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Teacher Form Interpretive Report

Student's name:	Sample Client
Client ID:	PAR Sample
Date of birth:	02/07/2011
Sex:	Male
Age:	14
Grade:	8th
Evaluator's name:	Mr Jones
School:	TPHS
Test date:	12/08/2025
Normative group:	Male / Age-Specific

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Contents

Overview

The Emotional Disturbance Decision Tree (EDDT) Teacher Form is a standardized, norm-referenced scale designed to assist in the identification of children who qualify for the federal special education category of emotional disturbance (ED). The EDDT Teacher Form is based on the criteria presented in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA)[1] and specifically defined in Assistance to States for the Education of Children with Disabilities (2002)[2]. The EDDT Teacher Form is intended to be used either as a screening instrument for students who may need further evaluation or as part of a battery used in the formal evaluation of students with possible ED. In keeping with best practice, it is important to collect data from multiple sources as a foundation for diagnostic and eligibility decision making. ED assessment should involve various types of measurement and evaluation tools as part of the eligibility determination by the school team, and the EDDT Teacher Form should not be the sole source of information when making a decision about special education eligibility.

The EDDT Teacher Form includes five sections, with each section addressing a specific component of the federal criteria. Section I presents questions relevant to possible exclusionary factors. Section II addresses the four ED criteria as well as the possible presence of attention-deficit/hyperactivity disorder (ADHD) and/or psychosis/schizophrenia. Section III addresses social maladjustment (SM), Section IV addresses severity (i.e., "marked degree"), and Section V addresses educational impact.

The EDDT Teacher Form provides *T* scores ($M = 50$, $SD = 10$) and percentile ranks for the four ED characteristics scales and total EDDT Teacher Form score. Percentile ranges are provided for the EDDT Teacher Form cluster scores. The following tables provide qualitative descriptions for each *T* score on the ED characteristics scales and percentile range descriptions for the clusters.

[1] Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Public Law No. 108–446, 118 Stat. 2647. https://sites.ed.gov/idea/

[2] Assistance to States for the Education of Children With Disabilities, 34 C.F.R. § 300.7. https://sites.ed.gov/idea/regs/b

Qualitative Labels for ED Characteristics Scale *T*-Score Ranges

T score	Qualitative label
≤54	Normal
55–59	Mild at Risk
60–69	Moderate Clinical
70–79	High Clinical
≥80	Very High Clinical

Qualitative Labels for Cluster Percentile Ranges

Percentile range	Qualitative label		
	ADHD, POSSIBLE PSYCHOSIS, and SM	SEVERITY	IMPACT
≤1%	Normal	Normal	Normal
2%–24%	Mild at Risk	Mild Severity	Mild Impact
25%–74%	Moderate Clinical	Moderate Severity	Moderate Impact
≥75%	High Clinical	High Severity	High Impact

Note. ADHD = Attention-Deficit/Hyperactivity Disorder cluster; POSSIBLE PSYCHOSIS = Possible Psychosis/Schizophrenia cluster; SM = Social Maladjustment cluster; SEVERITY = Level of Severity cluster; IMPACT = Educational Impact cluster.

Key Steps in the Interpretive Process

Interpretation of EDDT Teacher Form scores requires an understanding not only of the information contained in the EDDT Professional Manual but also of (a) diagnostic nomenclature and schemas; (b) theories of child and adolescent development, personality, and psychopathology; and (c) the appropriate uses and limitations of behavior rating scales. Interpretation is aided by knowledge of the federal ED criteria and guidelines.

1. **Examine validity of ratings.** Before interpreting EDDT Teacher Form results, consider the validity of the data provided. Because informant rating scales require users to rely on a third party for ratings of an individual's behavior, their inherent nature carries potential for score bias. Missing data may render scales unscorable or require proration, and caution should be used when interpreting results based on missing data. Missing item responses and/or scores are indicated by a dash (---) in the tables within this report. Review the Inconsistency score for contradictory responses on items measuring similar constructs.
2. **Examine critical items.** Several items on the EDDT Teacher Form related to personal safety and the safety of others are labeled as critical items to facilitate immediate attention to concerning responses. *Review responses to these critical items and follow up*

with the respondent.

3. **Review the EDDT Teacher Form Criteria Table.** This table illustrates how the EDDT Teacher Form scales/clusters map onto the federal criteria and whether the child or adolescent meets these criteria. It can be used as a quick reference guide during the interpretive process.
4. **Review and report potential exclusionary items.** The items in Section I of the EDDT Teacher Form are intended to address potential exclusionary factors that, if violated, might rule out the presence of an ED. Their intent is to ensure that emotional–behavioral problems are not better explained by other issues (e.g., intellectual, sensory, or health factors) that may not have been identified previously. Questions about any of these issues should be addressed by the multidisciplinary team.
5. **Interpret scores relative to normative expectations.** Review EDDT Teacher Form *T* scores and percentiles for ED characteristics scales (i.e., Inability to Build or Maintain Relationships [REL], Inappropriate Behaviors or Feelings [IBF], Pervasive Mood/Depression [PM/DEP], and Physical Symptoms or Fears [FEARS]), whose items appear in Section II. Review percentile ranges for the Attention-Deficit/Hyperactivity Disorder (ADHD) cluster (items in Section II), the Possible Psychosis/Schizophrenia (POSSIBLE PSYCHOSIS) cluster (items in Section II), the Social Maladjustment (SM) cluster (items in Section III), the Level of Severity (SEVERITY) cluster (items in Section IV), and the Educational Impact (IMPACT) cluster (items in Section V).
6. **Interpret within-test score profile.** Review the profile of scale score elevations and the profile relative to those of pertinent diagnostic groups. The Emotional Disturbance Characteristics Profile plots the child's or adolescent's EDDT Teacher Form *T* scores against the mean *T* scores of children or adolescents in the EDDT Teacher Form standardization samples without ED or SM and against the mean *T* scores of children or adolescents with ED and SM.
7. **Interpret item-level endorsements.** Although interpretation at the scale or cluster level is best practice, it is important to recognize that data conveyed by individual item responses or patterns of item responses can also be meaningful. Items endorsed as occurring at a high frequency may be helpful to note. Item-level analysis can also be helpful if there is a disparity between how serious a student's behavioral–emotional problems seem subjectively and their normative scores.

