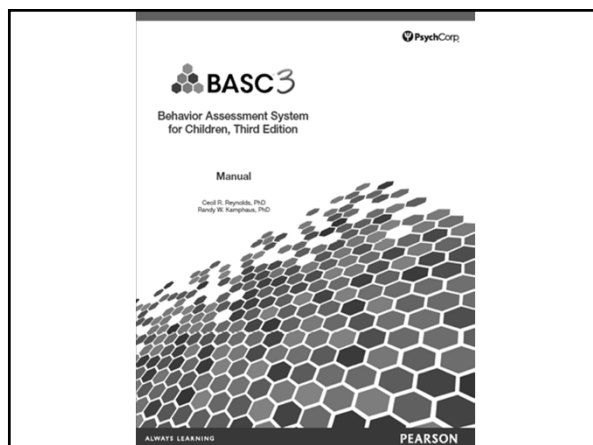




Development and Applications of the
BASC-3 Family of Assessments

Cecil R. Reynolds, PhD
Texas A&M University

Please adjust your cell phones



Session Learning Objectives

1. Attendees will be able to describe the BASC-3 components and how they are used in a comprehensive behavioral and emotional evaluation of a child.
2. Attendees will be able to describe the content of the scales and items included in the BASC-3 TRS, PRS, SRP, and PRQ.
3. Attendees will be able to evaluate the psychometric properties (including norm sample characteristics and score reliability) of the BASC-3 TRS, PRS, SRP, and PRQ.
4. Attendees will understand administration and reporting options for BASC-3 components.
5. Attendees will become familiar with use of the BASC-2 Flex Monitor.
6. Attendees will understand the relationship of BASC-3 to promotion of positive mental health outcomes in a Tiered service delivery model and links to evidence-based interventions.

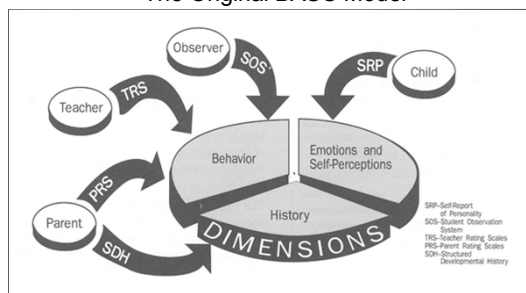
Conflict of Interest Notice

I am the author of the BASC-3, the scale that will be emphasized in today's training. While I view my comments and opinions as expressed to be accurate, you should judge the facts and materials for yourself and make an independent decision regarding your choice of diagnostic and related techniques.

What is the BASC-3?

A Multidimensional, Multimethod approach to assessing child and adolescent EBDs.

The Original BASC Model



What have we added to this Model?

- The PRQ--Parenting Relationship Questionnaire—was added to the BASC model to enhance our understanding of the child-parent interaction.
- Behavioral and Emotional Screening System: BESS.
- The Flex Monitor and Fixed Monitoring Forms.
- Links to, and materials for, verified effective interventions.

The American Academy of Pediatrics Report on Diagnosis of ADHD

In 2000, the American Academy of Pediatrics (AAP) released a preview of their subsequent report on diagnosis of ADHD (AAP Committee on Quality Improvement, 2000). Noting that ADHD is a common problem and becoming increasingly a controversial one, the AAP (2000) recommended broad diagnostic work that is largely behaviorally based.

AAP recommended that...

- The assessment of ADHD should include information obtained directly from parents or caregivers, as well as a classroom teacher or other school professional, regarding the core symptoms of ADHD in various settings, the age of onset, duration of symptoms and degree of functional impairment.
- Evaluation of a child with ADHD should also include assessment for co-existing conditions: learning and language problems, aggression, disruptive behavior, depression or anxiety. As many as one-third of children diagnosed with ADHD also have a **co-existing condition**.

Broad-band assessment is necessary for accurate diagnosis

In making these recommendations, the AAP appears to recognize the need, as we do and as others have noted (e.g., Goldstein, 1999), for a broad-based assessment of the behavior and affect of children suspected of having ADHD.

Why is this important at the onset of a presentation on diagnosis and understanding of behavioral and emotional problems with the BASC-3?

AAP recommended...

- The assessment of ADHD should include information obtained directly from parents or caregivers, as well as a classroom teacher or other school professional, regarding the core symptoms of ADHD in various settings, the age of onset, duration of symptoms and degree of functional impairment
- Evaluation of a child with ADHD should also include assessment for co-existing conditions: learning and language problems, aggression, disruptive behavior, depression or anxiety. As many as one-third of children diagnosed with ADHD also have a co-existing condition.

These recommendations essentially apply to all diagnoses of childhood psychopathology.

These recommendations apply not just to DSM diagnoses

The criteria for categorization of a student as emotionally disturbed under IDEIA requires that we look broadly at children, the context of their behavior, and its acuteness/chronicity—its history.

H.R. 1350

Individuals with Disabilities Education Improvement Act of 2004 (IDEIA)

- Defines
 - Child with a disability—changes in some categories
 - Emotional disturbance—remains essentially intact

Child with a disability

- In general-The term ‘child with a disability’ means a child
 - With mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), **serious emotional disturbance (referred to in this title as ‘emotional disturbance’)**, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities.
 - Who, by reason thereof, needs special education and related services.

Emotional disturbance

- The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors;
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - Inappropriate types of behavior or feelings under normal circumstances;
 - A general pervasive mood of unhappiness or depression;
 - A tendency to develop physical symptoms or fears associated with personal or school problems;
- The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Social Maladjustment

- “...there is a final, perhaps fatal flaw in this practice. The “Achilles heel” in this regard may be the problem of co-occurrence or comorbidity...” (p. 903)
- Comorbidities are common in childhood psychopathology and being socially maladjusted does not make one immune from EBDs.

Merrell, K.W., & Walker, H.M. (2004). Deconstructing a definition: Social maladjustment versus emotional disturbance and moving the EBD field forward. *Psychology in the Schools*, 41, 899-910.

Social Maladjustment Profiles on the PRS/TRS

- Aggression
 - Hyperactivity All \geq T of 60
 - Conduct Pxs
- Concurrent With
- Anxiety
 - Depression Both < 60
 - Adaptive Composite <45

Also consider Sensation Seeking on the SRP.
Often \geq 60 in SM.

The presence of social maladjustment does not grant any form of immunity from Emotional Disturbance as defined in IDEIA

- ▶ Yes—you can have SM and ED
- ▶ Yes—you can have a substance abuse Dx and ED
- ▶ Yes—you can have most any diagnosis and ED. There are no known immunizing disorders.

Does ED Affect Academic Performance?

In more ways than we anticipate.

Not only do students diagnosed with ED in the schools have lower overall levels of academic attainment on nationally standardized tests, but also on “high stakes tests,” and, they also do not invoke learning strategies or plans when they are in academic environments and express lower overall levels of academic motivation and satisfaction with teachers and schooling.

