A Comparison Study of User-friendly Reports versus Traditional Reports

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Objectives

- This session will help participants:
  - Write psychoeducational reports that are user-friendly for parents and teachers.
  - Write psychoeducational reports that focus on student strengths instead of student needs.
  - Write psychoeducational reports that adequately prepare stakeholders for IEP meetings.

Background

- School psychologists spend the majority of their time assessing students and writing reports.
- School psychologists use a variety of professional acronyms and words that can be difficult for parents to understand.

Farmer et al., 2021; Taub & Valentine, 2014; Rahill, 2018

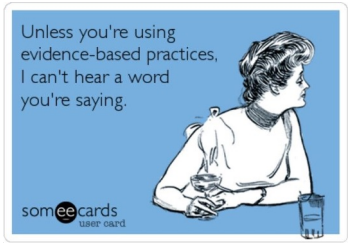
Background

- Parents have reported feeling that assessments focus on the negative.
- Parents and school teams can have difficulty using the information provided in assessments to develop individualized education plans for students.

Groth-Marnat, 2009; Pelco et al., 2009

Background

- The NASP Professional Standards (2020) include:
  - The importance of effective communication with parents and school staff (Domain 2).
  - Informing evidence-based interventions (Domain 3).
  - Working collaboratively with families (Domains 7 & 8).
  - Using strength-based approaches (Domain 8).



Background

Parents and school teams say that reports are:

- ✗ Too technical.
- ✗ Too vague.
- ✗ "Jargon-filled, complex, and difficult to understand."

Rahill, 2018; Pelco et al., 2009; Salvagno & Teglasi, 1987; Wiener, 1987; Harvey, 2006

Background

- ✗ How easy is the average psychoeducational report to read?
  - ✗ The average psychoeducational report is written at an 18.5th grade level.
  - ✗ The average American reads at the 7th to 8th grade level.

Harvey, 2006

Background

- What is working?
  - Synthesized results vs. test-by-test results
  - Theme-based vs. test-based reports
  - Strength-focused vs. weakness-focused reports
  - User-friendly vs. traditional reports
  - Evidence-based, practical recommendations

Rahill, 2018; Groth-Marnat, 2009; Wiener, 1985, 1987; Pelco et al., 2009

What we consider a User-friendly report

- Information summaries are theme-based rather than test-based.
- Test scores are in the appendix rather than in the body of the report.
- Functional implications are provided that explain in understandable language what the test results mean.
- Jargon is avoided.
- The report focuses on the student's strengths.

Research Questions

We asked parents and case managers to compare report segments based on the following criteria:

- Theme based versus test based
- Scores in the appendix versus in the body of the report
- Functional implications versus no functional implications
- Jargon versus no jargon
- Strength based versus needs based

Methods

- Data was collected from parents and case managers.
- Case managers was not a homogenous group of special education teachers, as other professions, such as psychologists, directors, SLPs were also included.
- Clients from K-12 rural, suburban, and urban public schools in the Southwestern United States were contacted.
- Surveys were sent via Google Forms.
- A short description of each option is provided, for example:
  - *Theme-based reports summarize multiple data sources under one symptom area (e.g., hyperactivity).*
  - *Test-based reports summarize information test by test (e.g., Conners 3).*

Data Collection

- Surveys were sent out on 12/1/2022.
- Follow-up emails were sent out after 1 week (12/8/2022) and after another week (12/15/2022).
- Survey participants had the opportunity to enter a raffle to win a $50 gift card of their choosing, which was raffled off on 12/16/2022.
- Surveys were sent to 599 parent email addresses, out of which 35 completed the survey; one parent who completed the survey declined to use data for this presentation.
- Surveys were sent to 380 case manager email addresses, out of which 83 completed the survey.
- Total parents = N = 34
- Total case managers = N = 83

Theme based versus test based

Theme based:

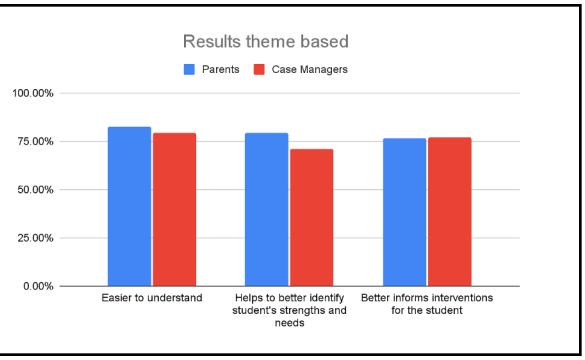
Hyperactivity

Johnny, Johnny's mother, and Johnny's teacher reported that Johnny demonstrates a high activity level when compared to other children his age. Johnny has a tendency to be overly active, act without thinking, be impulsive, have difficulty being quiet, interrupt others, and be easily excited.

Test based:

Conners, 3rd Edition (Conners 3)

On the Conners 3, Johnny's teacher (T=65) and mother (T=60) reported at-risk concerns in the area of hyperactivity/impulsivity. Johnny reported concerns in the clinically significant range (T=74).



