

Broad Band Behavior Test: Test Interpretation & Write up

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## **Broad Band Achievement Test: Test Interpretation & Write up**

### **Introduction of Assessment Instrument**

The purpose of the The Behavior Assessment System for Children (BASC) is used to assess and monitor changes in children's emotional status or behavior. The BASC consists of a comprehensive set of rating scales and forms. The three scales of the BASC are the teacher rating scales, parent rating scales, and self-report of personality scale.

The teacher rating scale is completed by a teacher or otherwise qualified school personnel, and measures adaptive and problem behaviors in the preschool or school setting. The forms for this scale include preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21). The teacher rating scale takes approximately 10-20 minutes to complete.

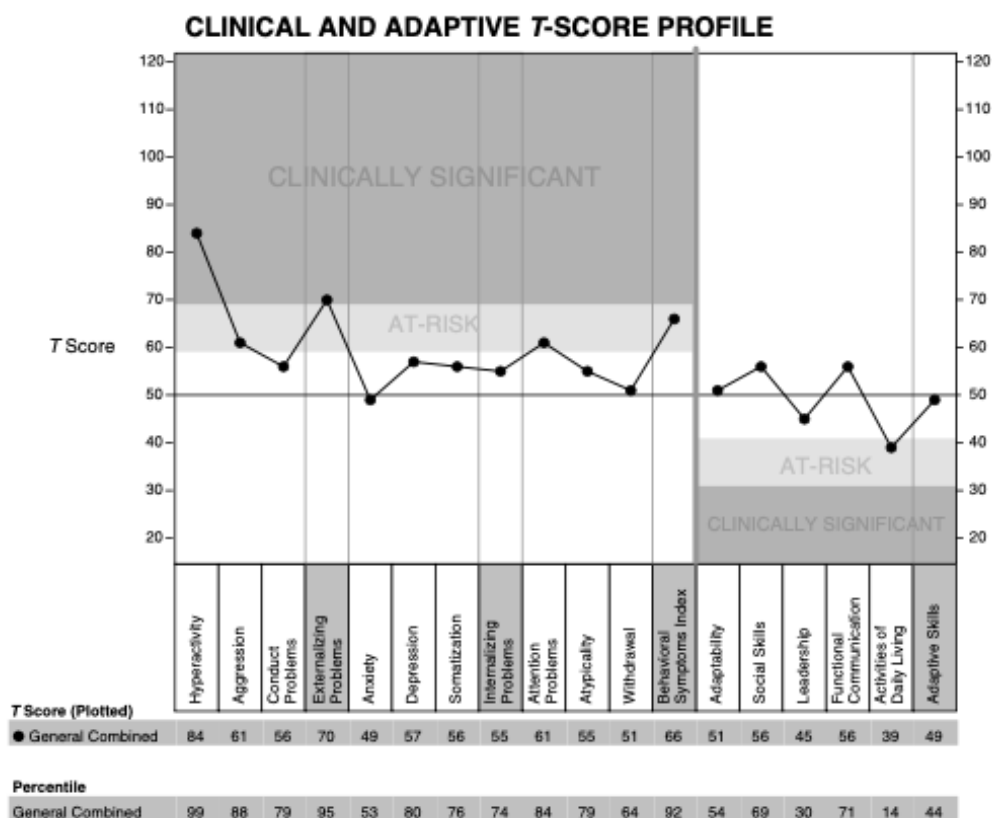
The parent rating scale is completed by a parent or caregiver, and measures adaptive and problem behaviors in the community and home setting. The forms for this scale include preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21). The parent rating scale takes approximately 10-20 minutes to complete.

The self-report of personality scale is completed by the student, and measures insight into a child's or adult's thoughts and feelings. The forms for this scale include SRP-I (ages 6 to 7), child (ages 8 to 11), adolescent (ages 12 to 21), and college (ages 18 to 25). Spanish versions are available, but only for the child and adolescent forms. The self-report of personality scale takes approximately 30 minutes to complete.

Due to the parent rating scale being the only scale administered at this juncture, there is no student behavior to report.

These test results should be taken into consideration, but with the awareness that this is only one outside perspective of the student's behavior and emotional status. These results would hold more weight when used in conjunction with other points of view such as the student's self-view, and the teacher's point of view as well. There may be discrepancies with how teachers, parents, and students report the same behaviors and emotions. With more than one scale used, there is a fuller understanding of the student holistically to incorporate all viewpoints.