Sample's EDDT Teacher Form Results

Summary

The EDDT Teacher Form completed for Sample contained no missing items. The

Inconsistency score is elevated, suggesting that ratings on the scales may not be internally consistent and that validity may be compromised. A cautious approach to interpretation is warranted. Results from this evaluation indicate that the respondent did not endorse all five of the EDDT Teacher Form requirements for Sample to meet federal criteria for the special education category of ED. The federal criteria for social maladjustment was not met.

Sample's Inability to Build or Maintain Relationships (REL) scale score is in the Very High Clinical range. His Inappropriate Behaviors or Feelings (IBF) scale score is in the Very High Clinical range. His Pervasive Mood/Depression (PM/DEP) scale score is in the Very High Clinical range. His Physical Symptoms or Fears (FEARS) scale score is in the Very High Clinical range. Sample's Attention-Deficit/Hyperactivity Disorder (ADHD) cluster score is in the Moderate Clinical range. His Possible Psychosis/Schizophrenia (POSSIBLE PSYCHOSIS) cluster score is in the High Clinical range. His Social Maladjustment (SM) cluster score is in the Mild at Risk range. His Level of Severity (SEVERITY) cluster score is in the Moderate Severity range. His Educational Impact (IMPACT) cluster score is in the Mild Impact range.

Validity

Missing Items

There were no missing responses in the protocol, and a complete data set was used for interpretation.

Inconsistency

The EDDT Teacher Form Inconsistency score is derived from specific item pairs in Section II that reflect contradictory, or opposite, constructs. For example, a high Inconsistency score might be associated with the combination of responding Almost Always to the items "Is hostile toward teachers" and "Interacts appropriately with teachers." Item pairs composing the Inconsistency score are shown in the following summary table. The absolute value of the raw difference scores for the eleven paired items are summed, and the total difference score (i.e., the Inconsistency score) is compared with the cumulative percentile of similar scores in the overall standardization sample and used to classify the protocol as either Acceptable or Inconsistent.

The examinee's Inconsistency Score of 18 is classified as Inconsistent (cumulative percentage of 99–100).

Section II item no.	Inconsistency item	Response	Score	Difference
7.	*[Redacted for Sample]*	Almost Always	3	3
62.	*[Redacted for Sample]*	Almost Always	0	

Section II item no.	Inconsistency item	Response	Score	Difference
16.	***[Redacted for Sample]***	Sometimes	1	1
41.	***[Redacted for Sample]***	Sometimes	2	
35.	***[Redacted for Sample]***	Frequently	1	1
107.	***[Redacted for Sample]***	Frequently	2	
47.	***[Redacted for Sample]***	Almost Always	3	1
10.	***[Redacted for Sample]***	Sometimes	2	
65.	***[Redacted for Sample]***	Frequently	2	1
99.	***[Redacted for Sample]***	Frequently	1	
67.	***[Redacted for Sample]***	Never	0	1
20.	***[Redacted for Sample]***	Frequently	1	
76.	***[Redacted for Sample]***	Almost Always	3	2
86.	***[Redacted for Sample]***	Frequently	1	
78.	***[Redacted for Sample]***	Sometimes	1	1
50.	***[Redacted for Sample]***	Sometimes	2	
79.	***[Redacted for Sample]***	Never	0	3
108.	***[Redacted for Sample]***	Never	3	
82.	***[Redacted for Sample]***	Never	0	3
31.	***[Redacted for Sample]***	Never	3	
95.	***[Redacted for Sample]***	Sometimes	2	1
34.	***[Redacted for Sample]***	Sometimes	1	

Note. "---" indicates a missing item response or a difference score that cannot be calculated due to at least one missing item response.
◊Reverse-scored item.

Critical Items

Eight critical items are used to help the clinician determine whether immediate follow-up by a mental health professional is warranted. **Endorsement of any critical item, which is indicated in bold type within the critical items table, requires further inquiry and gathering of information to add context and clarification to a particular response and verify the need for more immediate intervention**. *See the Recommendations section for specific follow-up guidance for critical items.*

The respondent endorsed 5 out of eight critical items for Sample.

Section and item no.	Critical item	Response
II 21.	***[Redacted for Sample]***	**Frequently**
II 52.	***[Redacted for Sample]***	**Almost Always**
II 72.	***[Redacted for Sample]***	**Almost Always**
II 84.	***[Redacted for Sample]***	Never
II 91.	***[Redacted for Sample]***	**Frequently**
II 94.	***[Redacted for Sample]***	Never
III 20.	***[Redacted for Sample]***	
III 24.	***[Redacted for Sample]***	

Note. Critical item endorsements that require follow-up are indicated in bold. "---" indicates a missing item response.

Criteria Table

The EDDT Teacher Form was designed to map onto the federal definition of ED. For each federal criterion, there is a corresponding EDDT Teacher Form scale or cluster. The EDDT Teacher Form Criteria Table illustrates the link between the federal criteria and the corresponding scale/cluster/item and indicates whether the specific criterion is met. This table is not intended to take the place of clinical data interpretation or eligibility determination by the school evaluation team. Rather, its goal is to assist in the identification of youth who meet criteria for the special education category of ED. To be considered eligible, the child or adolescent must meet the first five criteria (i.e., "Yes") listed in the table. The sixth criterion related to SM may or may not be met (i.e., "Yes" or "No"). That is, because SM and ED can coexist, federal criteria are met as long as the first five criteria of ED are met.