Summary of qualitative Information Theme based versus test based

Parents:

- ✗ Test-based reports are helpful when wanting detail and scientific data.

Case managers:

- ✗ Hybrid approach would be helpful.
- ✗ Prefer test-based reports due to familiarity and higher objectivity.
- ✗ Aware that test based is less user-friendly to parents and other IEP members.
- ✗ Theme-based reports may keep IEP members more engaged and avoid "shutdowns."

Scores in the appendix versus in the body of the report

Scores in the appendix

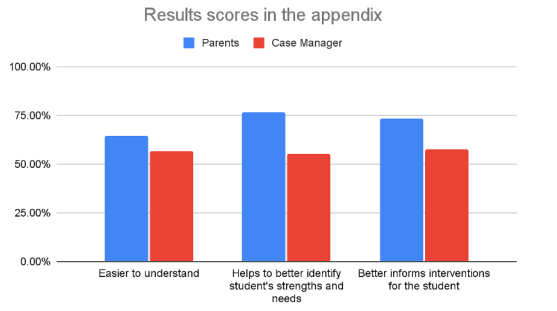
Behavior Assessment System for Children, 3rd Edition (BASC-3)
Conners, 3rd Edition (Conners 3)

Hyperactivity				
Subtest/cluster	**Description**	**Similar to Peers**	**Mild to Moderate Level of Need**	**High Level of Need**
Hyperactivity (BASC-3)	The tendency to be overly active, rush through work or activities, and act without thinking.	T=43 Parent		T=79 Teacher
Hyperactivity/ Impulsivity (Conners 3)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others. May be easily excited.		T=60 Parent T=65 Teacher	T=74 Self

Scores in the body of the report

Behavior Assessment System for Children, 3rd Edition (BASC-3)
On the BASC-3, Johnny's teacher reported clinically significant concerns (T=79) in the area of hyperactivity. His mother reported average scores (T=43) in the area of hyperactivity.

Conners, 3rd Edition (Conners 3)
Johnny rated himself in the clinical significant range in the area of hyperactivity/impulsivity on the Conners 3 (T=74). Johnny's mother and teacher reported concerns at the at-risk range (Mother = T = 60; Teacher = T=65).



Summary of qualitative information
Scores in the appendix versus in the body of the report

Case managers:

- Both = offering different modes, as people have different preferences.
- Smoother reading when scores are embedded rather than having to find them in the appendix.
- Embedded scores lead to a more seamless transition from the student's present levels to potential interventions and accommodations.

Functional implications versus no functional implications

Functional Implications

Social/Emotional/Behavioral Areas of Need:

- Johnny's attention difficulties may cause difficulty remembering and following instructions correctly and completing assignments on time.
- Johnny seems better able to focus and apply effort when permitted to fidget with items.
- When given work above Johnny's instructional level, Johnny may become frustrated and, in turn, display defiant or irritable behaviors toward others.

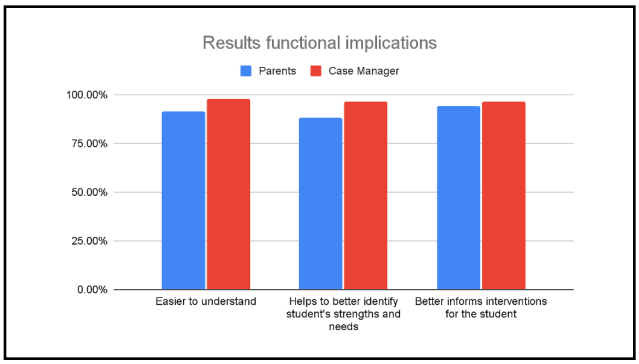
No functional implications

Behavior Assessment System for Children, 3rd Edition (BASC-3)

On the BASC-3, Johnny's teacher reported clinically significant concerns (T=79) in the area of hyperactivity. His mother reported average scores (T=43) in the area of hyperactivity.

On the attention scale, Johnny's teacher rated him in the clinically significant range (T=73), while his mother reported average attention (T=48).

Executive functioning was rated as clinically significant (T=78) by Johnny's teacher but average by Johnny's mother (T=52).



Summary of qualitative Information Functional implications versus no functional implications

Parents:

- X Scores are overwhelming.

Case Managers:

- X Both would be helpful.
- X Functional implications are hypothetical and allow for conjecture.
- X Functional implications help the team with developing interventions and goals.
- X Functional implications provide a clearer level of functioning.

