

December 13, 2015

Dear Sample Parent,

Thank you for taking the **CDAS: Child & Adolescent ADD/ADHD Assessment**. Developed by a licensed professional counselor, this is a comprehensive assessment using calculated respondent data based on two primary resources:

1. The **DSM-V** (*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*) criteria for Child & Adolescent ADD/ADHD

Requires symptoms from a fixed source including:

- Inattention
- Hyperactivity/impulsivity
- Level of impairment
- Need to rule out other explanations for symptoms

2. **Functional Assessment**

Measures level of current functioning in several primary areas:

- Occupational (if applicable)
- School (if applicable)
- Social
- Personal

Using the above symptoms and criteria and a complex scoring methodology, the *CDAS: Child & Adolescent ADD/ADHD Assessment* provides calculated numeric scores to indicate the presence or absence of ADD/ADHD indicators.

**ADD/ADHD scores range from 0-132 with higher numbers reflecting stronger indications for ADD/ADHD.**

**Functional Assessment scores range from 0-100 with lower numbers reflecting higher levels of difficulty with functioning.**

In addition to diagnostic indications, the report includes specific recommendations and tips for managing ADD/ADHD.

While this report is not a diagnosis, it can be presented to your doctor or other professional healthcare provider to determine if a diagnosis of ADD/ADHD is warranted. To assist your healthcare provider in gathering additional information and making any diagnostic recommendations, raw responses are included.

Best wishes,



Kelly P. Crossing, MEd, LPC, MS

**INFORMATION ONLY**

## Composite ADD/ADHD Diagnostic Indications\*

	Not Indicated	Minimally Indicated	Somewhat Indicated	Moderately Indicated	Strongly Indicated
<b>Inattention Type</b> Score: <b>108</b> /132			<b>X</b>		
<b>Hyperactivity/ Impulsivity Type</b> Score: <b>103</b> /132				<b>X</b>	
<b>Combined Type</b> Score: <b>106</b> /132			<b>X</b>	<b>X</b>	

## Composite Overall Functional Assessment (FA)

Measuring overall ability to function in your life on a daily basis is critical to determining next steps. Your healthcare provider can use this assessment score as a diagnostic and treatment tool.

	Minimal Difficulty	Moderate Difficulty	Significant Difficulty	Critical Difficulty
<b>Overall FA Score: 42</b>			<b>X</b>	
Occupational FA score: <b>67</b>		<b>X</b>		
School FA score: <b>51</b>		<b>X</b>		
Social FA score: <b>28</b>			<b>X</b>	
Personal FA score: <b>21</b>				<b>X</b>

## Summary Functional Assessment:

**Your overall functional assessment score indicates your daily level of functioning is moderately inhibited. You have some difficulty managing your day-to-day tasks in an effective way. You are sometimes overwhelmed by the general ups and downs of life. This sense of being overwhelmed could lead to behaviors and choices that could be unhealthy or harmful to yourself and those around you.**

Attention Deficit Disorder Diagnostic Assessment

For children and adolescents under 17, six or more symptoms of inattention (out of 9) must be present for an indication of Attention Deficit Disorder; symptoms of inattention must have been present for at least 6 months and are inappropriate for the individual's developmental level.

Meets Criteria?

Y	N
<b>X</b>	
<b>X</b>	
<b>X</b>	
<b>X</b>	
<b>X</b>	

Your *Inattention* responses showed **6** symptom indicator(s)Symptoms have been present for: **10-12 months**Symptoms have been present since: **ages 7-10**Symptoms are present in the following setting(s): **Home School Social**Symptoms have caused **Significant disruption** in these settingsAttention Deficit Hyperactivity Disorder Diagnostic Assessment

For children and adolescents under 17, six or more symptoms of inattention (out of 9) must be present for an indication of Attention Deficit Hyperactivity Disorder; symptoms of hyperactivity and impulsivity must have been present for at least 6 months to an extent that is disruptive and inappropriate for the individual's developmental level.

Meets Criteria?

