

## Trauma Symptom Checklist for Children™ Screening Form



## **Score Report**

by John Briere, PhD, and PAR Staff

Client name: Sample Client Client ID: PiC\_SC2020

Age: 8

Date of birth: 10/31/2011

Gender: Male

Test form: TSCC Screening Form Alternate Version

(TSCC-SF-A)

Test date: 09/02/2020

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons. Please refer to the TSCC Professional Manual and TSCC/TSCYC Screening Form Technical Paper for procedures and guidelines for the interpretation of this report.

## TSCC-SF-A Score Summary

Scale	Raw score	Percentile	Classification
General Trauma	7	46	Non-elevated

Suicide risk item	Response	
6. Wanting to kill myself	Never	

General Trauma				
Raw		%ile		
36		>99		
35		>99		
34		>99		
33		>99		
32		>99		
31		>99		
30		>99		
29		>99		
28		>99		
27		>99		
26		99		
25		98		
24		98		
23		97		
22		96		
21		95		
20		95		
19		94		
18		92		
17		91		
16		88		
15		85		
14		83		
13		80		
12		76		
11		71		
10		67		
9		61		
8		53		
7	•	46		
6		43		
5		36		
4		30		
3		25		
2		18		
1		15		
0		14		
	Elevated			

## **TSCC-SF-A Items and Responses**

General Trauma scale				
Item #	Item	Response		
1	Scary ideas or pictures just pop into my head	Sometimes		
2	Feeling sad or unhappy	Sometimes		

Redacted for sample report.

\*\*\* End of Report \*\*\*