Correlations Between SMALSI-Child Scores and Behavior Assessment System for Children (BASC) Scores

BASC scale	Study	SMALSI scale				
		Student Strengths				
		Notes	Read	Write	Test	Time/Org
Attitude to School	-.40	-.71	-.60	-.55	-.45	-.51
Attitude to Teachers	-.22	-.52	-.26	-.20	-.28	-.19
Atypicality	-.24	-.49	-.35	-.28	-.44	-.10
Locus of Control	-.18	-.39	-.23	-.26	-.44	-.01
Social Stress	.01	-.24	-.15	-.11	-.26	.14
Anxiety	.22	-.08	.06	-.02	-.08	.23
Depression	-.33	-.50	-.26	-.45	-.53	-.10
Sense of Inadequacy	-.18	-.52	-.21	-.47	-.34	-.22
Relations W/Parents	.12	.22	.19	.18	.18	-.11
Interpersonal Relations	-.03	.22	.08	.37	.11	.04
Self-Esteem	.05	.29	.05	.41	.19	-.11
Self-Reliance	.30	.59	.47	.51	.37	.27
School Maladjustment	-.33	-.66	-.45	-.40	-.40	-.37
Clinical Maladjustment	-.04	-.33	-.18	-.19	-.34	.08
Personal Adjustment	.15	.42	.26	.46	.28	.02
Emotional Symptoms	-.07	-.38	-.14	-.36	-.31	.03

Correlations Between SMALSI-Child Scores and Behavior Assessment System for Children (BASC) Scores

BASC scale	SMALSI scale		
	Student Liabilities		
	Low Motivation	Test Anxiety	Conc/Attention
Attitude to School	.72	.41	.60
Attitude to Teachers	.81	.25	.79
Atypicality	.43	.34	.61
Locus of Control	.44	.66	.68
Social Stress	.30	.45	.50
Anxiety	.16	.61	.48
Depression	.53	.63	.62
Sense of Inadequacy	.63	.65	.62
Relations With Parents	-.36	-.27	-.44
Interpersonal Relations	-.29	-.35	-.25
Self-Esteem	-.21	-.64	-.31
Self-Reliance	-.62	-.41	-.54
School Maladjustment	.83	.35	.76
Clinical Maladjustment	.36	.57	.62
Personal Adjustment	-.46	-.55	-.49
Emotional Symptoms Index	.43	.68	.57

Poor Academic Outcomes Associated with Presence of an EBD or High Risk

- **Lower grades and poor attendance rates** (Suldo, Thalji, & Ferron, 2011),
- **Greater incidence of adolescent smoking** (Lewis et al., 2011), **and illicit substance use** (Goodman, 2010), and **alcohol**.
- More **mental health disorders in early adulthood** (Johnson, Cohen, & Kasen, 2009; Kinnunen, Laukkanen, & Kyla, 2009).
- **More than half** of all students identified as having significant emotional or behavioral problems **drop out**, and of those that remain in school only about 42% graduate with a diploma (Bradley et al., 2008).
- **Only 20%** of students in special education with emotional and behavioral disorders pursue any type of **post-secondary education** (Wagner, Kutash, Duchnowski, & Epstein, 2005).

Many researchers have told us for decades

- Students with EBD have been and continue to be characteristically unsuccessful in gaining the skills necessary to achieve and have negative school and life outcomes (Kazdin, 1981; Patterson, DeBaryshe, & Ramsey, 1989)
- Students with EBD consistently achieve below expectations (Epstein, Kinder, & Bursuck, 1989) are “academically deficient” and almost none perform above grade or age level (Trout, Nordess, Pierce, & Epstein, 2003, p. 204)
- We must look to prevention and early intervention to be maximally successful—this requires screening for early identification and evidence-based interventions for those who are at risk or already affected.

What we have recommended with BASC-3 for Diagnosis

- Assess core constructs/symptoms (DSM V) and severity (rating scales, SRP).
- Assess age of onset (history), developmental course (history), and multiple contexts (history, observations-SOS, and rating scales).
- Rule out alternative causes (history and rating scales).
- Rule in comorbidities (history, DSM V, IDEIA, and rating scales).
- Evaluate social maladjustment—a student can be ED and have social maladjustment.

BASC-3 Diagnostic Components

All Are Available via Paper and Q-Global/Digital

All Forms Except TRS are Available in English and Spanish

- **SDH: The Structured-Developmental History**
All ages
- **SOS: Student Observation System**
All ages
- **SRP: Self-report of Personality**
SRP-I SRP-C SRP-A SRP-COL
Ages 6-7 Ages 8-11 Ages 12-21 Ages 18-25
- **PRS: Parent Rating Scales**
PRS-P PRS-C PRS-A
Ages 2-5 Ages 6-11 Ages 12-21
- **TRS: Teacher Rating Scales**
TRS-P TRS-C TRS-A
Ages 2-5 Ages 6-11 Ages 12-21
- **PRQ: Parenting Relationship Questionnaire**
Ages 2-18

BASC-3 Administration and Reporting Options

Paper	Digital
<ul style="list-style-type: none"> One record form to replace hand scoring, computer entry and scanned forms. Separate worksheets for manual scoring. 	<ul style="list-style-type: none"> Pay per reports (Includes on-screen administration, scoring and reporting.) Unlimited Scoring Subscriptions (Includes scoring and reporting. Does not include on-screen administration.)

Options		
Hand Scoring	Hybrid	All Digital
<ul style="list-style-type: none"> Administration: Paper Scoring & Reporting: Paper 	<ul style="list-style-type: none"> Administration: Paper Scoring & Reporting: Q-g unlimited subscription 	<ul style="list-style-type: none"> Administration: Q-g Scoring & Reporting: Q-g

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Q-global And The BASC-3

Q-global is a secure, online, web-based system used to administer and score the TRS, PRS, SRP, SDH, and SOS forms.

Administration of the TRS, PRS, and the SDH can be done remotely by sending an email to the respondent containing a web link needed to complete the form (Internet access is required to complete the forms). When completed remotely, the person sending the email to the rater will receive an email indicating the form is complete.

The TRS, PRS, SRP, SDH, and SOS also can be administered via an on-screen assessment that is initiated in the Q-global system (e.g., at a school or in a clinician's office). All completed forms are available for immediate scoring and reporting. Responses from paper forms can be entered into Q-global for online scoring and reporting. Unlimited use for scoring and reporting licenses are available in single year and multiyear plans or users may opt for per use licensing.

BASC-3 Q-Global Report Features

- **Validity Indexes**
- **Clinical and Adaptive Scales**
- **Content Scales**
- **Clinical Probability Indexes**
- **Executive Functioning Indexes**
- **Validity Index Item Lists**
- **Clinical And Adaptive Scale Narratives**
- **Content Scale Narratives**
- **Target Behaviors For Intervention**
- **Critical Items**
- **DSM-5 Diagnostic Considerations**
- **Item By Scale**
- **Item Responses**

Advanced Clinical Section

- Validity Index Narratives
- Clinical Summary
- DSM-5 Diagnostic Criteria

Report Options for BASC-3 Q-Global

Include Report Options <input checked="" type="checkbox"/> Use Examinee Name Clinical and Adaptive Scales <input checked="" type="checkbox"/> Validity Index Summary Table <input checked="" type="checkbox"/> T Score Profile (Composites and Scales) <input checked="" type="checkbox"/> Score Tables (Composites and Scales) <input checked="" type="checkbox"/> Validity Index Narratives and Item Lists <input checked="" type="checkbox"/> Narratives (Composites and Scales) <input checked="" type="checkbox"/> Intervention Recommendations <input checked="" type="checkbox"/> Content Scales and Indexes <input checked="" type="checkbox"/> T Score Profile <input checked="" type="checkbox"/> Score Tables <input checked="" type="checkbox"/> Content Scale Narratives <input checked="" type="checkbox"/> Clinical Summary Narratives <input checked="" type="checkbox"/> DSM-5 Diagnostic Considerations <input checked="" type="checkbox"/> Target Behaviors for Intervention <input checked="" type="checkbox"/> Critical Items <input checked="" type="checkbox"/> Items by Scale/Index <input checked="" type="checkbox"/> Clinical and Adaptive Scales <input checked="" type="checkbox"/> Content Scales and Indexes <input checked="" type="checkbox"/> Item Responses	Select Confidence Level <input type="radio"/> 68% <input checked="" type="radio"/> 90% <input type="radio"/> 95%
	Select Primary Norm Group <input checked="" type="radio"/> General Combined <input type="radio"/> General Gender-Specific <input type="radio"/> Clinical Combined <input type="radio"/> Clinical Gender-Specific <input type="radio"/> ADHD Combined <input type="radio"/> ADHD Gender-Specific
	Select up to four additional Norm Groups for Comparison <input checked="" type="checkbox"/> General Combined <input type="checkbox"/> General Gender-Specific <input checked="" type="checkbox"/> Clinical Combined <input type="checkbox"/> Clinical Gender-Specific <input type="checkbox"/> ADHD Combined <input checked="" type="checkbox"/> ADHD Gender-Specific

