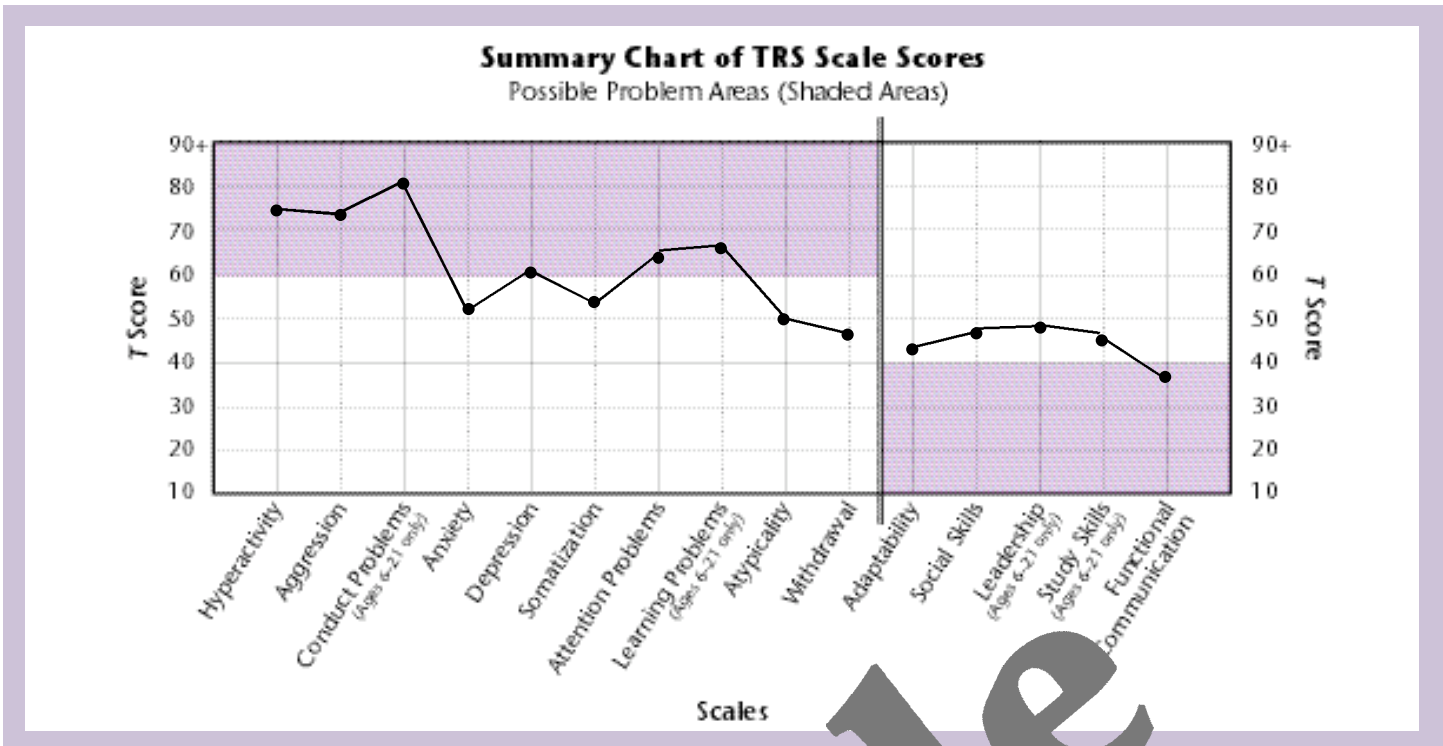
#### How do I interpret the teacher ratings?

The best way to interpret a teacher's responses is to compare her ratings with the ratings obtained from a national sample of hundreds of teachers who rate children the same age as yours. To do this, we report the scale scores so that they have an average score of 50. If your child scores 50 on a scale, then your child's teacher has rated your child's behavior in this area as average for children of this age. Scores from 41 through 59 are in the average range, and about two out of three children have scores within this range.

The following pages show a table and chart summarizing your child's scores. The table shows his or her score in each behavior area, along with a brief description of how a child with that score might behave. The chart provides an overview of your child's scores in all behavior areas. In both the table and the chart, scores in the shaded area may indicate problems that your child is experiencing.