The EDDT Teacher Form results from Sample's evaluation demonstrate that the respondent did not endorse all five of the EDDT Teacher Form requirements to meet federal criteria. These results suggest that Sample does not meet special education criteria for an ED. The sixth criteria related to SM was not met, indicating that SM is unlikely.

Federal criterion	EDDT Teacher Form requirement to meet federal criterion	EDDT Teacher Form response/qualitative label	Criterion met?
Over a long period of time	Response of "Yes" to Section I Item 4. Emotional–Behavioral problems present for 6 months or more. (Special circumstances may justify eligibility despite short duration.)	Yes	**Yes**
To a marked degree	SEVERITY cluster score in the Moderate or High Severity range	Moderate Severity	Yes
Adversely affects a child's educational performance	IMPACT cluster score in the Moderate or High Impact range	Mild Impact	No
An inability to learn that cannot be explained by intellectual, sensory, or health factors	Response of "Yes" to Section I Items 1, 2, and 3	1. Intelligence appears average or near average: Yes 2. Hearing and vision appear normal or corrected to near normal: Yes 3. Health appears normal or near normal: Yes	**Yes**
Exhibiting one of more of the following characteristics:			
An inability to build or maintain satisfactory interpersonal relationships with peers and teachers	At least one ED characteristics scale (REL, IBF, PM/DEP, FEARS) score is in the High or Very High Clinical range, or two or more scores are in the Moderate Clinical range	REL: Very High Clinical	No
Inappropriate types of behavior or feelings under normal circumstances		IBF: Very High Clinical	
A general pervasive mood of unhappiness or depression		PM/DEP: Very High Clinical	

Federal criterion	EDDT Teacher Form requirement to meet federal criterion	EDDT Teacher Form response/qualitative label	Criterion met?
A tendency to develop physical symptoms or fears associated with personal or school problems		FEARS: Very High Clinical	
The term includes schizophrenia	Do not use EDDT results alone. For potential indicators, review the POSSIBLE PSYCHOSIS raw score and conduct item analysis. Obtain further psychological evaluation if concerns exist.		
The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance	SM cluster score in the Moderate or High Clinical range considered elevated for SM. Can meet criteria for ED if "Yes" to SM and all other criteria are met.	Mild at Risk	No; SM unlikely

Note. "---" indicates a criterion that cannot be assessed due to missing item responses. SEVERITY = Level of Severity; IMPACT = Educational Impact; REL = Inability to Build or Maintain Relationships; IBF = Inappropriate Behaviors or Feelings; PM/DEP = Pervasive Mood/Depression; FEARS = Physical Symptoms or Fears; POSSIBLE PSYCHOSIS = Possible Psychosis/Schizophrenia; SM = Social Maladjustment.

Section I: Potential Exclusionary Items

The potential exclusionary items are four screening questions intended to address potential exclusionary factors that might rule out the presence of an ED if not endorsed (i.e., if a response of NO is provided). Their intent is to ensure that emotional–behavioral problems are truly psychological in nature and are not better explained by other issues that may not have been identified previously. Importantly, the federal criteria require that the inability to learn is not explained by these issues—not simply that one of them is present.

The responses for Sample indicate that he has 0 of the four factors that might rule out an ED.

Item no.	Potential exclusionary item	Response
1.	Average/Near average intelligence	Yes
2.	Normal/Near normal hearing and vision	Yes
3.	Normal/Near normal health	Yes
4.	Emotional-behavioral problems present for 6 months or more	Yes

Note. "---" indicates a missing item response.

Section II: Emotional Disturbance (ED) Characteristics

Scales

This section is composed of four scales that specifically address the four major ED characteristics mentioned in the federal criteria. In addition, the EDDT Teacher Form Total (TOTAL) is the summation of the four ED characteristics scale scores.

Scale	Raw score	*T* score	%ile	Confidence interval	Qualitative label	Missing responses
REL	36	81	95	76–86	Very High Clinical	0
IBF	29	99	≥99	92–106	Very High Clinical	0
PM/DEP	27	91	≥99	83–99	Very High Clinical	0
FEARS	33	≥100	≥99	90–110	Very High Clinical	0
TOTAL	125	100	≥99	96–104	Very High Clinical	0

Note. REL = Inability to Build or Maintain Relationships; IBF = Inappropriate Behaviors or Feelings; PM/DEP = Pervasive Mood/Depression; FEARS = Physical Symptoms or Fears; TOTAL = EDDT Teacher Form Total. "---" indicates a scale that is invalid due to an excessive number of missing item responses.
♦Prorated score.

Inability to Build or Maintain Relationships (REL)

The REL scale focuses on identifying difficulties in forming and maintaining healthy connections with peers, teachers, and other adults. It evaluates the quality and effectiveness of a student's interpersonal relationships while providing insight into how these dynamics may impact their emotional, social, and academic development.

Sample's score of 81 on the REL scale is at the 95 percentile and in the Very High Clinical range compared to the standardization sample. Scores in the Very High Clinical range indicate severe difficulties in numerous relationship areas or frequent occurrences of several problems. Sample is likely to experience significant challenges in initiating or maintaining successful relationships with peers and may also struggle with interactions involving teachers and other adults. Behaviors such as self-isolation, excessive aggression, spitefulness, and disrespect and a lack of social problem-solving skills may be present. Sample may have challenges seeing others' perspectives, conversing, trusting, forgiving, maintaining internal locus of control, and managing annoyance or irritation. Students scoring in this range can benefit from positive reinforcement and encouragement to build social skills and empathy and can improve their relationship dynamics with consistent support.