Six Major Goals of All BASC Versions

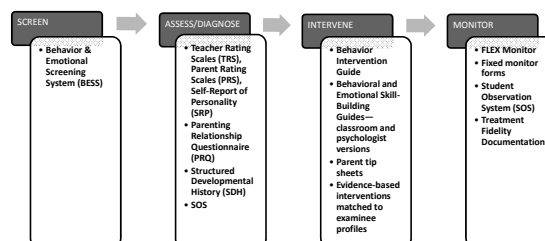
1. To facilitate accurate differential diagnosis of emotional and behavioral problems in the 2-21 age range.
2. To facilitate accurate determination of eligibility for participation in Federally reimbursed programs under IDEA with an emphasis on ED classification.
3. To aid in the design of effective treatment and intervention plans.
4. To bring together traditional, tried and true concepts, with new constructs and ideas on diagnosis.
5. To provide continuity of assessment across the entire school-age range for both clinical and research purposes.
6. To highlight emotional and behavioral strengths, the positive side of behavior, not just problem behavior.

BASC-3 Revision Goals

Improvement in All Spheres

- Maintain measurement integrity and quality.
- Improve integration of components.
- Improve item content, scale reliability, and score inference validity.
- Offer new content scales without lengthening the rating scales significantly.
- Enhance flexibility of administration and reporting options.
- Enhance progress monitoring.
- Enhance links to and implementation of verified intervention strategies.

The Final Goal: Comprehensive Diagnostics and Behavior Management With



Development of the BASC-3

- Theoretical and empirical basis for scale development.
- Structural Equation Modeling (SEM) approach implemented.
- Combination of existing and new items used.
- All of these methods were applied to the English and the Spanish forms.

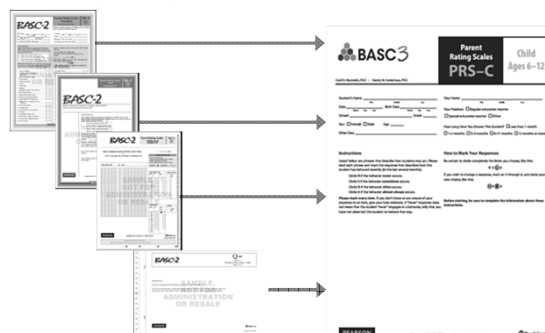
Development of PRS and SRP Spanish Forms

- Firm experienced in translating psychological tests completed initial translation of all existing items. New items evaluated and back-translated by in-house staff.
- Bilingual psychologists from across US reviewed the materials.
- Additional rounds of changes made to come up with standardization item sets.
- Psychometric properties of Spanish items were evaluated prior to making final item selections.


TRS, PRS, and SRP – What's New?

- On average, across the TRS and PRS forms, 32% new items.
- Each content scale now includes a few items that are unique to the scale.
- Significant addition to Executive Functioning items and coverage based on research by Dr. Mauricio A. Garcia-Barrera of the University of Victoria, BC, Canada.
 - 4 new subscales (software only): Problem Solving, Attentional Control, Behavioral Control, and Emotional Control
- Significant addition of Developmental Social Disorder items.


TRS, PRS, and SRP – What's New?




TRS, PRS, and SRP – What's New?




Page 1



Page 2



Page 4



Page 3

- Hand Score Worksheet replaces carbonless forms
- 4 page, 11x17 folded sheet
- Transfer responses to worksheet
- Sum responses and look up T scores, similar to existing forms

BASC-3 Scale Types

Scale Type	Description
Clinical	Measure maladaptive behaviors, where high scores indicate problematic levels of functioning. Items are unique to a Clinical or Adaptive scale.
Adaptive	Measure adaptive behaviors or behavioral strengths, where low scores indicate possible problem areas. Items are unique to a Clinical or Adaptive scale.
Content	Measure maladaptive or adaptive behaviors; are comprised of a few unique items along with items from other Clinical or Adaptive scales.
Composite	Comprised of scale groupings that are based on theory and factor analytic results.
Probability Indexes (NEW)	Empirically derived scales comprised of items from other scales that were selected based on their ability to differentiate those with and without behavioral or emotional functioning diagnosis or classification.

TRS/PRS Clinical Scales

Clinical Scale	Description
Aggression	The tendency to act in a hostile manner (either verbal or physical) that is threatening to others about real or imagined problems
Anxiety	The tendency to be nervous, fearful, or worried
Attention Problems	The tendency to be easily distracted and unable to concentrate more than momentarily
Atypicality	The tendency to behave in ways that are considered "odd" or commonly associated with psychosis
Conduct Problems	The tendency to engage in antisocial and rule-breaking behavior, including destroying property
Depression	Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide
Hyperactivity	The tendency to be overly active, rush through work or activities, and act without thinking
Learning Problems	The presence of academic difficulties, particularly understanding or completing homework
Somatization	The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts
Withdrawal	The tendency to evade others to avoid social contact

BASC-3 TRS and PRS Sample Clinical Scale Items

- | | |
|--|---|
| <ul style="list-style-type: none"> Hyperactivity
Acts without thinking
<i>Is in constant motion</i> Aggression
Bullies others
<i>Manipulates others</i> Conduct Problems
Disobeys
<i>Hurts others on purpose</i> | <ul style="list-style-type: none"> Anxiety
Is fearful
<i>Has trouble making decisions</i> Depression
Is negative about things
<i>Says, "I can't do anything right"</i> Somatization
Is afraid of getting sick
<i>Cxs of physical problems</i> |
|--|---|

BASC-3 TRS and PRS Sample Clinical Scale Items

- | | |
|--|--|
| <ul style="list-style-type: none"> Attention Problems
Has short attention span
<i>Has trouble concentrating</i> Learning Problems
Gets failing school grades
<i>Demonstrates critical thinking skills</i> Atypicality
Seems out of touch with reality
<i>Acts as if other children are not there</i> | <ul style="list-style-type: none"> Withdrawal
Is fearful
<i>Has trouble making decisions</i> |
|--|--|

Adaptive Scales

Adaptive Scale	Description
Activities of Daily Living	The skills associated with performing basic, everyday tasks in an acceptable and safe manner
Adaptability	The ability to adapt readily to changes in the environment
Functional Communication	The ability to express ideas and communicate in a way others can easily understand
Leadership	The skills associated with accomplishing academic, social, or community goals, including the ability to work with others
Social Skills	The skills necessary for interacting successfully with peers and adults in home, school, and community settings
Study Skills	The skills that are conducive to strong academic performance, including organizational skills and good study habits

BASC–3 TRS and PRS Adaptive Scale Sample Items

- **Activities of Daily Living**
Organizes chores or other tasks well
Makes healthy food choices
- **Adaptability**
Adjusts well to changes in plans
Accepts things as they are
- **Social Skills**
Shows interest in others' ideas
Accepts people who are different from his or her self

BASC–3 TRS and PRS Adaptive Scale Sample Items

- **Leadership**
Is usually chosen as leader
Is highly motivated to succeed
- **Study Skills**
Completes homework
Stays on task
- **Functional Communication**
Responds appropriately when asked a question
Starts conversations

