

TRF/6-18 - Narrative Report & Critical Items

Scored using T scores for United States

ID: 200105-004
Name: Catherine A. Holcomb
Age: 11

Birth Date: 06/16/1989
Gender: Female
Date Filled: 12/01/2000

Informant: Helen Saunders
Clinician: Theresa Lopez

The Teacher Report Form (TRF) was completed by Catherine's classroom teacher to obtain her perceptions of Catherine's adaptive functioning and problems. Catherine's classroom teacher reported knowing Catherine for 2 months.

Catherine's classroom teacher rated Catherine's performance in three subjects at far below grade level, and one subject at somewhat below grade level. Catherine's classroom teacher rated Catherine as working much less hard, behaving appropriately about average, learning much less, and somewhat less happy compared to typical students of the same age.

Catherine's Academic Performance score was in the clinical range below the 10th percentile for teachers' ratings on girls aged 6 to 11. Catherine's Total Adaptive Functioning score was in the clinical range below the 10th percentile.

On the TRF problem scales, Catherine's Total Problems and Internalizing scores were both in the clinical range above the 90th percentile for girls aged 6 to 11. Her Externalizing score was in the borderline clinical range (84th to 90th percentiles). Her scores on the Somatic Complaints, Social Problems, Thought Problems, Rule-Breaking Behavior, and Aggressive Behavior syndromes were in the normal range. Her scores on the Anxious/Depressed and Withdrawn/Depressed syndromes were in the clinical range above the 97th percentile. Her score on the Attention Problems syndrome was in the borderline clinical range (93rd to 97th percentiles). On the Attention Problems subscales, Catherine's score for Inattention was high enough to warrant concern while her score for Hyperactivity-Impulsivity was in the normal range. These results indicate that Catherine's classroom teacher reported more problems than are typically reported by teachers of girls aged 6 to 11, particularly problems of anxiety or depression, withdrawn or depressed behavior, and attention problems.

On the DSM-oriented scales, Catherine's scores on the Somatic Problems, Attention Deficit/Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems scales were in the normal range. Her score on the Affective Problems scale was in the clinical range (above the 97th percentile). Her score on the Anxiety Problems scale was in the borderline clinical range (93rd to 97th percentiles). These results suggest that the DSM should be consulted to determine whether Catherine meets diagnostic criteria for affective disorders. Catherine's score in the borderline clinical range suggests that the DSM should be consulted to determine whether Catherine might meet diagnostic criteria for disorders characterized by problems included on that scale. On the Attention Deficit/Hyperactivity subscales, Catherine's score for Inattention was high enough to warrant concern while her score for Hyperactivity-Impulsivity was in the normal range.

On the 2007 scales, Catherine's scores on all rated scales were in the clinical range (above the 97th percentile). These results suggest that the DSM should be consulted to determine whether Catherine meets diagnostic criteria for sluggish cognitive tempo disorders, obsessive-compulsive disorder, and post-traumatic stress disorder.

Critical Items

In addition to the scale scores, it is important to consider scores on individual problem items. Because they may raise particular challenges for management, it is especially important to note the problems listed below that were reported with scores of 1 or 2. Look at comments made by the informant on the form in relation to these problems to obtain more information about risks associated with the problems and the contexts in which the problems occur.

<u>Score</u>	<u>Problem Item</u>	<u>Score</u>	<u>Problem Item</u>
0	18. HarmSelf	0	70. SeesThings
0	40. HearsThings	0	91. TalkSuicide
0	57. Attacks	0	105. AlcDrugs