Y	N
<b>X</b>	
<b>X</b>	
<b>X</b>	
<b>X</b>	
<b>X</b>	

Your *Hyperactivity and Impulsivity* responses showed **7** symptom indicator(s)Symptoms have been present for: **10-12 months**Symptoms have been present since: **ages 7-10**Symptoms are present in the following setting(s): **Home School Social**Symptoms have caused **Significant disruption** in these settings

ADD/ADHD Individual Question ResponsesRespondent: **Sample Parent**Date of Assessment: **December 02, 2015**

Question	Never	Rarely	Sometimes	Often	Almost Always
<b>Inattention</b>					
How often does Sample find it difficult to sustain or maintain close attention when doing something for work, school, hobbies, or other activities (this could include maintaining focus during lectures, reading, conversations, etc.)?				X	
How often is Sample easily distracted from the task or thought at hand (this could be by something going on in the environment, unrelated thoughts, etc.)?					X
How often does Sample avoid, dislike, or feel reluctant to engage in tasks that require sustained thought or mental effort over a long period of time (this could be reading a book or long passage, attending classes, school-related projects, etc.)?				X	
How often does Sample have trouble paying attention to someone speaking to him/her when he/she is speaking directly to your child?			X		
How often does Sample have difficulty organizing tasks and activities (this could be completing a project, an event, scheduling, etc.)?			X		
How often does Sample have trouble getting organized or make careless mistakes when doing something for school, hobbies, or other activities (this could be simple math errors, spelling or other writing errors, time-based errors, etc.)?			X		
How often does Sample forget or fail to remember to do regular tasks (this could be missing scheduled events, doing homework, doing chores, etc.)?				X	
How often does Sample lose or misplace things he/she uses every day (this could be books or backpack, phone, eyeglasses, etc.)?				X	
How often does Sample have trouble following through with or finishing tasks, especially necessary ones, by losing focus or getting side-tracked (this could be household chores, schoolwork, etc.)?				X	
<b>Hyperactivity/Impulsivity</b>					
How often does Sample have difficulty engaging in play or other leisure activities quietly (this could be playing games, watching TV or movies, "quiet" sports such as baseball/softball, etc.)?				X	
How often does Sample have trouble waiting her/his turn or until it's time to do something (this could be while waiting in line, eating meals, running ahead, etc.)?				X	
How often does Sample seem to be "on the go" or "being driven by a motor" (this could be discomfort with sitting/being still, feeling like he/she has to be moving, etc.)?				X	
How often does Sample get up and leave her/his seat in situations where being seated is expected (this could be leaving her/his school desk at inappropriate or inopportune times, during movies, while sitting in her/his seat, etc.)?				X	
How often does Sample blurt out an answer or respond before a question or request has been asked (this could be responding to questions in class, interrupting others, etc.)?					X
How often does Sample fidget or squirm (this could be excessive movement or restlessness, a desire to "get out and do something," etc.)?					X
How often does Sample wiggle her/his hands or feet or squirm in a seat (this could be feeling antsy or jittery, having "nervous energy," etc.)?					X
How often does Sample talk excessively (this could be dominating conversations so that others don't have much opportunity to speak, rambling, etc.)?				X	
How often does Sample interrupt others or intrude on others' conversations or activities (this could be joining others without their direct or implied consent, physically stepping into others' personal space, etc.)?			X		

Functional Assessment Individual Question ResponsesRespondent: **Sample Parent**

Question	Not Applicable	Does Not Describe Me at All	Somewhat Describes Me	Mostly Describes Me	Describes Me Completely
<b>Work/Occupational Functioning, if applicable</b>					
Sample has refused or been reluctant to seek employment despite frequent directives, reminders, or support.			X		
Sample has been unable to work.				X	
Sample has had difficulty keeping a job.				X	
Sample has frequently been late to work					
Sample has changed jobs several times, when it would not be expected.			X		
Sample has often "gotten in trouble" at work.		X			
Sample has quit, been fired, or let go from her/his job.		X			
<b>School Functioning, if applicable</b>					
Sample is frequently absent from school.			X		
Sample is making poor grades in school.			X		
Sample skips school or skips classes.				X	
Sample frequently gets in trouble at school.			X		
<b>Social Functioning</b>					
Sample has been unable to interact with others socially in healthy/effective ways—includes isolation or withdrawal, social aggression, frequent anger/rage episodes, remaining mute, etc.			X		
Sample has refused to leave the home when leaving is expected—such as to go to school, to extracurricular events, to visit others, etc.				X	
Sample has few or no friends.				X	
Sample has damaged relationships with close family and/or friends.			X		
Sample picks on others/is a "bully" or is picked on by others/a victim of bullying.					
Sample has engaged in severely aggressive and/or destructive behavior—includes out-of-control screaming or flailing, violence, destruction of property, etc.					
<b>Personal Functioning</b>					
Sample has occasionally or frequently utilized unhealthy or illegal substances (alcohol, drugs, etc.).					X
Sample has engaged in activities that could bring or have brought legal consequences (criminal offenses, arrested, spent time in jail, etc.).					X
Sample has physically harmed someone (not counting self-harm).			X		
Sample has not consistently maintained personal hygiene and cleanliness (bathing, brushing teeth, washing hair, etc.).				X	
Sample has not maintained a clean home (or her/his room) in necessary and expected ways—includes allowing excessive trash or clothing to amass, not cleaning up food waste, not cleaning up after animals, etc.					X
Sample has had consistent thoughts of suicide and developed a formal or informal plan.				X	
Sample has attempted suicide or otherwise severely harmed her/himself at least once.				X	