TRS/PRS Content Scales

Content Scale	Description
Anger Control	The tendency to become irritated and/or angry quickly and impulsively, coupled with an inability to regulate affect and self-control
Bullying	The tendency to be intrusive, cruel, threatening, or forceful to get what is wanted through manipulation or coercion
Developmental Social Disorders	The tendency to display behaviors characterized by deficits in social skills, communication, interests, and activities; such behaviors may include self-stimulation, withdrawal, and inappropriate socialization
Emotional Self-Control	The ability to regulate one's affect and emotions in response to environmental changes
Executive Functioning	The ability to control behavior by planning, anticipating, inhibiting, or maintaining goal-directed activity, and by reacting appropriately to environmental feedback in a purposeful, meaningful way
Negative Emotionality	The tendency to react in an overly negative way and to any changes in everyday activities or routines
Resiliency	The ability to access both internal and external support systems to alleviate stress and overcome adversity

BASC–3 TRS and PRS New Content Scale Only Items

- **Anger Control**
Loses control when angry
Gets angry easily
- **Bullying**
Tells lies about others
Puts others down
- **Developmental Social Disorders**
Avoids eye contact
Engages in repetitive movements

BASC–3 TRS and PRS New Content Scale Only Items

- **Emotional Self Control**
Is overly emotional
Overreacts to stressful situations
- **Executive Functioning**
Plans well
Breaks large problems into smaller steps
- **Negative Emotionality**
Reacts negatively
Finds fault with everything
- **Resiliency**
Finds ways to solve problems
Is resilient

TRS/PRS Composite Scales

	Externalizing Problems	Internalizing Problems	School Problems	Adaptive Skills	Behavioral Symptoms Index
TRS-P	Hyperactivity Aggression	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
TRS-C, TRS-A	Hyperactivity Aggression Conduct Problems	Anxiety Depression Somatization	Learning Problems Attention Problems	Adaptability Social Skills Functional Communication Leadership Study Skills	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
PRS-P	Hyperactivity Aggression	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication Activities of Daily Living	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
PRS-C, PRS-A	Hyperactivity Aggression Conduct Problems	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication Leadership Activities of Daily Living	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal

TRS and PRS Validity Indexes

- F Index
- Consistency Index
- Number of Omitted/Unscorable Item
- Patterned Responses

Clinical Probability Indexes – New!

	Teacher Rating Scale			Parent Rating Scale		
	P 2-5	C 6-11	A 12-21	P 2-5	C 6-11	A 12-21
Index						
ADHD Probability		*	*		*	*
Emotional Behavior Disorder Probability		*	*		*	*
Autism Probability		*	*		*	*
Functional Impairment	*	*	*	*	*	*
General Clinical Probability	*			*		

BASC-3 Probability Indexes

Clinical Probability Index

- Children with elevated scores on this index likely present with a variety of behavioral challenges that may include an inability to adjust well to change and pay attention, a propensity to do or say unusual things, problems with behavioral and/or emotional regulation, and difficulty maintaining appropriate social relationships.

EBD Probability Index

- Children who present with elevated scores on this index likely exhibit a variety of behaviors that are disruptive, unusual, or antisocial, resulting in strained relationships with both adults and peers. In addition, they may display a range of negative emotions including anger, pessimism, and sadness.

Autism Probability Index

- Children who present with elevated scores on this index likely exhibit a variety of behaviors that are unusual and experience problems with developing and maintaining social relationships.

BASC-3 Probability Indexes, cont.

• ADHD Probability Index

Children who present with elevated scores on this index likely experience problems that will adversely affect their academic performance, such as difficulty focusing or maintaining attention, inability to organize tasks effectively, difficulty making decisions, or difficulty moderating their own activity level.

• Functional Impairment Index

Indicates the level of difficulty a child has engaging in successful or appropriate behavior across a variety of interactions with others, performing age-appropriate tasks, regulating mood, and performing school-related tasks.

Executive Functioning Indexes New to BASC-3 TRS and PRS

- Problem Solving Index
- Attentional Control Index
- Behavioral Control Index
- Emotional Control Index
- Overall Executive Functioning Index

BASC-3 Self-Report of Personality Scales

Scale	Child	Adolescent	College
Composite Scales			
Emotional Symptoms	*	*	*
Inattention/Hyperactivity	*	*	*
Internalizing Problems	*	*	*
Personal Adjustment	*	*	*
School Problems	*	*	*
Clinical and Adaptive Scales			
Alcohol Abuse			*
Anxiety	*	*	*
Attention Problems	*	*	*
Attitude to School	*	*	*
Attitude to Teachers	*	*	*
Atypicality	*	*	*
Depression	*	*	*
Hyperactivity	*	*	*
Interpersonal Relations	*	*	*
Locus of Control	*	*	*
Relations with Parents	*	*	*
School Maladjustment			*

BASC-3 Self-Report of Personality Scales, *continued*

Scale	Child	Adolescent	College
Clinical and Adaptive Scales			
Self-Esteem	•	•	•
Self-Reliance	•	•	•
Sensation Seeking		•	•
Sense of Inadequacy	•	•	•
Social Stress	•	•	•
Somatization		•	•
Content Scales			
Anger Control		•	•
Ego Strength		•	•
Mania		•	•
Test Anxiety		•	•
Clinical Index			
Functional Impairment Index	•	•	
SRP-Interview Form			
Total Score		•	

BASC-3 SRP Clinical Scale Sample Items

- **Attitude to School**
School is boring
I feel safe at school
- **Attitude to Teachers**
My teacher is proud of me
I like my teacher
- **Sensation Seeking**
I dare others to do things
I like to take risks
- **Atypicality**
I see weird things
People think I'm strange
- **Locus of Control**
I am blamed for things I don't do
I never get my way
- **Social Stress**
I am lonely
Other people seem to ignore me

BASC-3 SRP Clinical Scale Sample Items

- **Anxiety**
Little things bother me
I feel stressed
- **Depression**
I just don't care anymore
I feel lonely
- **Sense of Inadequacy**
I fail at things
Doing my best is never good enough
- **Somatization**
I get sick more than others
I am in pain
- **Attention Problems**
I have attention problems
I forget to do things
- **Hyperactivity**
I have trouble sitting still
People tell me to slow down

BASC-3 SRP Clinical Scale Sample Items – College Only

- **Alcohol Abuse**
I drink alcohol to feel better
I drink alcohol when I am bored
- **School Maladjustment**
I am tired of going to school
I worry about being able to complete my school degree

BASC-3 SRP Adaptive Scale Sample Items

- **Relations with Parents**
My parents are proud of me
I like my parents
- **Interpersonal Relations**
I feel that nobody likes me
I have a hard time making friends
- **Self-Reliance**
I am dependable
Others ask me to help them
- **Self-Esteem**
I wish I were different
I'm happy with who I am

BASC-3 SRP Scales

Clinical Indexes now included in same manual tables.

Composites

- School Problems (C, A)
- Internalizing Problems
- Inattention/Hyperactivity
- Emotional Symptoms Index
- Personal Adjustment
- **Content Scales (A, COL)**
 - Anger Control
 - Ego Strength
 - Mania
 - Test Anxiety

Clinical Indexes

- Functional Impairment Index (Not on child level)

BASC-3 SRP New Content Only Scale Items

- **Anger Control**
I get angry easily
I yell when I get angry
- **Test Anxiety**
Tests make me nervous
I do well on tests
- **Ego Strength**
I'm a good person
I accept myself for who I am
- **Mania**
My thoughts keep me awake at night

SRP Content Scales and Clinical Index

Scale Type	Description
Anger Control	The tendency to become irritated and angry quickly and impulsively, coupled with an inability to regulate affect and control during such periods
Ego Strength	The expression of a strong sense of one's identity and overall emotional competence, including feelings of self-awareness, self-acceptance, and perception of one's social support network
Mania	The tendency to experience extended periods of heightened arousal, excessive activity (at times with an obsessive focus), and rapid idea generation without the presence of normal fatigue
Test Anxiety	The tendency to experience irrational worry and fear of taking routine structured school tests of aptitude or academic skills regardless of the degree of preparation or study or confidence in one's knowledge of the content to be covered
Functional Impairment Index	Indicates the level of difficulty an examinee has engaging in successful or appropriate behavior across a variety of interactions with others, performing age-appropriate tasks, regulating mood, and performing school-related tasks.