Jargon versus no jargon

Jargon

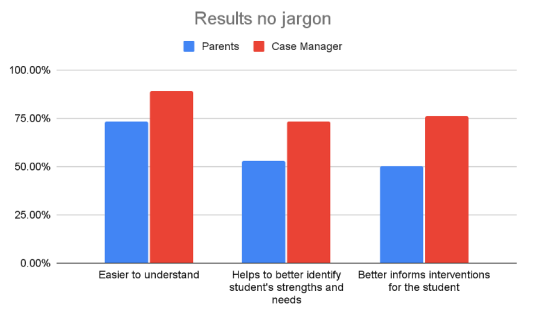
Verbal Comprehension

The Verbal Comprehension Index (VCI) measured Johnny's ability to access and apply acquired word knowledge. Specifically, this score reflects his ability to verbalize meaningful concepts, think about verbal information, and express himself using words. Overall, Johnny's performance on the VCI was typical for his age (VCI = 98, PR = 45, Average range, CI = 91-106). Johnny's Verbal Comprehension performance, while average for his age, was weaker than scores obtained on tasks requiring him to mentally manipulate information (VCI < WMI, BR = 17.3%). With regard to individual subtests within the VCI, Similarities (SI) required Johnny to describe a similarity between two words that represent a common object or concept and Vocabulary (VC) required him to name depicted objects and/or define words that were read aloud. He performed comparably across both subtests, suggesting that his abstract reasoning skills and word knowledge are similarly developed at this time (SI = 8; VC = 11).

No jargon

Verbal Comprehension

This composite measures verbal reasoning skills and vocabulary knowledge. Johnny showed skills that were typical when compared to same-age peers. Johnny performed adequately when asked to describe the similarities between two words representing a common object or concept. Johnny also had no difficulty in naming depicted objects and defining words that were read aloud. Overall, Johnny's verbal comprehension was comparable to his other cognitive abilities.



Summary of Qualitative Information Jargon versus no jargon

Parents:

- Jargon contains more detail.
- Jargon interrupted comprehension.
- Keep it simple.

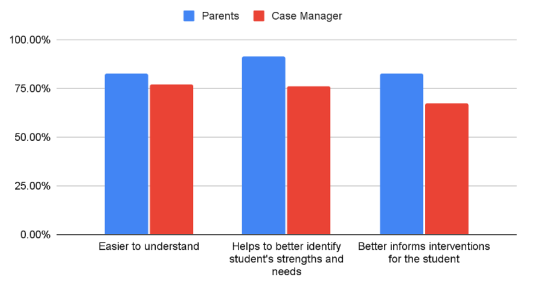
Case Managers:

- Both = use jargon and then explain it.
- Jargon example was better to inform interventions because it provided more information.
- No jargon is easier to understand, more relatable, less overwhelming, more succinct.
- No jargon is better for parents and other IEP members, while special education teachers are more familiar with the jargon.

Strength based versus needs based

Strength based
Regarding social, emotional, and behavioral development, Johnny's strengths in being likable, social, optimistic, a hard worker, and showing good self-advocacy skills, as well as not experiencing more anxiety than other children his age, are assets that can be used to support learning. Johnny's significant difficulties with hyperactivity and attention, as well as his learning difficulties, may lead him to show defiant and irritable behaviors in the school setting.

Needs based
Johnny scored in the clinically significant range on the BASC-3 and the Conners 3 in the areas of hyperactivity, attention, executive functioning, aggression, and learning. Johnny scored average in the areas of social skills and anxiety.



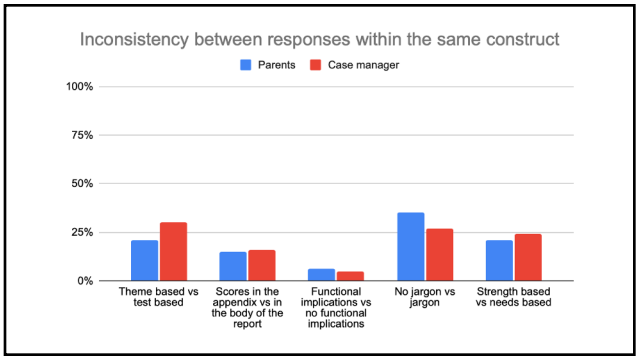
Summary of Qualitative Information Strength Based versus Needs Based

Parents:

- Should not sugarcoat the needs with strengths.
- Focus should be on what the needs are and what the interventions should be.
- Strength-based reports provide more in-depth information about the child and are more understandable.

Case Managers:

- Prefer both.
- More beneficial to get the information of the student's needs.
- Best practice is to report on strengths; team members already know that the student is struggling.
- Focus on strengths because those can help overcome weaknesses.



Conclusion

Parents

- The majority of parents preferred user-friendly reports over traditional reports.
- A surprising finding included that parents did not regard the use of jargon to negatively impact identifying student strengths and needs or informing student interventions.
- Functional implications seemed to be the most positive construct in a user-friendly report.

Conclusion

Case Managers

- ✗ The majority of case managers preferred user-friendly reports over traditional reports.
- ✗ A surprising finding was that almost half of case managers preferred the scores embedded in the body of the report.
- ✗ The theme-based construct of the user-friendly report was credited with overall IEP engagement by team members.
- ✗ Some case managers would prefer a hybrid report.

Examples of User Friendly Reports

Social-Emotional Results

When summarizing the social and emotional findings, it is recommended to prioritize identifying common patterns among raters and also to highlight any consistent or differing areas of concern that emerge across interviews and observations. By doing so, an insightful and comprehensive understanding can be gained beyond mere scores and individual rating scales.