## Charts



### Scale Score Summary

	Raw Score	T Score	Percentile Rank	95% Confidence Interval	Ipsative Comparison		
					Difference	Significance Level	Frequency of Difference
Hyperactivity	24	84	99	76-92	22	0.05	1% or less
Aggression	6	61	88	52-70	-1	NS	
Conduct Problems	7	56	79	49-63	-6	NS	
Anxiety	11	49	53	42-56	-13	0.05	15% or less
Depression	9	57	80	50-64	-5	NS	
Somatization	8	56	76	48-64	-6	NS	
Atypicality	6	55	79	48-62	-7	NS	
Withdrawal	5	51	64	43-59	-11	0.05	15% or less
Attention Problems	11	61	84	54-68	-1	NS	
Adaptability	16	51	54	43-59	2	NS	
Social Skills	25	56	69	50-62	7	0.05	15% or less
Leadership	10	45	30	37-53	-4	NS	
Activities of Daily Living	13	39	14	30-48	-10	0.05	10% or less
Functional Communication	30	56	71	49-63	7	NS	

Note: All classifications of test scores are subject to the application of the standard error of measurement (SEM) when making classification decisions. Individual clinicians are advised to consider all case-related information to determine if a particular classification is appropriate. See the BASC-3 Manual for additional information on SEMs and confidence intervals.

### Description of Each Subtest

Standardized achievement test results indicated that John scored in the clinically significant range on the externalizing problems composite ( $T$  Score = 70; 95th percentile). John scored in the at-risk range on the behavioral symptoms index composite ( $T$  score = 66; 92nd percentile). With regards to internalizing problems ( $T$  score = 55; 74th percentile) and adaptive skills ( $T$  score = 49; 44th percentile), both composites fall within the acceptable range. John had relative difficulty in the hyperactivity section ( $T$  score = 84; 99th percentile). This  $T$  score falls in the Clinically Significant classification range and usually warrants follow-up. John's mother reports John engages in many disruptive, impulsive, and uncontrolled behaviors. Additionally, John had relative difficulties with regards to attention problems ( $T$  score = 61; 84th percentile) and activities of daily living ( $T$  score = 39; 14th percentile). Given that these scores fall within the at-risk category, follow-up may be necessary. John's mother reports John has difficulty

maintaining necessary levels of attention at school. The problems experienced by John might disrupt academic performance and functioning in other areas. John's score for activities of daily living indicates some difficulty performing simple daily tasks in a safe and efficient manner. John scored highly in functional communication ( $T$  score = 56; 71st percentile). His mother reports John generally exhibits adequate expressive and receptive communication skills and John is usually able to seek out and find new information when needed. Lastly, John thrived in social skills ( $T$  score = 56; 69th percentile). His mother reports John possesses sufficient social skills and generally does not experience debilitating or abnormal social difficulties.

## **Summary**

For this assessment, the parent was distributed the parent rating scale, specifically the one that measures the 6-11 year old age range. John was most proficient in the internalizing problems ( $T$  score = 55; 74th percentile) and adaptive skills ( $T$  score = 49; 44th percentile) composites, with both scores falling within the acceptable range. Next, John scored in the at-risk range for the behavioral symptoms index composite ( $T$  score = 66; 92nd percentile). Most concerning was John's score in the clinically significant range on the externalizing problems composite ( $T$  Score = 70; 95th percentile).

John does not seem to need any help in the areas of internalizing problems or adaptive skills given his composite scores in those areas. With regards to the behavioral symptoms index, it is recommended that John practices replacement behaviors for hyperactivity, such as appropriate sensory input and regulated stimulation periods. John also shows signs of aggressive behavior,

which can be regulated with if/then statements (ex. “If I feel angry, then I can go for a 5 minute run” or “If I want to break something, I can tear up a piece of paper”). Externalizing problems was the composite of most concern, falling in the clinically significant range. In order to intervene, goals for John should revolve around goal setting, enhancing problem-solving skills, increasing emotion recognition, and anger control strategies to decrease disruptive and aggressive behaviors. For example, goal setting as an intervention can look like John creating personal goals such as recognizing his emotions, finding an outlet for his aggression, and journaling how the circumstance made him feel and how he reacted in order to reflect on the situation.

*\*\*These recommendations are tentative pending additional data sources.*

## References

*(BASC-3 Behavior Assessment System for Children 3rd Ed | Product Details, 2023)*

*BASC-3 Behavior Assessment System for Children 3rd Ed | Product Details.* (2023). Pearson

Assessments. Retrieved April 6, 2023, from

<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Comprehensive/Behavior-Assessment-System-for-Children-%7C-Third-Edition-/p/100001402.html?tab=product-details>