SRP Validity Indexes

- **F Index:** The F Index is a measure of the respondent's tendency to be excessively negative about, self-perceptions or emotions.
- **L Index:** The L Index on the SRP measures the child's tendency to give an extremely positive picture of himself or herself—what might be called “faking good.” The index consists of items that are unrealistically positive statements (such as “I tell the truth every single time.”) or are mildly self-critical statements that most people would endorse (such as “I have some bad habits.”).
- **V Index:** Each level of the SRP includes a V Index made up of three or four nonsensical or highly implausible statements (such as “I drink 50 glasses of milk every day.”). The V Index serves as a basic check on the validity of the SRP scores. If a respondent agrees (i.e., answers *True, Often, or Almost always*) with several of these statements, the SRP may be invalid.
- **Additional Indexes of Validity Available With BASC-3 Digital Scoring**

Reports generated using Q-global offer additional indexes of validity not available to users of the hand-scoring worksheets. The **Consistency Index** flags cases in which the respondent has given different responses to items that usually are answered similarly. The **Response Pattern Index** detects two types of response patterning: repeated and cyclical. Both the Consistency Index and Response Pattern Index are available for the TRS, PRS, and SRP forms.

BASC-3 Scale and Composite Score Classification

Classification		T-Score Range
Adaptive Scales	Clinical Scales	
Very high	Clinically Significant	70 and Above
High	At-Risk	60-69
Average	Average	41-59
At-Risk	Low	31-40
Clinically Significant	Very Low	30 and below

Impairment and Diagnosis – Guidelines

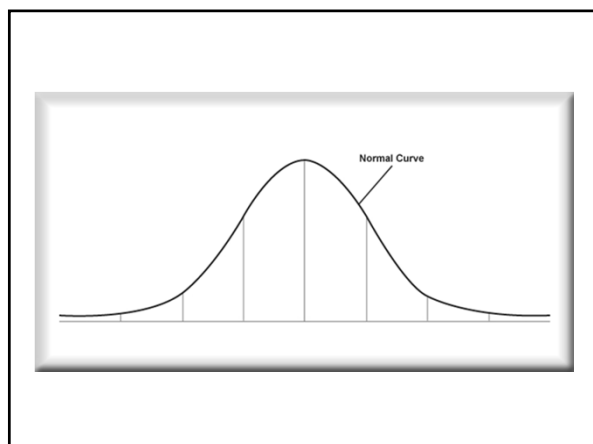
- 70+ Functional impairment in multiple settings, Typically a diagnosable condition (Reynolds & Kamphaus, 2004)
- 60-69 Functional impairment in one or more settings, sometimes diagnosable condition (Ostrander, et al., 1998, Reynolds & Kamphaus, 2004, 1992). ADHD often diagnosed at lower scores.
- 45-59 No functional impairment or condition
- <45 Notable lack of symptomatology

Linear v. Nonlinear Scaling

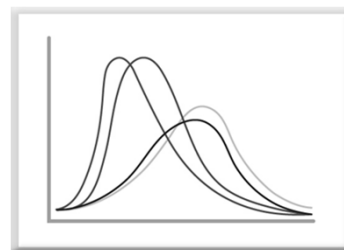
Why does it matter??

How we scale influences the frequency of diagnoses of different disorders.

If all behavioral and emotional problems occurred with the same frequency, we would want to make all score distributions equivalent—they do not, and we should not.



Score distributions for Depression, Anxiety, Aggression, and Atypicality



BASC-3 DEVELOPMENT & STANDARDIZATION INFORMATION

Development of the BASC-3

- Items selected based on:
 - Standardized item loading in SEM analyses in English and Spanish
 - Item-total correlation
 - Item bias statistics
 - Construct relevance
 - Clinical groups discrimination
- General normative sample was be stratified by:
 - Sex by race/ethnicity
 - Sex by region
 - Sex by mother's education level

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General Norm Sample Sizes: TRS/PRS

Form	Ages	Total N
TRS-P	2-3	200
	4-5	300
TRS-C	6-7	300
	8-11	300
TRS-A	12-14	300
	15-18	300

Form	Ages	Total N
PRS-P	2-3	300
	4-5	300
PRS-C	6-7	300
	8-11	300
PRS-A	12-14	300
	15-18	300

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General Norm Sample Sizes: SRP

Form	Ages	Total N
SRP-I	6-7	300
SRP-C	8-11	300
SRP-A	12-14	300
	15-18	300
SRP-Col	18-25	300

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BASC-3 Standardization Sites Map



TRS Reliabilities: Mean & Range of Primary Scales

Level	Alpha
P	.86 (.77-.93)
C	.89 (.81-.94)
A	.90 (.83-.96)

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PRS Reliabilities: Mean & Range of Primary Scales

Level	Alpha
P	.84 (.76-.90)
C	.86 (.79-.92)
A	.89 (.82-.93)

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SRP Reliabilities: Mean & Range of Primary Scales

Level	Alpha
C	.81 (.73-.87)
A	.84 (.71-.91)
Col	.85 (.78-.93)

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Choosing the Right Norms

- BASC-3 Offers
 - Same Sex Normative Tables (male, female)
 - Combined Gender Normative Tables (male + female)
 - ADHD and General Clinical Norm Groups

All are presented by age level

What are norms?

- Commonly misunderstood and misapplied.
- Norms are simply reference groups (and I wish we would rename them as such in our official nomenclature—"standardization sample" is an even worse characterization!).
- Different reference groups answer different questions.

Choosing Norms: Asking Qs

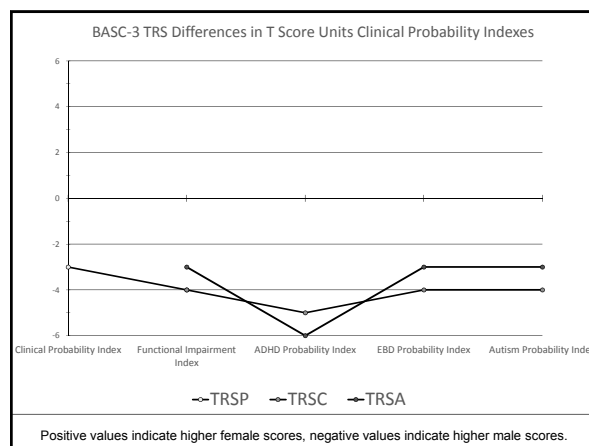
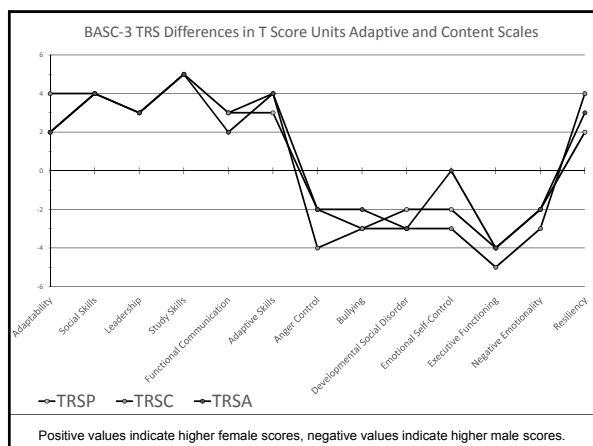
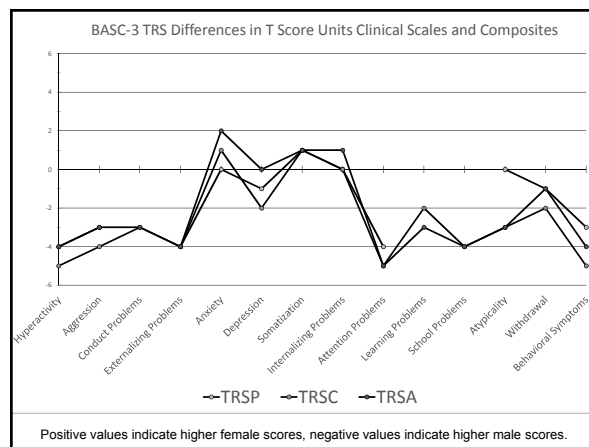
- General National Norms-Does Rob have problems with depression relative to other children his age?
- Sex-based Norms-how does Michelle's hyperactivity compare to that of other girls?
- Clinical Norms-How severe is Natalie's psychoticism in comparison to other children diagnosed with mental health disorders of childhood, including EBDs?
- ADHD Norms-How severe are Kent's symptoms of depression in comparison to other children diagnosed with ADHD