Inappropriate Behaviors or Feelings (IBF)

The IBF scale evaluates the impact of behaviors and emotions that are inappropriate for the student's developmental level. It helps identify patterns of emotional and behavioral dysregulation and potential emotional disturbances that could affect educational and social settings, leading to valuable insight into how these behaviors may obstruct learning, relationships, and overall adjustment.

Sample's score of 99 on the IBF scale is at the ≥99 percentile and in the Very High

Clinical range compared to the standardization sample. Scores in the Very High Clinical range indicate severe problems in many behavior areas or frequent occurrences of many problems. Sample may experience severe behavior problems and an irritable or depressed state, exhibiting inappropriate behaviors or feelings such as irritability, mood swings, and difficulty controlling emotions. Students scoring in this range can benefit from positive reinforcement and encouragement to build self-regulation and coping skills. With consistent support and targeted interventions, these students can substantially improve their behavioral dynamics and emotional regulation.

Pervasive Mood/Depression (PM/DEP)

The PM/DEP scale captures both internalized feelings and observable behaviors, providing insight into the presence and impact of persistent mood disturbances and situational struggles. It helps identify patterns of emotional challenges, including sadness, irritability, hopelessness, and physiological symptoms, while highlighting how these issues influence behavior, social interactions, and engagement in school.

Sample's score of 91 on the PM/DEP scale is at the ≥99 percentile and in the Very High Clinical range compared to the standardization sample. Scores in the Very High Clinical range indicate severe problems in numerous mood areas or frequent occurrences of many problems. Sample may experience severe depression symptoms, such as persistent sadness, lack of interest in activities, and feelings of hopelessness. Students scoring in this range can benefit from positive reinforcement and encouragement to build emotional regulation and coping skills. With consistent support and targeted interventions, these students can substantially improve their mood dynamics and emotional regulation.

Physical Symptoms or Fears (FEARS)

The FEARS scale addresses anxiety and somatic symptoms such as nervousness, obsessive thoughts or compulsive behavior, fearfulness or suspicion of peers or adults, nightmares, risk avoidance, physical restlessness, and ritualistic behavior.

Sample's score of 101 on the FEARS scale is at the ≥99 percentile and in the Very High Clinical range compared to the standardization sample. Scores in the Very High Clinical range indicate severe problems in numerous anxiety areas or frequent occurrences of several problems. Sample may experience severe anxiety symptoms, such as persistent nervousness, obsessive thoughts, and somatic complaints. Students scoring in this range can benefit from positive reinforcement and encouragement to build coping skills. With consistent support and targeted interventions, these students can substantially improve their anxiety dynamics and overall emotional regulation.

EDDT Total (TOTAL)

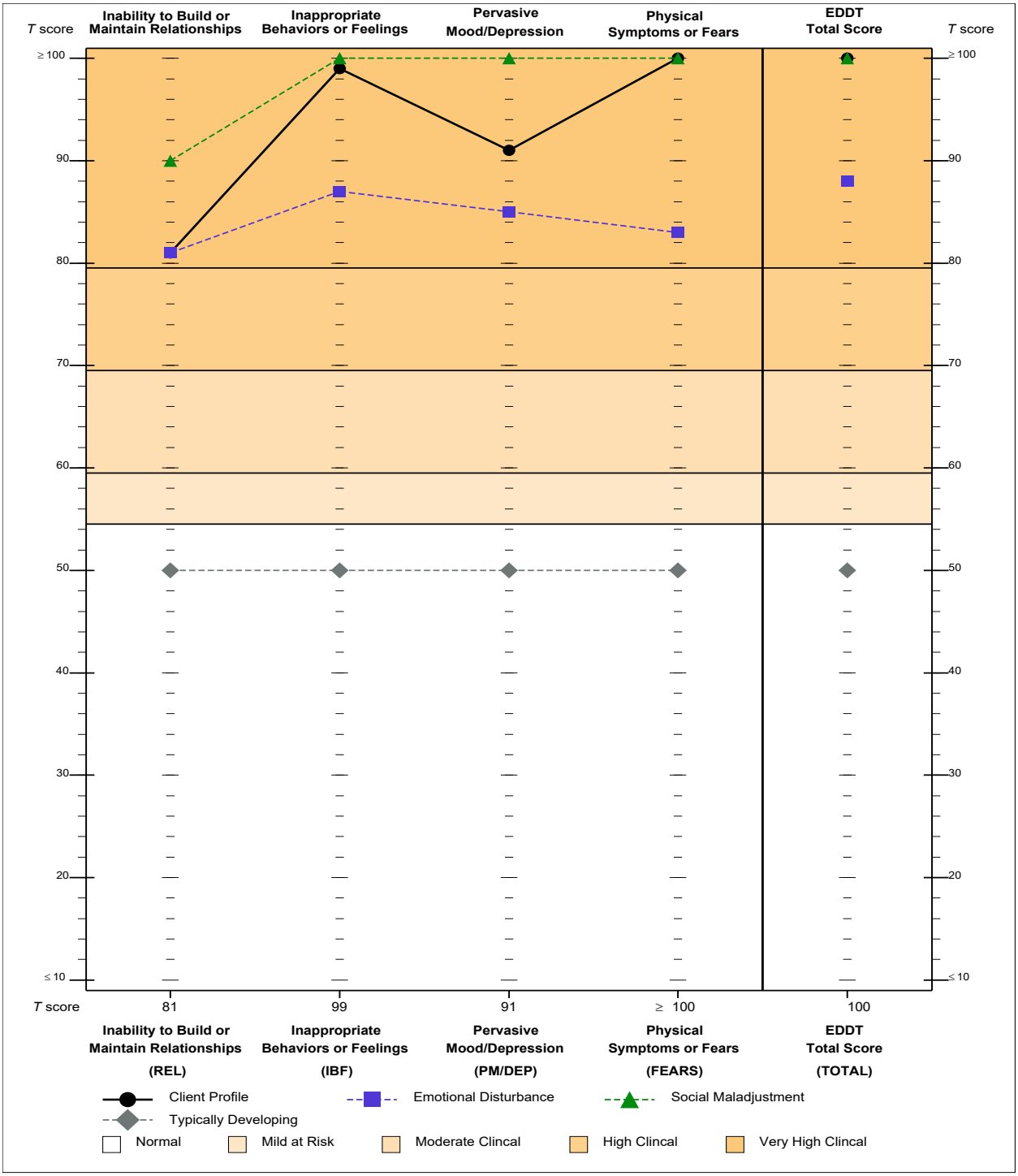
The TOTAL score is the summation of the four ED characteristics scales. Although this total score does not directly map on the federal criteria for ED, clinicians can examine score changes over time to evaluate the utility of empirically based interventions and