Additional ADD/ADHD Individual Question ResponsesRespondent 1: **Sample Teacher 1**Date of Assessment: **12/7/2015**Relationship to Sample: **Teacher**Has known Sample: **10-12 months**

Question	Never	Rarely	Sometimes	Often	Almost Always
<b>Inattention</b>					
How often does Sample find it difficult to sustain or maintain close attention when doing something for work, school, hobbies or other activities (this could include maintaining focus during lectures, reading, conversations, etc.)?					
How often is Sample easily distracted from the task or thought at hand (this could be by something going on in the environment, unrelated thoughts, etc.)?					
How often does Sample avoid, dislike, or feel reluctant to engage in tasks that require sustained mental effort for a long period of time (this could be reading a book or long passage, attending to a lecture, etc.)?					X
How often does Sample have trouble paying attention to someone speaking to him/her—even if it may be speaking to your child directly?				X	
How often does Sample have trouble organizing his/her activities (this could be a project, an event, schedules, etc.)?				X	
How often does Sample have trouble paying close attention to details or make careless mistakes when doing something for school, hobbies, or other activities (this could include simple math errors, spelling or other writing errors, time-based errors, etc.)?			X		
How often does Sample forget or fail to remember to do regular tasks (this could be missing scheduled events, doing homework, doing chores, etc.)?		X			
How often does Sample lose or misplace things he/she uses every day (this could be books or backpack, phone, eyeglasses, etc.)?				X	
How often does Sample have trouble following through with or finishing tasks, especially necessary ones, by losing focus or getting side-tracked (this could be household chores, schoolwork, etc.)?					X
<b>Hyperactivity/Impulsivity</b>					
How often does Sample have difficulty engaging in play or other leisure activities quietly (this could be playing games, watching TV or movies, "quiet" sports such as baseball/softball, etc.)?				X	
How often does Sample have trouble waiting her/his turn or until it's time to do something (this could be while waiting in line, eating meals, running ahead, etc.)?					
How often does Sample seem to be "on the go" or "being driven by a motor" (this could be discomfort with sitting/being still, feeling like he/she has to be moving, etc.)?				X	
How often does Sample get up and leave her/his seat in situations where being seated is expected (this could be leaving her/his school desk at inappropriate or inopportune times, during movies, while eating, etc.)?				X	
How often does Sample blurt out an answer or respond before a question is fully asked (this could be responding to questions in class, interrupting others or interrupting conversations, etc.)?			X		
How often does Sample seem to be restless or fidgety (this could be feeling restless, a desire to get out and do something, etc.)?				X	
How often does Sample wiggle her/his hands or feet or squirm in her/his seat (this could be feeling antsy or jittery, having "nervous energy," etc.)?				X	
How often does Sample talk excessively (this could be dominating conversations so that others don't have much opportunity to speak, rambling, etc.)?					X
How often does Sample interrupt others or intrude on others' conversations or activities (this could be joining others without their direct or implied consent, physically stepping into others' personal space, etc.)?			X		

Additional Functional Assessment Individual Question ResponsesRespondent 1: **Sample Teacher 1**Date of Assessment: **12/7/2015**Relationship to Sample: **Teacher**Has known Sample: **10-12 months**