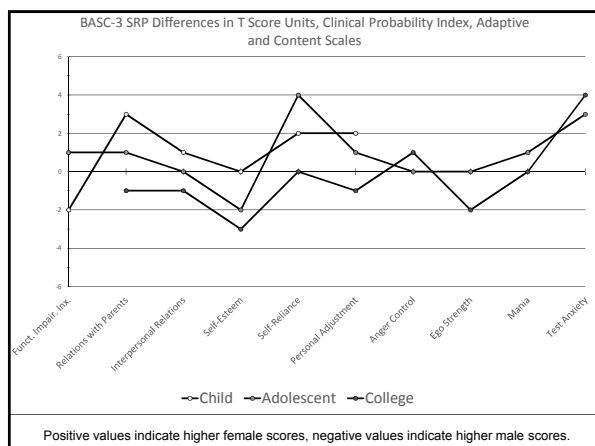
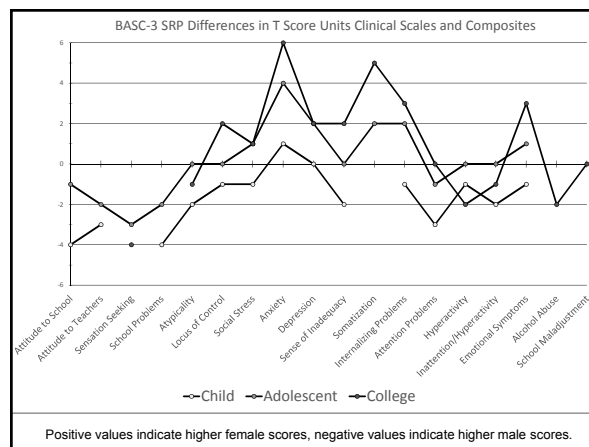
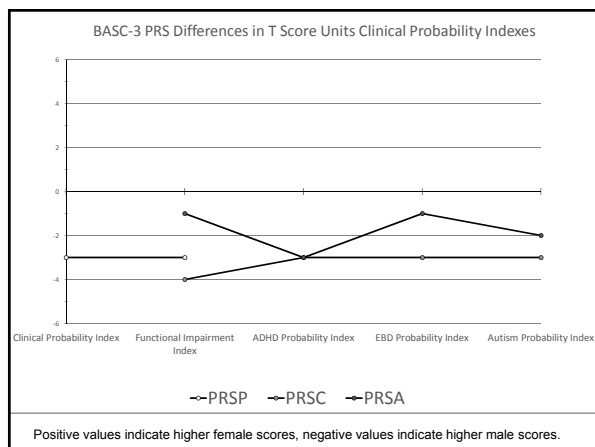
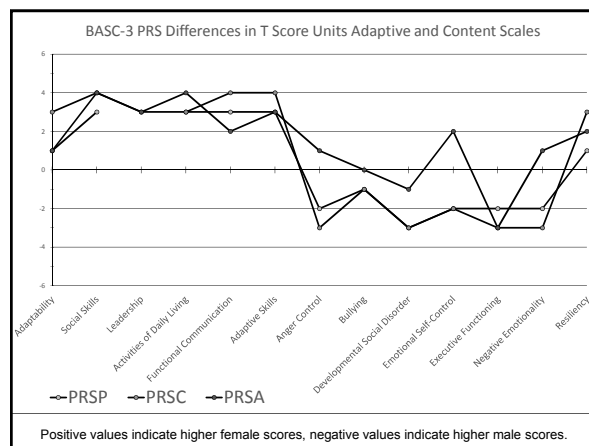
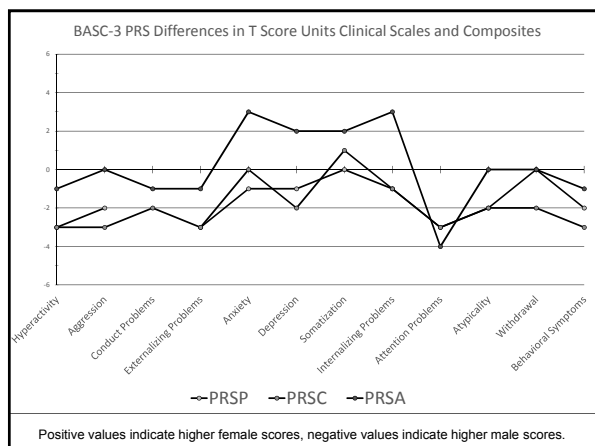
Why do we need norms?

- It's a matter of scaling.
Interval versus ratio scaling (and nominal and ordinal).
- It is a matter of relativity.
- It is a matter of frequency.
- In clinical assessment, ultimately it is a matter of "normality," as much as we may dislike the term.

Gender Differences on Measures of Behavior, Feelings, and Affect Abound Across Age and Reporter.

They are present on rating scales, self-reports, and behavioral observations.





Homogeneous Gender Norms Equate Males and Females on All Variables

- Does this reflect reality?
- Are boys and girls really different in how they think, feel, and behave?
- Yes. Use combined gender norms to preserve differences.
- No—the differences are artifacts of measurement bias. Use homogenous gender norms to remove all observed differences, thereby equating boys and girls on all variables.

What happens when we equate boys and girls? Exs.

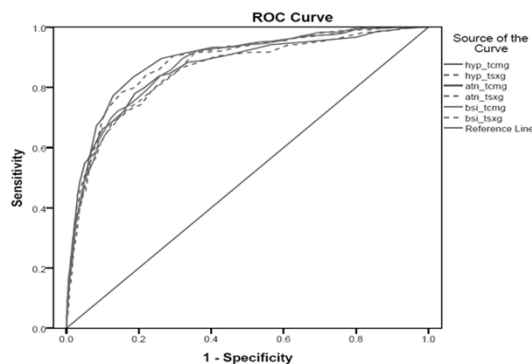
- Girls and anxiety disorders?
- Boys and externalizing disorders?
- Are boys less adversely affected and girls more adversely affected by a common set of symptoms of inattention?
- What if judges used homogeneous gender norms for sentencing considerations?

Use of Homogenous Gender Norms Will Deny Identification and Treatment of Disorders Across Gender for Groups with Higher Prevalence Rates and Yield Unnecessary Diagnoses and Treatment on Those with Lower Prevalence Rates

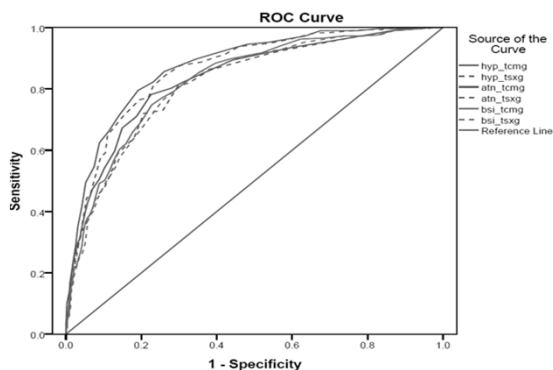


Homogenous Gender Norms Lessen Diagnostic Accuracy: ROC Curves for ADHD as an Example

ADHD: Diagnostic Accuracy of Parent Ratings for Ages 6 yrs-11 yrs Using Combined Gender Versus Same Gender Norms



ADHD: Diagnostic Accuracy of Parent Ratings for Ages 12 yrs-18 yrs Using Combined Gender Versus Same Gender Norms



ROC Curve Summary

- In some cases the differences are small, but in every case at both age groups displayed, and across both parents and teachers as raters, combined gender norms were more accurate at the sweet spot of sensitivity and specificity.
- For really extreme cases, it does not matter which norm set we use, as the ROC Curves merge, but these are the cases where we have the fewest and least difficult diagnostic problems.