can compare it to overall index or composite scores from other behavioral assessments.

Sample's score of 100 on the TOTAL scale is at the ≥99 percentile and in the Very High Clinical range compared to the standardization sample. Scores in the Very High Clinical range indicate severe problems in many emotional and behavioral areas or several problems that occur with high frequency. Sample may experience significant overall emotional and behavioral problems. Students scoring in this range can benefit from positive reinforcement and encouragement to build overall functioning. With consistent support and targeted interventions, these students can substantially improve their emotional and behavioral dynamics. The percentage of students in the ED clinical sample who scored in the Very High Clinical range was 68% compared to 1% of students in the standardization sample.

Emotional Disturbance Characteristics Profile

The ED characteristics profile plots Sample's EDDT Teacher Form *T* scores alongside mean *T* scores of students in the standardization sample, students previously identified as having an ED, and students with SM to facilitate visual comparison.



Note. "---" indicates a scale that is invalid due to an excessive number of missing item responses.
♦Prorated score.

Clusters

Cluster scores derived from the ED characteristics scale items screen for ADHD and possible psychosis/schizophrenia. These cluster scores are intended as screening tools, and results from these clusters should not be considered conclusive in ruling in or ruling out clinical disorders. If a clinical disorder is suspected, a more comprehensive evaluation is necessary.

Cluster	Raw score	%ile range	Qualitative label
ADHD	18	25%–74%	Moderate Clinical
POSSIBLE PSYCHOSIS	17	≥75%	High Clinical

Note. ADHD = Attention-Deficit/Hyperactivity Disorder; POSSIBLE PSYCHOSIS = Possible Psychosis/Schizophrenia. "---" indicates a cluster that is invalid due to an excessive number of missing item responses.
♦Prorated score.

Attention-Deficit/Hyperactivity Disorder (ADHD)

The ADHD cluster incorporates a combination of hyperactive/impulsive behavior items and items that measure the capacity to focus, concentrate, organize, self-regulate, listen, and remember.

Sample's ADHD cluster raw score of 18 is at the 25%–74% percentile and in the Moderate Clinical range compared to students in the ADHD clinical sample. Scores in the Moderate Clinical range indicate that Sample exhibits a moderate number of behaviors associated with ADHD. Students scoring in this range tend to show more frequent signs of inattention, hyperactivity, or impulsivity, which may impact their academic performance and social interactions. Despite these challenges, they may still find ways to engage positively in activities and maintain some level of focus.

Possible Psychosis/Schizophrenia (POSSIBLE PSYCHOSIS)

The POSSIBLE PSYCHOSIS cluster is based on items commonly associated with psychosis/schizophrenia. This cluster is included because the federal definition for ED stipulates that students with schizophrenia fall under the ED umbrella (if otherwise eligible).

Sample's POSSIBLE PSYCHOSIS cluster raw score of 17 is at the ≥75% percentile and in the High Clinical range compared to students in the relevant criterion sample. Scores in the High Clinical range suggest that Sample exhibits a high number of behaviors associated with psychosis or schizophrenia. Students scoring in this range may show persistent and pervasive signs of delusions, hallucinations, or disorganized thinking, which are likely to significantly impact their academic performance and social interactions. However, they may also display unique perspectives and insights that can be valuable with appropriate support.

Section III: Social Maladjustment (SM)

The SM cluster covers various aspects of socially maladjusted behavior, including aggressive or rule-breaking behavior; calloused, manipulative and narcissistic attitudes; and school-aversive attitudes and behavior. The term social maladjustment is not operationally defined in the federal criteria for ED. The EDDT Teacher Form presents items on the SM cluster as part of a spectrum of possible behaviors, allowing for comparison on a broad array of behaviors, to avoid forcing students into a simple SM/not SM dichotomy. The percentile ranks and corresponding qualitative labels, along with comparative percentile ranges among the SM and standardization samples, provide a sense of the degree to which a child or adolescent may be exhibiting SM behaviors after the existence or degree of ED behaviors is gauged first.

Cluster	Raw score	%ile range	Qualitative label
SM	8	2%–24%	Mild at Risk

Note. SM = Social Maladjustment. "---" indicates a cluster that is invalid due to an excessive number of missing item responses.
♦Prorated score.

Sample's SM cluster raw score of 8 is at the 2%–24% percentile and in the Mild at Risk range compared to students in the relevant criterion sample. Scores in the Mild at Risk range suggest that Sample exhibits a limited number of behaviors associated with social maladjustment. Students scoring in this range may show occasional signs of rule-breaking or defiance, but these behaviors are not pervasive or significantly disruptive. They may have moments of impulsivity but generally manage to follow rules and interact well with others.