Social-Emotional Example

Alice is a 6th grade student who is experiencing social-emotional concerns. Her mother and teachers completed the BASC-3, Conners 4, and CDI 2.

Depression

Subtest/Cluster	Description	Similar to Peers	Mild to Moderate Level of Need	High Level of Need
Total Score (CDI 2)	The child may be experiencing an elevated number of depressive symptoms.	T=54 (Mother) T=55 (Math/Science)	T=62 (SpEd/ELA)	T=68 (Social Studies)
Emotional Problems (CDI 2)	The child may be experiencing negative mood. The child may appear sad, irritable, fatigued, or lonely. Parent report also includes sleep problems and negative self-esteem.	T=56 (Mother) T=50 (Math/Science) T=59 (SpEd/ELA)		T=62 (Social Studies)
Functional Problems (CDI 2)	The child may be experiencing issues with ineffectiveness and interpersonal problems. Specifically, the child may have problems interacting with peers and maintaining school performance. The child may also have an impaired capacity to be cooperative and to enjoy school activities.	T=52 (Mother) T=56 (Math/Science)	T=61 (SpEd/ELA)	T=63 (Social Studies)
Depression (BASC-3)	Excessive feelings of unhappiness, sadness, or stress.	T=57 (Mother) T=56 (Math/Science) T=59 (SpEd/ELA)		T=74 (Social Studies)
Depressed Mood (Conners 4)	Reflects features of depression	T=51 (Math/Science)	T=63 (Mother) T=67 (SpEd/ELA)	T=78 (Social Studies)

Write-Up

Depression

Alice's mother, her SpEd/ELA teacher, and her social studies teacher shared that Alice shows heightened levels of depression when compared to same-age peers. Alice's mother reported increased levels of feeling sad, lacking enjoyment in things that used to be enjoyed, and feeling hopeless about the future. In the classroom, Alice may be experiencing a negative mood and may have issues with ineffectiveness and interpersonal problems. Alice's mother indicated Alice has low self-esteem and lacks confidence in personal skills.

In a conversation with the examiner, Alice reported feeling "blank" most of the time. Lately, Alice has been drained and too tired to cry. Alice is most likely to feel sad about her fears of people judging her, being told something negative about her body, or being called annoying or selfish. When Alice is sad, she will not talk to anyone. Alice feels happiest when she is with her friends or her dog. When asked about nightmares, Alice did not endorse experiencing nightmares. She noted that she does not believe she dreams. Alice reports experiencing thoughts about self-harm and suicide. Alice noted that when she experiences anxiety or sadness, she will cut herself in her room. She reported that she attempted suicide 2 months ago using a belt, but she stopped herself. She noted that she continues to have thoughts of suicide and self-harm, but she does not have a plan and does not currently want to act on them.

Social-Emotional Example

Anxiety was elevated on the BASC-3 and Conners 4 for two raters, so Alice's mother was asked to also complete the MASC 2.

Anxiety

Subtest/Cluster	Description	Similar to Peers	Mild to Moderate Level of Need	High Level of Need
Anxious Thoughts (Conners 4)	Reflects the youth's experience of, or difficulty with, regulating fears and worries.	T=62 (Social Studies) T=67 (Math/Science)	T=67 (SpEd/ELA)	T=71 (Mother)
Total Score (MASC 2)	The youth may be experiencing an elevated number of anxiety signs and symptoms.		T=61 (Mother)	
Separation/ Panic (MASC 2)	The youth may be anxious of being away from family or loved ones and fearful of certain places or things (e.g., the dark, being in crowds).	T=59 (Mother)		
DoD Index (MASC 2)	The youth may be experiencing symptoms similar to youth diagnosed with Generalized Anxiety Disorder, including disproportionate worry about future events and concern with personal competence.		T=61 (Mother)	
Social Anxiety: Total (MASC 2)	The youth may be experiencing symptoms related to interpersonal anxiety, including fears of negative evaluation/assessment, and performance fears, reflecting anticipatory anxiety about being "on stage" in a public or interpersonal context.		T=65 (Mother)	
Rejection/Isolation / Rejection (MASC 2)	The youth may be anxious about being humiliated, embarrassed, or rejected by others in social settings.			T=72 (Mother)
Performance Fears (MASC 2)	The youth may be anxious about performing (e.g., public speaking, answering a teacher's questions in class) in public settings.	T=53 (Mother)		
Obsessions & Compulsions (MASC 2)	The youth may be experiencing obsessive thoughts and/or compulsive behaviors, including symptoms consistent with a diagnosis of Obsessive-Compulsive Disorder, including: unwanted thoughts about others, excessive checking, fear of contamination, touching/cleaning, and symmetry.		T=64 (Mother)	
Physical Symptoms Total (MASC 2)	The youth may be experiencing physical symptoms, including those related to panic, and feelings of being tense or restless.	T=65 (Mother)		
Panic (MASC 2)	The youth may be experiencing the following panic symptoms: heart palpitations, sweating, trembling, nausea, feeling sick to the stomach, breathlessness, dizziness, irregular heartbeats, or feeling strange, weird, or unreal.	T=63 (Mother)		
Tense / Restless (MASC 2)	The youth may be feeling tense, shaky, jumpy, restless, or on edge.	T=61 (Mother)		
Harm-Avoidance (MASC 2)	The youth may tend to engage in harm-avoidant behaviors to avoid negative outcomes, wrongdoings, and/or dangers.		T=65 (Mother)	
Anxiety (BASC-3)	The tendency to be nervous, fearful, or worried about real or imagined problems.	T=58 (Mother) T=53 (Math/Science) T=58 (SpEd/ELA)	T=61 (Social Studies)	
Somatization (BASC-3)	The tendency to be overly sensitive or to complain about relatively minor physical problems or discomfort.	T=61 (Mother) T=68 (Math/Science)		T=67 (SpEd/ELA) T=66 (Social Studies)