Combined or Same Sex Norms?

- Combined gender norms preserve known and documented differences on key behavioral and emotional constructs, e. g., anxiety, hyperactivity.
- Combined gender norms preserve known and accepted differences in prevalence rates of disorders known to differ as a function of gender.
- Combined gender norms are more accurate overall in the diagnostic process with the exception of the most extreme cases—in really extreme cases, choice of norms is irrelevant, but these are not the cases that worry us.



BASC-3 FAMILY - ADDITIONAL COMPONENTS

Student Observation System (SOS), Structured Developmental History (SDH), Parenting Relationship Questionnaire (PRQ), Behavioral and Emotional Screening System (BESS), BASC-3 Intervention Guide (BIG), BASC-3 Behavioral and Emotional Skill-Building Guide, and the BASC-3 Flex Monitor. (Coming soon, the BASC-3 Continuous Performance Test)

Student Observation System – Digital and Paper

Digital for Smartphone or Tablet

The digital interface for the Student Observation System (SOS) is shown on a smartphone. It includes a 'Previewing Survey' screen with a timer and a 'Record observations' screen with various behavioral categories and checkboxes.

Student Observation System – Digital and Paper

- Digital administration occurs through Q-global
- Promotes consistency with BASC-3 components
- Enables users to have all BASC-3 results in the same place
- Users will not have to find, purchase, or install any apps; administrations begin by simply opening a web address
- Is the replacement for the BASC-2 POP; BASC-3 will not offer ability for customization of forms
- Paper form will still be offered, and can be entered into Q-global if desired

Structured Developmental History – Digital and Paper

Digital: Tablet or Desktop/Laptop

The digital interface for the Structured Developmental History (SDH) is shown on a tablet. It includes a 'Childhood Illnesses' section with checkboxes for various conditions and a 'Parent Information' section.

Structured Developmental History, cont.

- The Power of Digital
- Increased efficiency during administration – only present what is needed
- Dynamic Digital Assessment

The digital interface for the Structured Developmental History (SDH) is shown on a desktop/laptop. It includes a 'Parenting Relationship Questionnaire (PRQ)' and a 'Structured Developmental History (SDH)' form.

Administration of additional SDH items that are based on PRS scale scores, allowing faster access to important diagnostic information

BASC-3 Parenting Relationship Questionnaire (PRQ)

A Tool in the
BASC-3 Family



BASC-3 Parenting Relationship Questionnaire

- The BASC-3 PRQ assesses the parent's perspective of the relationship between the parent and his/her child, and can be particularly useful:
 - when implementing behavioral/emotional interventions that require any level of parental involvement.
 - in family counseling or other settings where it is important to assess parent/child relationship dynamics.
 - Evaluating the meaning of disparate parent ratings on the PRS.
- Components include:
 - Manual
 - Record forms
 - Hand score worksheets
 - Q-global administration, scoring, and reporting

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BASC-3 PRQ Purposes

- Capture a parent's perspective of the parent-child relationship
- Assess traditional parent-child dimensions such as attachment and involvement
- Provide information on parenting style, parenting confidence, stress, and satisfaction with the child's school.

BASC-3 PRQ Rationale

- Family and parenting variables are of great importance to the healthy social and emotional development of a child
- Parent-child relationships help explain differences between mothers' and fathers' ratings of their child's behavior

BASC-3 PRQ Rationale

- Parent-child relationship influences
 - academic outcomes
 - language development
 - readiness to learn
 - self-esteem
 - social competence
 - loneliness
 - affect

BASC-3 PRQ Features

- Applicable for clinical, pediatric, counseling, school, and other settings.
- Completed in approximately 10 to 15 minutes.
- Administered to mothers and fathers (or caregivers) of children aged 2 through 18 years.
- Multiple dimensions that are relevant to the development of strong and healthy parent-child relationships and that are particularly relevant for use in school, clinical, and therapeutic settings.
- Highly interpretable scales that were developed with a balance of theory and empirical data.

BASC-3 PRQ Features

- Normative samples, for both female and male raters, that are closely matched to the 2013 U.S. Census population estimates.
- Items written at an accessible (third-grade) reading level.
- Validity indexes that can be used to detect careless or exaggerated responding, misunderstanding, or other threats to validity.
- Convenient and easy-to-use computer- and hand-scoring materials.
- Computer software that provides detailed single- or multiple-administration reports, including progress reports that can track an individual's responses over time and multi-rater reports that can be used to compare mother and father ratings

BASC-3 PRQ Has 2 Levels

- Preschool, ages 2 through 5; 60 items
- Child/adolescent, ages 6 through 18; 87 items

Objective Screening for EBDs BASC-3 Behavioral and Emotional Screening System (BESS)



BASC-3 Behavioral and Emotional Screening System: The BESS

- The BASC-3 BESS is designed to quickly and efficiently assess the behavioral and emotional risk and overall mental health status of children ages 3 thru 18, in a variety of settings:
 - Group-wide screening in schools (e.g., Tier 1 tool)
 - General measure of functioning in settings where it is prohibitive to administer longer TRS/PRS/SRP forms
- Components include:
 - Manual
 - Record forms
 - Hand score worksheets (tentative)
 - Q-global administration, scoring, and reporting

Purpose of the BASC-3 BESS

- To determine in a rapid, practical, cost-effective manner, students who are at elevated risk of developing EBDs or who already have undetected disabilities in the behavioral domain that will interfere with successful schooling.
- To enhance and make efficacious resource allocation for additional assessment, intervention resources, and disability determination.
- To ensure we act early to intervene before disabilities appear in high risk students—early intervention prevents the development of many EBDs and thus promotes successful schooling.

BASC-3 Behavioral and Emotional Screening System

- Teacher, Parent and Self-Report forms
- Scores include:
 - Behavioral and Emotional Risk Index (Teacher, Parent, Student)
 - Externalizing Risk Index (Teacher, Parent)
 - Internalizing Risk Index (Teacher, Parent, Student)
 - Adaptive Skills Risk Index (Teacher, Parent)
 - Self-regulation Risk Index (Student)
 - Personal Adjustment Risk Index (Student)
- Q-global administration, scoring, and reporting
 - Group-level administration mode for self-report form
 - Individual and group-level reports
 - Test period (e.g., Fall, Spring)/Progress reports

Overview of the BASC-3 BESS

Teacher Forms:

Preschool, ages 3-5.

Child/Adolescent, ages 6-18.

Parent Forms:

Preschool, ages 3-5.

Child/Adolescent, ages 6-18.

Student Form: Ages 8-18.