Section IV: Level of Severity (SEVERITY)

The SEVERITY cluster incorporates items that address frequency and settings of problems, historical necessity for restraint, the need for a safety plan, suspension, outside treatment, marked problems, and response to intervention. Because of the importance of resiliency and of measuring response to intervention in assessment, this cluster specifically addresses the outcomes of any behavior intervention plan (BIPs) and/or counseling that have occurred.

Cluster	Raw score	%ile range	Qualitative label
SEVERITY	10	25%–74%	Moderate Severity

Note. SEVERITY = Level of Severity. "---" indicates a cluster that is invalid due to an excessive number of missing item responses. ♦Prorated score.

Sample's SEVERITY cluster raw score of 10 is at the 25%–74% percentile and in the Moderate Severity range. Scores in the Moderate Severity range indicate that Sample's emotional and behavioral issues are moderately severe. Students scoring in this range tend to show more frequent signs of emotional or behavioral problems, which may impact their academic performance and social interactions. Despite these challenges, they may still benefit from support to engage positively in activities and maintain some level of emotional regulation.

Section V: Educational Impact (IMPACT)

The IMPACT cluster incorporates items that address work completion, compliance with teacher direction/instruction, quality of work, behavior-related absences, the capacity for working without redirection, behavior-related suspensions, counseling, BIPs, and whether these interventions have been effective.

Cluster	Raw score	%ile range	Qualitative label
IMPACT	5	2%–24%	Mild Impact

Note. IMPACT = Educational Impact. "---" indicates a cluster that is invalid due to an excessive number of missing item responses. ♦Prorated score.

Sample's IMPACT cluster raw score of 5 is at the 2%–24% percentile and in the Mild Impact range. Scores in the Mild Impact range suggest that Sample's emotional and behavioral issues have a limited impact on their educational performance. Students scoring in this range may show occasional signs of disengagement or difficulty concentrating, but these issues are not pervasive or significantly disruptive. They may have moments of distraction but generally manage to stay on task and perform well academically.

Recommendations

The EDDT Teacher Form ratings indicate some areas of concern. The following recommendations and classroom accommodations, which are based on the identified concerns, are designed to provide Sample with more specialized care and to address his emotional and psychological needs. These recommendations are intended to serve as suggestions or ideas that clinicians and caregivers can tailor to Sample in the school and home settings. General recommendations are provided to allow the school team to individualize as necessary depending on available local resources.

General

- Consider referring Sample to a mental health professional for comprehensive evaluation with the goal of creating a targeted behavioral plan that outlines targeted behaviors, goals, and consequences of those behaviors.
- Refer Sample to therapy or another skill-building activity to learn healthy ways of managing and coping with emotions that may be underlying the aggression and to learn problem-solving and communication skills that promote nonaggressive interactions with others.
- Consider referring Sample to a mental health professional for comprehensive evaluation with the goal of creating a targeted behavioral plan that outlines targeted behaviors, goals, and consequences of those behaviors.
- Consider referring Sample to intensive behavioral health services, such as multisystemic therapy; outcome research supports this type of intervention.
- Incorporate structured routines and goal-directed activities to promote engagement and reduce avoidance behaviors.
- Teach, model, and reinforce following adult directives.
- When Sample is dysregulated, coregulate with him to help him return to an emotional baseline before discussing the incident and problem-solving.
- Sample would likely benefit from learning conflict resolution skills to learn to communicate feelings and resolve conflicts peacefully.
- Introduce mindfulness-based stress reduction (e.g., deep breathing, progressive muscle relaxation) and provide structured opportunities to practice these skills.
- Provide opportunities for Sample to join structured peer activities or interest-based clubs to reduce isolation and build social skills.
- Provide natural and logical consequences by connecting consequences directly to behaviors, implementing consequences calmly and consistently, and focusing on teaching rather than punishment.

- To reduce emotional reactivity and increase self-management, teach Sample emotional coping strategies such as deep breathing techniques, mindfulness meditation, counting to calm down, and positive self-talk. Use direct instruction, calm-down cards, and breathing visual guides if needed.
- Provide consistent structure and follow-through at home and school, with clearly defined behavioral expectations and supports.
- Use a behavior chart or reward system to reinforce positive behaviors, paired with clear and consistent consequences for inappropriate behavior.
- Teach Sample emotional identification skills through the development or continued development of emotional vocabulary, feeling recognition, emotion journaling, and an emotions tracking chart.
- Help Sample develop a personalized coping plan or "feelings toolbox" to manage emotional states.
- Sample should be referred to a licensed mental health professional to evaluate for the presence of mood and/or anxiety disorders and make additional recommendations for treatment.
- Implement positive behavior support strategies, such as providing specific praise for desired behaviors and using behavior-specific feedback rather than general criticism.
- Refer Sample to a qualified mental health professional for targeted ADHD evaluation. It may be helpful to administer a measure such as the Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2), for intervention planning and support.
- Consider a cognitive–behavioral social skills program that includes emotion regulation, reframing negative thoughts, and practicing peer interactions.
- Implement crisis prevention and de-escalation strategies by recognizing early warning signs of emotional escalation, implementing individualized de-escalation strategies, and maintaining safety while preserving Sample's dignity.
- It is very important that Sample's display of symptoms consistent with possible psychosis be further evaluated and carefully monitored by school staff and outside providers.
- The severity of Sample's problems indicates a need for frequent consultation among caregivers, teachers, and the school psychologist.
- The severity of Sample's psychological problems indicates that adjustment and response to treatment should be very carefully monitored at school and at home so that modifications can be made expediently.
- Encourage role-playing and storytelling (real or fictional) to practice

perspective-taking and empathy.