A score in a shaded area of the table or chart does not necessarily mean that your child has a problem that is unusual or that requires treatment. Such a conclusion must be made by a psychologist or other qualified clinician, or by a treatment team.

		Score	LOW/AVERAGE (Score: 20–59)	Score	HIGH (Score: 60 or Higher)
CLINICAL SCALES	HYPERACTIVITY		Indicates typical levels of activity displayed by the average child of this age	75	Indicates problematic levels of activity; child may display or engage in: ■ Bothering other children ■ Rushing through things
	AGGRESSION		Indicates typical levels of aggression displayed by the average child of this age	74	Indicates problematic levels of aggression; child may display or engage in: ■ Threats ■ Hitting others
	CONDUCT PROBLEMS (Ages 6–21 only)		Indicates typical levels of conduct problems displayed by the average child of this age	81	Indicates problematic levels of conduct problems; child may engage in: ■ Cheating in school ■ Truancy
	ANXIETY	52	Indicates typical levels of anxiety displayed by the average child of this age		Indicates problematic levels of anxiety; child may display: ■ Nervousness ■ Irrational fears
	DEPRESSION		Indicates typical levels of depression displayed by the average child of this age	61	Indicates problematic levels of depression; child may display or complain of: ■ Sadness ■ Feeling overwhelmed
	SOMATIZATION	54	Indicates typical levels of somatization displayed by the average child of this age		Indicates problematic levels of somatization; child may display or complain of: ■ Headaches ■ Pain
	ATTENTION PROBLEMS		Indicates typical levels of attention problems displayed by the average child of this age	64	Indicates problematic levels of paying attention; child may display: ■ Giving up ■ Being distracted
	LEARNING PROBLEMS (Ages 6–21 only)		Indicates typical levels of learning problems displayed by the average child of this age	66	Indicates problematic levels of learning in areas that may include: ■ Reading ■ Organizational skills
	ATYPICALITY	50	Indicates typical levels of atypicality displayed by the average child of this age		Indicates problematic levels of atypicality; child may display or report: ■ Being easily distracted ■ Repetitive thoughts
WITHDRAWAL	47	Indicates typical levels of withdrawal displayed by the average child of this age		Indicates problematic levels of withdrawal; child may display or report: ■ Shyness ■ Avoidance	
		Score	LOW (Score: 20–59)	Score	AVERAGE/HIGH (Score: 41 or Higher)
ADAPTIVE SCALES	ADAPTABILITY		Indicates problematic levels of adaptability; child may display: ■ Difficulty adjusting to change	43	Indicates typical levels of adaptability displayed by the average child of this age
	SOCIAL SKILLS		Indicates problematic levels of social skills; child may display: ■ Inappropriate responses ■ Unwillingness to volunteer	47	Indicates typical levels of social skills displayed by the average child of this age
	LEADERSHIP (Ages 6–21 only)		Indicates below-average levels of leadership; child may display: ■ Indecisiveness ■ Problems working under pressure	49	Indicates typical levels of leadership displayed by the average child of this age
	STUDY SKILLS (Ages 6–21 only)		Indicates below-average levels of study skills that may include: ■ Incomplete homework ■ Poor study habits	45	Indicates typical study habits displayed by the average child of this age
	FUNCTIONAL COMMUNICATION	37	Indicates below-average levels of communication skills that may include: ■ Unclear communication ■ Inappropriate responses to questions		Indicates typical communication ability displayed by the average child of this age



Definitions are provided below for each of the categories of behavior assessed for your child. You may find these definitions to be a useful addition to the information your clinician provided to you. Remember, however, that your clinician's interpretation is more important than the ones offered here. In certain cases, these definitions may not apply to a child because of unique circumstances.

**Clinical Scales:** *Areas that focus on disruptive behaviors or internal problems*

- **Hyperactivity**  
The tendency to be overly active, rush through work or activities, and act without thinking
- **Aggression**  
The tendency to act in a physically or verbally hostile manner that is threatening to others
- **Conduct Problems (Ages 6–21 only)**  
The tendency to engage in rule-breaking behavior
- **Anxiety**  
The tendency to be nervous, fearful, or worried about real or imagined problems
- **Depression**  
Excessive feelings of unhappiness, sadness, or stress
- **Somatization**  
The tendency to be overly sensitive or to complain about relatively minor physical problems or discomfort
- **Attention Problems**  
The tendency to be inattentive and unable to complete an extended period of time
- **Learning Problems (Ages 6–21 only)**  
The presence of academic difficulties, particularly in understanding or completing schoolwork
- **Atypicality**  
The tendency to behave in ways that are immature or considered odd
- **Withdrawal**  
The tendency to evade others to avoid social contact