Question	Not Applicable	Does Not Describe Me at All	Somewhat Describes Me	Mostly Describes Me	Describes Me Completely
<b>Work/Occupational Functioning, if applicable</b>					
Sample has refused or been reluctant to seek employment despite frequent directives, reminders, or support.	X				
Sample has been unable to work.	X				
Sample has had difficulty keeping a job.	X				
Sample has frequently been late to work	X				
Sample has changed jobs several times, when it would not be expected	X				
Sample has often "gotten in trouble" at work.	X				
Sample has quit, been fired, or let go from her/his job more than once.	X				
<b>School Functioning, if applicable</b>					
Sample is frequently absent from school.			X		
Sample is making poor grades.			X		
Sample skips school.		X			
Sample frequently gets in trouble at school.		X			
<b>Social Functioning</b>					
Sample has been unable to interact with others socially in healthy/effective ways—includes isolation or withdrawal, social aggression, frequent anger/rage episodes, remaining mute, etc.				X	
Sample has refused to leave the home when leaving is expected—such as to go to school, to extracurricular events, to visit others, etc.					X
Sample has few or no friends.					X
Sample has damaged relationships with close family and/or friends.				X	
Sample picks on others/is a "bully" or is picked on by others/a victim of bullying.				X	
Sample has engaged in severely aggressive and/or destructive behavior—includes out-of-control screaming, flailing, violence, destruction of property, etc.				X	
<b>Personal Functioning</b>					
Sample has occasionally or frequently utilized unhealthy coping mechanisms (alcohol, drugs, etc.)				X	
Sample has engaged in activities that could be considered illegal (e.g., shoplifting, vandalism, etc.) or has been arrested, spent time in jail, or in custody.			X		
Sample has physical health problems (e.g., asthma, diabetes, etc.)			X		
Sample has not consistently maintained her/his personal hygiene or cleanliness (bathing, brushing teeth, washing hair, etc.)				X	
Sample has not maintained our home (or her/his room) in necessary and expected ways—includes allowing excessive trash or clothing to amass, not cleaning up food waste, not cleaning up after animals, etc.					X
Sample has had consistent thoughts of suicide and developed a formal or informal plan.					X
Sample has attempted suicide or otherwise severely harmed her/himself at least once.					X

Additional ADD/ADHD Individual Question Responses

Respondent 2: **Sample Teacher 2**  
 Relationship to Sample: **Teacher**

Date of Assessment: **12/9/2015**  
 Has known Sample: **10-12 months**

Question	Never	Rarely	Sometimes	Often	Almost Always
<b>Inattention</b>					
How often does Sample find it difficult to sustain or maintain close attention when doing something for work, school, hobbies, or other activities (this could include maintaining focus during lectures, reading, conversations, etc.)?				X	
How often is Sample easily distracted from the task or thought at hand (this could be by something going on in the environment, unrelated thoughts, etc.)?					X
How often does Sample avoid, dislike, or feel reluctant to engage in tasks that require sustained thought or mental effort for a long period of time (this could be reading a book or long passage, attending classes, school-related projects, etc.)?				X	
How often does Sample have trouble paying attention to someone speaking to him/her when he/she is speaking directly to your child?			X		
How often does Sample have difficulty organizing tasks and activities (this could be organizing a project, event, schedules, etc.)?				X	
How often does Sample have trouble paying attention or make careless mistakes when doing something for school, hobbies, or other activities (this could be making careless mistakes, spelling or other writing errors, time-based errors, etc.)?					X
How often does Sample fail to remember to do regular tasks (this could be missing scheduled events, doing homework, doing chores, etc.)?					X
How often does Sample lose or misplace things he/she uses every day (this could be books or backpack, phone, eyeglasses, etc.)?				X	
How often does Sample have trouble following through with or finishing tasks, especially necessary ones, by losing focus or getting side-tracked (this could be household chores, schoolwork, etc.)?				X	
<b>Hyperactivity/Impulsivity</b>					
How often does Sample have difficulty engaging in play or other leisure activities quietly (this could be playing games, watching TV or movies, "quiet" sports such as baseball/softball, etc.)?					X
How often does Sample have trouble waiting her/his turn or until it's time to do something (this could be while waiting in line, eating meals, running ahead, etc.)?					X
How often does Sample seem to be "on the go" or "being driven by a motor" (this could be discomfort with sitting/being still, feeling like he/she has to be moving, etc.)?				X	
How often does Sample get up and leave her/his seat in situations where being seated is expected (this could be at her/his school desk at inappropriate or inopportune times, during movies, while eating, etc.)?				X	
How often does Sample blurt out an answer or respond before a question is completed (this could be responding to questions in class, interrupting others or others interrupting him/her, etc.)?					X
How often does Sample seem restless (this could be fidgeting, tapping, or uneasiness, a desire to "get out and do something," etc.)?					X
How often does Sample fidget with her/his hands or feet or squirm in a seat (this could be feeling antsy or jittery, having "nervous energy," etc.)?				X	
How often does Sample talk excessively (this could be dominating conversations so that others don't have much opportunity to speak, rambling, etc.)?				X	
How often does Sample interrupt others or intrude on others' conversations or activities (this could be joining others without their direct or implied consent, physically stepping into others' personal space, etc.)?					X