- Given the severity of Sample's current difficulties, a more intensive therapy program may be necessary. For example, Sample may require a higher frequency of sessions, therapy in multiple environments (e.g., school and outpatient), and/or therapy modalities (e.g., individual therapy, family therapy, caregiver coaching).

School

- Sample does not meet ED criteria based on EDDT Teacher Form results. However, decisions on eligibility are never made on the results of one measure alone. Consider providing a thorough multidisciplinary evaluation to further examine learning and behavioral concerns and their roots to determine whether any special education classifications are appropriate for Sample. Results from the EDDT Teacher Form do not indicate whether a student meets special education eligibility under classifications other than ED. Eligibility is ultimately determined by the multidisciplinary team based on two-pronged criteria: the presence of a disability and an adverse educational impact requiring specially designed instruction.
- Given the score elevations on EDDT Teacher Form scales, further assessment of challenging behaviors through a functional behavioral assessment (FBA) will likely be helpful. FBAs help identify the function of challenging behaviors, whereas BIPs provide targeted interventions to address those behaviors. This approach ensures interventions match Sample's specific needs.
- If Sample does not respond to general education interventions, consider reconvening the school team to determine whether additional supports and services could be put in place to support the student. As part of this, discuss timing of potential reevaluation for special education eligibility.
- Sample may require immediate evaluation including a risk assessment to determine risk for potential harm to self and/or others. Schools should follow established crisis protocols. A safety plan may be indicated, and it is important to identify and share follow-up/treatment recommendations with Sample's caregivers and school staff. Sample and the caregivers should be provided with instructions to access suicide hotlines and crisis services. Close monitoring is recommended.
- It is recommended that Sample's school team work with a mental health professional and the family to ensure the safety plan is followed and that school is a supportive environment. Close monitoring is recommended to support Sample's safety.
- Sample may require immediate evaluation including a risk assessment to determine risk for potential harm to self and/or others. Schools should follow established crisis protocols. A safety plan may be indicated, and it is important to

identify and share follow-up/treatment recommendations with Sample's caregivers and school staff. Sample and the caregivers should be provided with instructions to access suicide hotlines and crisis services. Close monitoring is recommended.

- Consider providing Sample with age-appropriate information about death and the opportunity to ask a qualified person questions about this topic to help alleviate anxiety.
- School staff should establish strong communication among themselves, caregivers, and involved mental health professionals to relay Sample's progress related to targeted behaviors. Clear safety protocols ensuring the well-being of Sample and others should be in place.
- Refer Sample for evidence-based conflict resolution skills training to help him develop effective communication, emotional regulation, and problem-solving strategies. This training could incorporate cognitive behavior therapy (CBT) techniques, social–emotional learning (SEL), restorative practices, and role-play and modeling.
- If not already in place, consider a functional behavior assessment (FBA) to identify triggers, behaviors, and consequences, which helps define the function of the behavior, and develop targeted interventions specific to Sample's aggression.
- Provide frequent breaks. Schedule short breaks during testing or extensive periods of instruction to help with emotional regulation and sustained attention.
- Given Sample's reported academic difficulties, it may be helpful to screen academic functioning, provide any necessary academic accommodations or modifications, and monitor.
- Consider social-skills instruction.
- Supervise lunch groups to provide opportunities for practicing prosocial behaviors in a supportive setting.
- Teach structured attention strategies: breaking tasks into steps, using start/stop times, developing work plans, and implementing incentive systems.
- Incorporate self-monitoring tools. Teach Sample to track his own emotional states and behaviors using rating scales, emotion charts, or digital applications.
- Provide additional time for tests and assignments to accommodate Sample's processing needs.
- Incorporate interest-based learning into the curriculum. Connect academic content to Sample's interests to increase motivation and engagement while building on existing strengths.
- Incorporate self-monitoring tools. Teach Sample to track his own emotional states

and behaviors using rating scales, emotion charts, or digital applications.

- Teach cognitive reframing strategies to encourage balanced thinking and reduce emotional intensity. This can be accomplished through challenging negative thoughts, developing alternative perspective skills, and using positive affirmations.
- It is important that Sample identify his strengths and skills so he can use them to help build a prosocial behavioral repertoire and increase self-esteem. Focusing on possible vocational goals may be one way to approach this goal and may help them be more future-oriented. Vocational interest testing may help with this goal.
- Implement the 2×10 strategy, wherein an adult engages in a 2-minute personal (nonacademic) conversation with Sample each day for 10 consecutive school days to build rapport.
- Incorporating Sample's unique interests (e.g., soccer, animals) into the school day may help increase his interest and engagement. Examples include building these interests into class lessons, discussions, or assignments and making them a part of positive reinforcement for following class/schoolwide rules. Doing this may help Sample engage more successfully in class and school activities.
- Provide alternative response formats. For example, allow for oral responses, dictation to a scribe, or technology-assisted responses rather than traditional written formats.
- Include performance-based assessments. For example, use projects, demonstrations, or portfolios that allow Sample to show knowledge through strengths-based approaches rather than traditional testing.
- In addition to having an individualized behavior plan, Sample would likely be most successful if the classroom also includes a behavior management program (e.g., level system, positive behavior interventions and support [PBIS] program).
- Implement daily emotional check-ins using tools such as a mood meter or visual feeling scale.
- Encourage Sample to join an extracurricular group activity to help decrease social isolation and increase social skills. Sample may require additional support to engage in these activities. For example, he may benefit from an activity that is more structured and from knowing what to expect in advance. Extracurricular activities that take place at school may help to increase positive connections to school and offer opportunities for peer connections.
- To reduce test anxiety, consider alternative testing environments with fewer distractions, breaking tests into smaller sections administered over multiple days, or allowing for open-book or take-home options when appropriate.