Write-up

Anxiety
A high level of concern related to Alice's level of anxiety was reported on the rating scales completed by Alice's mother, social studies teacher, and special education/English language arts (SpEd/ELA) teacher. Alice and her math/science teacher did not express concern at this time. Alice has also been noted to be overly sensitive and to complain about relatively minor physical problems by her SpEd/ELA teacher and her mother, but her math/science and social studies teachers did not indicate any concerns. At school, Alice is noted to often present with low energy and somatic complaints. She can have trouble attending, either due to low energy or due to peer interactions, according to her SpEd/ELA teacher.

During an interview with the examiner, Alice endorsed feeling afraid of escalators, elevators, spiders, being asked how she feels, and opening up to people. When scared, Alice reported that she does not do anything. Alice also experiences feelings of worry, specifically about people not liking her, the way she looks, and if her mother is going to bother her. When worried, Alice sometimes experiences stomachaches. Alice is not afraid of school, big groups of people, or leaving the house.

Autism Example - Language Section

Jenny is a preschool student who is 4 years 10 months old who was referred for suspected Autism. Her teacher and aunt completed the ASRS and her teacher and uncle completed the BASC-3. The CARS 2 and the ADOS-2 were also administered. Additionally, the SLP and aunt were interviewed.

Autism Spectrum Rating Scales (ASRS)

Subtest/Cluster	Description	Similar to Peers	Slightly Elevated	Elevated	Very Elevated
Atypical Language	Spoken communication may be repetitive, unstructured, or unconventional.	T=45 (Teacher)			
Composite					
Social/ Communication	Has difficulty using verbal and nonverbal communication appropriately to initiate, engage in, and maintain social contact.	T=55 (Teacher)			

Behavior Assessment System for Children, 3rd Edition (BASC-3)

Subtest/Cluster	Description	Similar to Peers	Moderate Level of Need	High Level of Need
Functional Communication	The ability to express ideas and communicate in a way that others can easily understand.			T=13 (Uncle) T=29 (Teacher)

Write-Up

Verbal Communication
Jenny's uncle reported functional communication skills that are lower children her age. Jenny does not start conversations, communicate clearly, or respond appropriately at home. She mostly speaks in short phrases that are hard to understand. In school, Jenny's speech therapist and teacher reported strengths in receptive language skills, specifically in her capacity to listen and understand stories read aloud, follow a simple conversation, and understand age-appropriate vocabulary. Additionally, Jenny tends to always make eye contact when given a one-step instruction but struggles when asked to follow simple directions in a sequence. In the area of expressive language skills, Jenny's speech therapist and teacher endorsed that Jenny shows strengths in answering simple yes/no questions, answering open-ended questions, and initiating communication with others. Jenny's speech therapist also noted that Jenny displays adequate skills in retelling a story and talking about an event. On the other hand, Jenny's teacher noted that Jenny has trouble using age-appropriate vocabulary words and retelling a story. Jenny's speech therapist and teacher also indicated that Jenny's speech intelligibility makes it difficult for others to understand her. Jenny's speech therapist endorsed that Jenny's ability to be understood across listeners and environments is impaired due to the presence of an unrepaired submucous cleft palate. Presently, Jenny uses a manual communication board to communicate more effectively and efficiently with others. Jenny was also noted to use ASL to communicate colors. Reportedly, Jenny prefers to use spoken language as her primary mode of communication. During testing, Jenny tended to speak using one- to two-word utterances (e.g., "What's this?" and "Happy Birthday."). However, in the classroom, she was observed to use longer utterances (e.g., "I ate fries." and "This is my name.").

Write-up

Nonverbal Communication

Jenny's uncle reported that Jenny mostly shows a happy face. She may show a frown but never gets angry. She has been observed to point at home. He also shared that she shows good eye contact. She used to have issues with making eye contact when she started living with them, and they had to start from scratch with teaching her this skill. Jenny showed appropriate nonverbal communication skills during testing and classroom observations. She made good eye contact, gestures, and body orientation. Jenny was observed to wave, nod, shake her head, shrug, point, and use gestures indicating she was thinking, had messed up, or was excited. During testing, she showed limited facial expressions, as she mainly smiled; but during classroom observations, she was observed to show more variety in her facial expressions (e.g., concerned, sad, excited).