**Adaptive Scales:** *Areas that focus on positive psychological features and skills*

- **Adaptability**  
The ability to adapt readily to changes in the environment
- **Social Skills**  
The skills necessary for interacting successfully with peers and adults
- **Leadership (Ages 6–21 only)**  
The skills associated with accomplishing academic, social, or community goals
- **Study Skills (Ages 6–21 only)**  
The skills conducive to strong academic performance, including organizational skills and good study habits
- **Functional Communication**  
The ability to communicate basic thoughts, knowledge, ideas, and feelings in a way others can understand

## What if the teacher's ratings are different from how I think my child behaves?

After reviewing the teacher's ratings of your child, you may discover that the teacher holds perceptions of your child's behavior that differ from yours. Such differences may be especially easy to see if you have completed the BASC-2 Parent Rating Scales (PRS), because you can make a direct comparison between your ratings and the teacher's ratings. In addition, your child may have been rated by more than one teacher, and you may also have noticed some differences in ratings among teachers from different classrooms. It is important to note that differences between teachers, and between parents and teachers, in their perceptions of a child's behavior can be quite common. Such differences do not mean a parent's or teacher's evaluation is "wrong." Rather, they probably reflect real differences in your child's behavior in various settings and around a variety of adults. Knowledge of such differences can be extremely useful for a clinician trying to diagnose and, when necessary, develop a treatment plan for your child.

## What causes behavior problems, and how can they be treated?

Children have behavior problems for many reasons. Sometimes there is only a single cause. Changes in family, school, or routine may cause problems to appear.

Many forms of treatment or intervention can be used to help a child with behavior problems. In fact, much more is known about how to treat problems than how to pinpoint their causes.

Some behavior problems may require various approaches to solving those problems. Some psychologists and clinicians may choose to address your child's problems independently, or rely on a team of professionals. When the team approach is used, your child's teachers, clinician (most often a psychologist, counselor, or psychotherapist), and pediatrician/physician may be asked to participate in developing a treatment plan. Sometimes, the involvement of other specialists (e.g., speech therapists, occupational therapists) may be requested. The approach taken by your child's psychologist or clinician may change over time as your child's needs change.

In addition, certain patterns of behavior problems require different types of interventions. Some behavioral patterns may require changes in family routines or interactions, or require the entire family to meet with a counselor or therapist over a period of time. Changes at school may be required. Medication of various forms may be needed for differing lengths of time. Sometimes a special instructional

program to teach study skills, social skills, or other positive behaviors is helpful.

Regardless of the approach and intervention used, active participation by you and your child will be critical to a successful treatment outcome for him or her.

## What can I do now?

If there is any part of the evaluation of your child that you do not understand, talk to the person who gave you this form. Ask about treatment options. If you do not agree with the diagnosis or recommendations, ask about where and how you can get a second opinion. Most of all, **stay involved.**

## Where can I get more information?

Many people have been written for parents and teachers about how to understand and manage children's behavior problems. The person who provided you with this report might be able to recommend books aimed at behavior issues relevant to your child's age. If you have access to the Internet, the Web sites of the following organizations provide good starting points to learn more.

[www.nlm.nih.gov](http://www.nlm.nih.gov)

The Web site of the National Institutes of Health has many links to other resources. You may also request free government pamphlets and related information on almost any disease or disorder.

[www.apa.org](http://www.apa.org)

The American Psychological Association's Web site has a public information section that can help you locate a psychologist or understand more about your child's problems.

[www.nasponline.org](http://www.nasponline.org)

The National Association of School Psychologists' Web site can tell you a lot about how to get help in the public schools and about the capabilities of school psychologists in the diagnostic and treatment process.

[www.ed.gov](http://www.ed.gov)

The United States Department of Education's Web site offers many handouts, booklets, and online resources for parents, teachers, and others who care for and teach children. Parents may also find relevant information about school-based intervention services.

When on the Web, remember—**Anyone** can set up a Web site and offer information. Professional organizations or government sites are usually the best places to start your search.



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