Some Key Features

- Brief forms that can be quickly completed without the need for specialized administrator training
- An overall score (i.e., the Behavioral and Emotional Risk Index), as well as subindexes that provide a more targeted view of behavioral and emotional functioning (i.e., on the Teacher and Parent Forms: Externalizing Risk Index, Internalizing Risk Index, and Adaptive Skills Risk Index; on the Student Form: Internalizing Risk Index, Self-Regulation Risk Index, and Personal Adjustment Risk Index)
- Validity indexes to help evaluate the responses provided on completed forms
- Spanish-language versions of both the Parent and Student Forms

Some Key Features

- Administration choices: traditional paper-and-pencil forms or various digital options
- Q-global™ administration, scoring and reporting, with both individual and group-level reporting options
- Customizable cut scores used to classify scores based on a desired T score or number of children in a specific outcome category
- Group-level reports that provide an overall, aggregated view of behavioral and emotional performance of a group, and are directly linked to behavioral and emotional supports found in the Behavioral and Emotional Skill Building Guide - part of the BASC-3 family of products (Vannest, Reynolds, & Kamphaus, 2015b)
- Normative samples closely matched to the U.S. population census estimates

Scoring and Interpretation

The Behavioral and Emotional Risk Index (BERI)

- Raw Scores, T Scores (M=50, SD=10), Percentiles
- Risk Level for Behavioral and Emotional Risk Index
 - 20 to 60: "Normal" level of risk
 - 61 to 70: "Elevated" level of risk
 - 71 or higher: "Extremely Elevated" level of risk

Scoring and Interpretation - Subindexes

Teacher and Parent form

- Externalizing Risk Index (ERI)
- Internalizing Risk Index (IRI)
- Adaptive Skills Risk Index (ARI)

Student form

- Internalizing Risk Index (IRI)
- Self-Regulation Risk Index (SRI)
- Personal Adjustment Risk Index (PRI)

BASC-3 BESS Q-Global Pricing

BASC-3 BESS Q-global: Pay per reports (includes on-screen administration, scoring and reporting.)		
Product #	Component	Price
30868	BASC-3 Q-global BESS Screener Report	\$1.25
BASC-3 BESS Q-global: Scoring Subscriptions (includes scoring and reporting. Does not include on-screen administration.)		
Product #	Component	Price
QG1B53	BASC-3 Q-global BESS Unlimited-use Scoring 1-Year Subscription	\$55.00
QG3B53	BASC-3 Q-global BESS Unlimited-use Scoring 3-Year Subscription	\$159.00
QG5B53	BASC-3 Q-global BESS Unlimited-use Scoring 5-Year Subscription	\$249.00

A Comprehensive Text and Software Guide To Detailed, Specific Interventions



BASC-3 Behavior Intervention Guide

Kimber Vannest, Cecil R. Reynolds, R.W. Kamphaus

- Aimed at the school, clinical, or pediatric psychologist, the BASC-3 Behavior Intervention Guide (yes, the B-I-G one) provides a comprehensive set of empirically-based interventions for a variety of behavioral and emotional problems
- Like the existing version, the BASC-3 Behavior Intervention Guide is organized around scales included on the BASC-3 TRS, PRS, and SRP forms
- Components include:
 - Behavior Intervention Guide (Paper and Digital)
 - Parent Tip Sheets
 - Documentation Checklist
 - Intervention Summary software report for TRS, PRS, and SRP

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BASC-3 Behavior Intervention Guide – What's new?

- Digital offering
- Updated Evidence For Use sections
- More streamlined and enhanced procedural steps for interventions
- Improvements in usability features (e.g., design)
- Additional supporting documentation to ease use of the intervention and increase the fidelity of implementation

BASC-3 Behavioral and Emotional Skill-Building Guide

- Replaces the BASC-2 Classroom Intervention Guides
- Includes strategies for classroom and small-group use
- Groups may be conducted by guidance counselors, psychologists, social workers, interns, and other trained personnel
- Added emphasis on building skills for *all* students, rather than individualized “interventions” that take too much teacher time

BASC-3 Flex Monitor: What is it?

English and Spanish

- A psychometrically sound means of developing user customized behavior rating scales and self-report of personality forms tailored to the needs of:
 - 1) the individual practitioner
 - 2) an individual case
 - 3) an individual program need
- **Reliability data and standardized scores are then obtainable for each unique form developed for your unique need.**

BASC-3 Flex Monitor

- The BASC-3 Flex Monitor can be used to monitor behavioral and emotional functioning over a desired period of time
- Users have the ability to:
 - Choose an existing monitoring form.
 - Create a form using an item bank.
 - Choose a rater (teacher, parent, or student).
 - Administer digital or paper forms.
 - Set up recurring administrations over a specified time period.
 - Generate monitoring reports to evaluate change over time.

BASC-3 Flex Monitor – How will it work?

- For custom forms, a user will be able to choose from our item pool and start “building” a form.
- Items can be filtered/searched.
- When building the form, the user will be able to compute the estimated reliability of the form, based on the standardization data sample.
- Adjustments can be made to the form based on the user’s needs.

BASC-3 Flex Monitor – How will it work?

- Forms can be saved, and shared with other users within a school, clinic, or other hierarchy.
- Reliability data are provided to the creator of the form based on the BASC-3 standardization sample.
- Reports will include T scores that are generated based on the TRS/PRS/SRP standardization samples
 - This enables comparisons with a normative population, describing the extremeness of scores on your unique form.
 - Intra-individual comparisons (i.e., comparing time 1 vs. time 2, etc.) are also provided.
 - Comparisons are based on reliable change metrics.

BASC-3 Flex Monitor – Why choose the Flex Monitor?

- Its premise is based on the authors’ desires to move the field toward better practice and to make you more efficacious in your work.
- Forms can be created for monitoring program success as well as individual success or change.
- Forms are created using heavily vetted, validated items with known characteristics and content relevance.
- No need for informal assessments or guesstimates of the accuracy of change.
- In every other area of assessment, psychometric properties of the instruments being used are paramount; however, we tend to ignore them when using monitoring tools.
- The BASC-3 Flex Monitor is a unique offering that is simply unmatched elsewhere.

BASC-3 Flex Monitor Pricing (Includes on-screen administration, scoring, and reporting.)

Product #	Component	Price
30869	BASC-3 Flex Monitor Digital Manual	\$55.00
30876	BASC-3 Q-global FLEX Monitoring Report	\$1.25

There is no cost for Flex Monitor form development, storage, or printing of the forms. You are charged only when you score and generate a report.

Q-Global - Intervention Report Upgrade

- Intervention Report Upgrade sold separately**
- Adds Intervention Report section to BASC-3 Report**
- Intervention Report section content:**
 - Table with Primary & Secondary improvement areas and Adaptive Strengths
 - Intervention Summary Section
 - Walks through some different Intervention Options, using information from Intervention Guide
 - Does not cover every Intervention suggested in Guide in every report—How selected?

Current Q-Global Pricing: BASC-3

BASC-3 Q-global®: Pay per reports (includes on-screen administration, scoring and reporting.)			
Product #	Component	Price	Form Type Administered
30866	BASC-3 Q-global Digital Administration and Interpretive Summary Report	\$2.99	TRS, PRS, SRP, SDH, PRQ, or SOS
30867	BASC-3 Q-global Digital Administration and Interpretive Summary Report with Intervention Recommendations	\$3.25	TRS, PRS, or SRP with Intervention Recommendations
BASC-3 Q-global: Scoring Subscriptions (includes scoring and reporting; Does not include on-screen administration.)			
Product #	Component	Price	Form Type Administered
QG1BA3	BASC-3 Q-global Unlimited-use Scoring 1-Year Subscription	\$45.00	Scoring subscriptions allows for manual entry of the following forms: TRS, PRS, SRP, SDH, PRQ, SOS
QG3BA3	BASC-3 Q-global Unlimited-use Scoring 3-Year Subscription	\$129.00	
QG5BA3	BASC-3 Q-global Unlimited-use Scoring 5-Year Subscription	\$199.00	
QG1BA3NG	BASC-3 Q-global Unlimited-use Scoring 1-Year Subscription with Intervention Recommendation	\$55.00	
QG3BA3NG	BASC-3 Q-global Unlimited-use Scoring 3-Year Subscription with Intervention Recommendation	\$159.00	
QG5BA3NG	BASC-3 Q-global Unlimited-use Scoring 5-Year Subscription with Intervention Recommendation	\$249.00	

Q & A

THE END!!