Write-up

Repetitive/Stereotyped Speech

No concerns with repetitive/stereotyped speech were noted by Jenny's aunt or her teacher. Jenny's uncle reported that Jenny sometimes repeats words or phrases. For example, she would repeat, "Who did it?" instead of giving an answer. Jenny was observed to engage in some echoing but not on a consistent basis. She was observed to make repetitive sounds during one task. No other repetitiveness of language was observed.

Autism Example - Social-Emotional Section

Jenny is a preschool student who is 4 years 10 months old who was referred for suspected Autism. Her teacher and aunt completed the ASRS and her teacher and uncle completed the BASC-3. The CARS 2 and the ADOS-2 were also administered. Additionally, the SLP and aunt were interviewed.

Autism Spectrum Rating Scales (ASRS)

Subtest/Cluster	Description	Similar to Peers	Slightly Elevated	Elevated	Very Elevated
Treatment Scales					
Peer Socialization	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with other children.	T=56 (Teacher) T=54 (Aunt)			
Adult Socialization	Has limited willingness and capacity to successfully engage in activities that develop and maintain relationships with adults.	T=63 (Teacher)			T=78 (Aunt)
Social/Emotional Reciprocity	Has limited ability to provide an appropriate emotional response to another person in a social situation.	T=53 (Teacher)			
Stereotypy	The extent to which the child engages in purposeless and repetitive behaviors.	T=52 (Teacher) T=59 (Aunt)			
Behavioral Rigidity	Has difficulty tolerating changes in routine, activities, or behavior; aspects of the environment must remain unchanged.	T=40 (Teacher) T=44 (Aunt)			
Sensory Sensitivity	Overreacts to certain experiences sensed through touch, sound, vision, smell, or taste.	T=40 (Teacher)	T=63 (Aunt)		
Attention	Has trouble appropriately focusing attention on one thing while ignoring distractions; appears disorganized.	T=44 (Teacher)		T=67 (Aunt)	
Composites					
Total Score	Degree to which the individual shows symptoms of autism spectrum disorder.	T=49 (Teacher)			
Unusual Behaviors	Has trouble tolerating changes in routine. Engages in apparently purposeless, stereotypical behaviors. Overreacts to certain sensory experiences.	T=43 (Teacher)			

Autism Example - Social-Emotional Section

Jenny is a preschool student who is 4 years 10 months old who was referred for suspected Autism. Her teacher and aunt completed the ASRS and her teacher and uncle completed the BASC-3. The CARS 2 and the ADOS-2 were also administered. Additionally, the SLP and aunt were interviewed.

Behavior Assessment System for Children, 3rd Edition (BASC-3)

Subtest/Cluster	Description	Similar to Peers	Moderate Level of Need	High Level of Need
Hyperactivity	The tendency to be overly active, rush through work or activities, and act without thinking.	T=59 (Teacher)	T=68 (Uncle)	
Aggression	The tendency to act in a physically or verbally hostile manner toward other people.	T=47 (Teacher)	T=68 (Uncle)	
Anxiety	The tendency to be nervous, fearful, or worried about real or imagined problems.	T=57 (Uncle) T=38 (Teacher)		
Depression	Feelings of unhappiness, sadness, or stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide.	T=57 (Uncle) T=47 (Teacher)		
Somatization	The tendency to be overly sensitive or to complain about relatively minor physical problems or discomforts.	T=53 (Uncle) T=53 (Teacher)		
Attention Problems	The tendency to be easily distracted and unable to concentrate more than momentarily.		T=65 (Teacher)	T=78 (Uncle)
Atypicality	The tendency to behave in ways that are immature or considered odd.	T=44 (Teacher)		T=86 (Uncle)
Withdrawal	The tendency to evade others to avoid social contact.	T=53 (Uncle) T=46 (Teacher)		
Executive Functioning	The tendency to control one's behavior and mood.	T=59 (Teacher)		T=75 (Uncle)

Composite Scales

Externalizing Problems Composite	Assesses the disruptive nature of a child's behavior and encompasses hyperactivity, aggression, and conduct problems	T=53 (Teacher)	T=66 (Uncle)	
Internalizing Problems Composite	Assesses a student's level of internal distress and behaviors that are not typically disruptive in nature.	T=50 (Uncle) T=45 (Teacher)		
Behavioral Symptoms Index	Reflects the overall level of problem behavior and provides a reasonable estimate of the general level of functioning or the presence of impairment.	T=51 (Teacher)		T=74 (Uncle)

Adaptive Scales

Subtest/Cluster	Description	Similar to Peers	Moderate Level of Need	High Level of Need
Adaptability	The ability to adapt readily to changes in the environment.	T=32 (Teacher)		T=26 (Uncle)
Social Skills	The skills necessary for interacting successfully with peers and adults.		T=31 (Teacher)	T=37 (Uncle)

Autism Example - Social-Emotional Section

Jenny is a preschool student who is 4 years 10 months old who was referred for suspected Autism. Her teacher and aunt completed the ASRS and her teacher and uncle completed the BASC-3. The CARS 2 and the ADOS-2 were also administered. Additionally, the SLP and aunt were interviewed.

Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)

Subtest/Cluster	Classification
Autism Classification	Non-spectrum

Childhood Autism Rating Scale, 2nd Edition (CARS 2)

Subtest/Cluster	Description	Minimal to no symptoms	Mild-to-moderate symptoms	Severe symptoms
CARS-2 Total Score	Degree to which the individual shows symptoms of autism spectrum disorder.	T=23 PR<1		

Write-up

Social Interaction

Elevated concerns were endorsed by Jenny's uncle and her aunt. According to Jenny's aunt, Jenny struggles with adult socialization. Reportedly, Jenny has trouble responding appropriately in conversations, maintaining eye contact, and carrying on an appropriate conversation with adults. Moreover, Jenny's uncle reported that Jenny never begins conversations appropriately, offers help to other children, or volunteers to help with things. However, in an interview, Jenny's uncle reported that Jenny gravitates toward, and does not tend to be shy with, new people.

Jenny's teacher shared no concerns with Jenny's social-emotional behavior at this time. Jenny appears to be accepted by peers, has friends, plays cooperatively with other children, engages in imaginative play, takes turns, and shares with others. Moreover, Jenny's teacher indicated that Jenny sometimes offers help to other children and politely asks for help. Jenny also participates in circle and class activities.

Jenny was observed to be very social. When she entered the classroom and saw the examiner for the first time, she waved and smiled at her, making eye contact. During testing, she showed interest in the material the examiner had brought and engaged in imaginative play (e.g., baby doll using the phone) and involved others in her play (e.g., cousin, aunt). She showed shared enjoyment with the examiner and requested the examiner to continue blowing up a balloon and letting it go by picking up the balloon and handing it to her. During other tasks, she was more shy and only requested continued play or additional items with prompting. During classroom and recess observations, she initiated interactions and engaged positively with peers and adults. She showed concerns when peers in the classroom cried and tried to comfort them.

WRITE-UP

Repetitive Activities and Stereotyped Movements
No concerns in the areas of repetitive activities and stereotyped movements were endorsed by Jenny's aunt and uncle. However, her uncle noted that she sometimes walks on her toes. Jenny's teacher indicated no concerns with repetitive activities and stereotyped movements. During testing and classroom observations, no repetitive behaviors or movements were observed. Jenny also showed interest in a variety of toys and did not engage in any atypical use of objects (e.g., lining up or spinning objects).

WRITE-UP

Resistance to Environmental Change or Change in Daily Routines
Jenny's aunt reported no concerns with behavioral rigidity. According to Jenny's aunt, Jenny occasionally insists on doing things the same way each time. Jenny's uncle shared that Jenny struggles to transition when she is engaged in a preferred activity. He also shared that she might cry and throw a tantrum when they tell her to use the restroom (which they do at home on a schedule). On the other hand, Jenny's teacher indicated no concerns with behavioral rigidity. Jenny tends to be flexible with changes in routine and cooperative with teachers. Jenny transitioned well to the testing room with the examiner on multiple occasions. She was willing to work with the examiner alone during the first testing session and did not show any signs of anxiety. During classroom observations, Jenny sometimes struggled with transitions, especially when she was distracted by something (e.g., a peer crying).

WRITE-UP

Unusual Responses to Sensory Experiences
Jenny's aunt endorsed slightly elevated concerns with sensory sensitivities; specifically, she noted that Jenny smells, tastes, or eats inedible objects. Jenny's uncle shared no concerns with sensitivities to touch, smell, or texture. Jenny was a picky eater when she first started living with them, but now eats everything with the family. The only food she does not like is beans. Similarly, Jenny's teacher endorsed no concerns with unusual responses to sensory sensitivities. No unusual reactions to sensory experiences were observed during testing or classroom observations.

Cognitive Results

When summarizing the cognitive findings, it is recommended to arrange your summaries by construct rather than by test. It is also recommended to prioritize identifying strength areas in addition to areas of need. By doing so, parents and teachers can understand well the areas that can be supported and those that are well developed.

Cognitive Results - Example

Jack is an 8th grade student with a Specific Learning Disability in a district that utilizes the PSW method for determining SLD. They also follow CHC and utilize the XBASS program. Jack is bilingual in English and Spanish, but English has been identified as his primary language. For this triennial assessment, the Beery VMI-6, ChAMP, CTOPP-2, FAR, and WISC-V were administered.

Cognitive Example - Gc

To address Crystallized Intelligence (Gc), the WISC-V was used. Rather than use the WISC-V composite, the XBASS composite was reported to include the additional subtest, Information.

Crystallized Intelligence
Tests that measure the ability to understand and reason with language.