- To reduce anxiety and improve self-regulation, teach stress management techniques through progressive muscle relaxation, guided imagery, and identifying personal triggers. Practice during low-stress times.
- Use video modeling. For example, use recorded demonstrations of appropriate social interactions and coping strategies that Sample can review independently.
- Provide a designated safe space. Create a quiet area within or near the classroom where Sample can go when feeling overwhelmed. This space should include comfort items, sensory tools, and calming activities.
- Employ strategic seating. Position Sample away from high-traffic areas and distractions while maintaining inclusion in the classroom community. Consider proximity to positive peer models and easy access to exits when needed.
- Teach Sample prosocial replacement behaviors that will result in positive peer attention. This may reduce Sample's attempts to get feedback through negative behavior.
- When possible, schedule classes with teachers who have a positive relationship or are likely to develop a strong rapport with Sample.
- Use digital organization tools to improve Sample's organization. Implement electronic calendars, task managers, and reminder systems to support executive functioning needs.
- Sample should have concrete but reduced work expectations with goals that he helps set. As improvement is made, gradually increase these goals.
- Consider self-regulation instruction.
- Implement digital tools that allow Sample to communicate emotional needs discreetly to teachers when verbal communication feels overwhelming.
- Sample should receive vocational guidance so that he can begin to relate school to his job future. He should be encouraged to participate in an after-school group activity to help decrease his social isolation.
- Allow alternative formats for presentations (e.g., recorded or one-on-one with the teacher) to reduce anxiety, especially if Sample is experiencing symptoms of psychosis.
- Provide multiple modes of instruction. Present information visually, auditorily, and kinesthetically to accommodate different learning preferences and maintain engagement.
- Use visual schedules and timers. Display clear, consistent daily routines with visual supports to increase predictability and reduce anxiety about transitions. Use timers to help with time management and prepare Sample for changes in activities.

- Monitor Sample's social interactions and behaviors systematically to determine whether interventions are helping Sample make friends.
- Provide social skills training. Structured instruction in appropriate social behaviors may help Sample develop peer relationships and navigate social situations. Programs typically include modeling, role-playing, feedback, and reinforcement of positive social interactions.
- Monitor Sample's adjustment and school progress until the current concerning pattern has improved.
- Schedule regular follow-up evaluations to monitor Sample's progress, assess the effectiveness of the interventions, and make any necessary adjustments to his treatment plan.
- Use evidence-based social–emotional learning (SEL) curricula (e.g., Zones of Regulation, cognitive behavioral therapy [CBT]-based supports, or dialectical behavior therapy [DBT]-informed strategies when age-appropriate).
- Involve Sample in a school-based after-school sports or activity program to increase his positive connection to school and offer opportunities for peer connections.

Home

- Teach coping skills through games and activities.
- Design calming spaces in the home by:
  a. Designating a low-stimulation area for de-escalation.
  b. Including sensory tools (e.g., weighted blankets, fidgets, noise-canceling headphones).
  c. Collaborating with Sample to personalize the space with preferred items.
- Promote emotional safety in the home by:
  a. Modeling appropriate emotional expression and regulation.
  b. Validating feelings while setting limits on behaviors.
  c. Maintaining calm responses during emotional escalations.
- Provide visual supports and schedules in the home. For example, use picture-based daily routines to increase predictability, employ visual emotion cards to help identify and express feelings, and include first-then boards to support transitions between activities.
- Refer Sample to an after-school program such as the Boys & Girls Club or a YMCA sports program. These activities may provide positive after-school experiences away from unhealthy activities.

- Establish predictable routines in the home by:
  a. Maintaining consistent daily schedules for meals, homework, and bedtime.
  b. Providing advance notice for transitions and changes.
  c. Creating visual schedules that can be referenced throughout the day.
- To improve behavior in the home, provide structured engagement in positive activities, incorporate gradual exposure to challenging situations, and allow for opportunities for the development of mastery and pleasure in daily activities.
- Encourage Sample and his caregiver(s) to participate in family therapy sessions to enhance communication, understanding, and support within the family system.
- If Sample has a smartphone, recommend downloading an emotional regulation app like Calm, Headspace, or Zones of Regulation that teaches mindfulness, breathing techniques, and emotional awareness.
- Seek professional support to improve family communication. Suggested activities include structured family meetings with clear communication guidelines, active listening techniques for caregivers and teens, and negotiation and compromise strategies for household rules.
- Focus on collaborative problem solving. For example, provide a structured approach to resolving conflicts and challenging behaviors, focus on understanding Sample's perspective before problem-solving, and teach flexibility and compromise through guided practice.
- Sample may benefit from supported informal social skills opportunities with peers. For instance, Sample's caregivers could help arrange get-togethers for him with peers outside of school. Given Sample's difficulties with social skills, these activities should be fairly structured and time-limited (e.g., less than two hours). Sample should be given some control over this activity by being asked to name three peers he may want to know better. Caregivers should praise Sample for his efforts to make the encounters succeed.
- Refer Sample's family to parent–child interaction therapy (PCIT) with a focus on live coaching of caregivers during interactions with their child, providing positive reinforcement and consistent discipline, and enhancing attachment and communication patterns.
- Consider referring Sample to a psychiatrist for a comprehensive psychiatric evaluation for diagnostic clarification and/or to explore the possibility of pharmacological intervention if deemed appropriate.
- Sample's caregivers should connect with caregiver support groups (in-person or online) to provide support for his difficulties.
- Sample's caregivers should develop respite care arrangements with trusted

individuals.

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