Subtest/Cluster	Description	High Level of Need	Moderate Level of Need	Similar to Peers	Well Developed	Extremely Well Developed
Information (WISC-V)	The examinee answers questions about a broad range of general-knowledge topics.			SS=85 PR=16		
Similarities (WISC-V)	The examinee describes how two common objects or concepts are similar.			SS=85 PR=16		
Vocabulary (WISC-V)	The examinee gives definitions for words that are read aloud.		SS=75 PR=5			
Global Composite						
Cross-Battery Crystallized Intelligence Composite	A combination of the Similarities, Vocabulary and Information subtests.		SS=78 PR=7			

Write-up

Crystallized Intelligence

This composite measures knowledge acquired over time. Jack showed skills that were lower than average for his age; however, cultural and linguistic factors related to Jack having significant exposure to a second language need to be taken into account. Jack performed adequately when asked to describe the similarities between two words representing a common object or concept. Jack struggled with naming depicted objects and/or defining words that were read aloud. When given an additional subtest that required Jack to answer questions about a broad range of general-knowledge topics, Jack performed adequately. Overall, Jack's crystallized intelligence skills were lower than expected when compared to same-age monolingual peers. However, Jack's performance was within the normal limits when compared to his bilingual peers and is comparable to his other cognitive abilities.

Cognitive Example - Gf

To assess in the area of Fluid Reasoning (Gf), the WISC-V scores were used. While they were technically not cohesive, no impairment was present in this area and it was a relative strength for Jack.

Fluid Reasoning

Tests that measure deliberate but flexible control of attention to solve novel, on-the-spot problems that cannot be performed by relying exclusively on previously learned habits, schemes, or scripts.

Subtest/Cluster	Description	High Level of Need	Moderate Level of Need	Similar to Peers	Well Developed	Extremely Well Developed
Figure Weights (WISC-V)	Within a specified time limit, the examinee views a scale (or scales) with a missing weight and selects the response option that keeps the scale balanced.			SS=105 PR=63		
Matrix Reasoning (WISC-V)	The examinee is asked to select a missing piece from an array of options that completes the pattern.				SS=125 PR=95	
Global Composite						
Fluid Reasoning Index (WISC-V)	Composed of the Matrix Reasoning and Figure Weights subtests.				SS=118 PR=88	

Write-up

Fluid Reasoning

This composite measures the ability to reason and solve problems that often include unfamiliar information or procedures. Jack's skills in this area were superior when compared to same-age peers. Jack had a strength in selecting the correct response option to complete a matrix or series. Jack also had no difficulty when asked to view a scale with missing weight(s) and identify the response option that would keep the scale balanced. Overall, fluid reasoning was an area of relative strength for Jack when compared to his other cognitive abilities.

COGNITIVE EXAMPLE - GLR

To assess Long Term Memory and Retrieval (Glr), the CTOPP-2 Rapid Naming Tests were given, which assessed the Naming Facility (NA) narrow ability. The ChAMP tests were given to assess additional narrow abilities in this area, specifically Free-recall Memory (F6) and Meaningful Memory (MM).

Long-Term Memory

Tests that measure the ability to store, consolidate, and retrieve information over periods of time measured in minutes, hours, days, and years.

Subtest/Cluster	Description	High Level of Need	Moderate Level of Need	Similar to Peers	Well Developed	Extremely Well Developed
Rapid Digit Naming (CTOPP-2)	The examinee is asked to rapidly name digits.		SS=70 PR=2			
Rapid Letter Naming (CTOPP-2)	The examinee is asked to rapidly name letters.	SS=65 PR=1				
Instructions (ChAMP)	Assesses the immediate recall of story details.			SS=95 PR=37		
Lists (ChAMP)	The examinee learns a list of unrelated words over multiple trials.			SS=103 PR=63		
Global Composite						
Cross-Battery Long-Term Memory Composite	Comprised of Instructions (ChAMP) & Lists (ChAMP)			SS=100 PR=50		
Rapid Symbolic Naming Composite (CTOPP-2)	Comprised of the Rapid Digit Naming and Rapid Letter Naming subtests.	SS=61 PR<1				

WRITE-UP

Long-Term Memory

This composite measures the ability to store information efficiently and retrieve it later through association. Jack's abilities in this area varied considerably. Jack's skills when asked to recall a list of items heard from a story was in the expected range when compared to same-age peers. When asked to recall a set of instructions from an orally presented story, Jack also had no difficulty repeating the instructions immediately. Tests were also given in the area of rapid symbolic naming, which measures the ability to efficiently retrieve phonological information from long-term memory and execute a sequence of operations on that information quickly and repeatedly. Jack's performance when asked to rapidly name numbers was below age expectations. Jack's ability to name letters quickly was also below age expectations. Overall, Jack's long-term memory was comparable to his other cognitive abilities, while Jack's rapid symbolic naming ability was a relative weakness for him when compared to his other cognitive abilities.

What do you want to implement in your own report writing starting Monday?

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Thank you!

Contact us if you have any questions:

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Special thanks to all the people who made and released these awesome resources for free:
✗Presentation template by SlidesCarnival

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