Convergent and Discriminant Validity of the Self-Report of Personality (SRP) and the Youth Self-Report (YSR)

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Convergent and Discriminant Validity of the Self-Report of Personality (SRP) and the Youth Self-Report (YSR)

(TITLE)

BY

Jodi Buehnerkemper

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Dedication

To my parents, Robert and Mary Jean DeRoss
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Abstract

The present study examined the convergent and discriminant validity of the Behavior Assessment System for Children-Self-Report of Personality (BASC-SRP) and the Youth Self-Report (YSR). One purpose of this study was to examine the degree of relationship between the SRP and the YSR. This study also examined the degree to which each of these measures could successfully distinguish among samples of students who had been identified as LD or ED, or had not been referred. Participants included a total of 109 students between 12 and 18 years of age. Results of this study indicated that correlations between similar scales and composites of the BASC-SRP and the YSR were within the moderate to high average range. Both instruments were found to distinguish among the groups, however, the SRP successfully identified considerably higher percentages with lower rates of false positives and negatives than did the YSR. This study provides support for the convergent and discriminant validity of the SRP and the YSR.
Convergent and Discriminant Validity of the SRP and the YSR

There is a need to assess children's and adolescents’ behavior and emotional problems within the schools. Many children and adolescents are referred for evaluation because of behavior and emotional problems. A common topic of discussion among professionals is the question of how to best assess and address such problems within the school setting. There are many ways of assessing a child or adolescent with behavior or emotional problems, including observations, behavior rating scales, the use of standardized tests, and interviews. However, there has been an increase in popularity of the use of behavior rating scales because of the pertinent information that these scales provide in combination with other assessment tools (Naglieri & Flanagan, 1992).

A number of behavior rating scales and self-report instruments have been developed in order to assist in the evaluation of children and adolescents. Merrell (1999) stated that one of the recent developments in assessing students has been the articulation of a model for a broad-based assessment design. Such assessment designs include multimethod, multisource, and multisetting assessments. Furthermore, the use of various assessment methods from different informants or sources and in several settings is an essential feature of the broad-based assessment model. With the use of such methods the amount of error variance in the assessment is reduced, and the result is a comprehensive representation of the referred child’s behavioral, social, and emotional functioning. Behavior rating scales are especially important tools when evaluating children because they can provide information about behaviors in different environments and from various sources. In addition to ratings by teachers and parents, self-reports are also useful. Self-reports can reflect an individual’s perceptions, judgements and tolerance of his/her own
behavior, feelings, thoughts, and fantasies across different situations. Due to the utility of such assessment tools within the school setting it is imperative to obtain knowledge of their psychometric qualities.

Naglieri & Flanagan (1992) concluded that the use of behavior rating scales is imperative in the assessment of children and adolescents. Most frequently information provided in behavior rating scales is supplied by parents and/or teachers of the child or adolescent. However, less frequently are children and adolescent asked to provide information about themselves.

Two of the most commonly used assessment systems contain forms that are designed to gather information from parents, teachers, and the child or adolescent. Research conducted on the utility of both of these systems suggests that the combination of information provided by all three of these sources is relevant for evaluating children’s behaviors and emotional problems (Greenbaum et. al., 1994, Verhulst et. al., 1992, McConaughy & Achenbach, 1989, McConaughy, 1993). The first system is the Behavior Assessment System for Children (BASC; Reynolds and Kamphaus, 1992). The second system is the multiaxial empirically based assessment developed by Achenbach (1991). Both of these systems have separate forms for gathering information from multiple sources.

**Behavior Assessment System for Children (BASC)**

The BASC is a multmethod, multidimensional approach to assessing perceptions of behaviors of children and adolescents. It was designed to assist in the differential diagnoses and educational classification of a variety of emotional and behavioral disorders of children and adolescents and to aid in the development of treatment plans.
The BASC includes five components that can be used individually or in combination. There are three core components, the Teacher Rating Scale (TRS), the Parent Rating Scale (PRS), and the Self-Report of Personality (SRP). Additional components are the Structured Developmental History (SDH) and the Student Observation System (SOS). The BASC measures numerous aspects of behavior and personality including positive (adaptive) as well as negative (clinical) dimensions. The TRS, PRS, and SRP are relatively long, ranging from 126 to 186 items each. Parents, teachers, and students rate how frequently each behavior is perceived to occur, based on N = “Never,” S = “Sometimes,” O = “Often,” and A = “Always.”

The TRS, PRS, and SRP raw scores are converted to T scores (based on a mean score of 50 and standard deviation of 10) that are based on either a national norm group or on gender-specific norm groups. The ratings produce various composites and scales that may be compared and contrasted to identify an individual’s strengths and weaknesses. T scores for clinical scales that are obtained are converted to five possible classification levels. The five levels range from “very low” (T scores of 30 and lower) to “clinically significant” (T scores of 70 or higher). Scores on the adaptive scales are interpreted in the opposite direction. For example, an adaptive skill T score of 30 is considered “clinically significant.” The other levels for classification include “low,” “average,” and “at-risk.” The rating scales also contain an F index and other “validity” scales designed to guard against response sets and detect invalid results. A review conducted by Sandoval (1998) concluded that the BASC is one of the first systems of this sort and represents a significant advance in the assessment of children.
The BASC is easy to administer and hand scoring protocols or computer-scoring protocols are available. The internal consistency and test-retest reliability of the BASC are high, ranging from .80 to .90, with few in the .70 range (Reynolds & Kamphaus, 1992). Both clinical and nonclinical sample norms are available. The BASC also offers validity scales for monitoring respondents' consistency and truthfulness. The dimensions rated on the BASC were operationalized consistently across age level forms and across respondents. Flanagan (1995) stated "until the development of the BASC, such comprehensive assessment of behavior could not be accomplished without employing multiple instruments" (p. 178). If the BASC is utilized as a total system, it provides information about a child or adolescent from a variety of sources, which enables the examiner to have a more complete understanding of the individual being assessed.

A number of researchers have conducted reviews of the BASC. The majority of researchers agree that the BASC has been a positive addition to some of the previously established behavior rating scales and self-reports. Sandoval (1998) stated "the BASC is made up of some of the best measures of its kind and represents an approach of choice for identifying children with emotional and behavioral disorders in schools" (p131). Consistent with Sandoval (1998), Witt and Jones (1998) also indicated that it may only be a matter of time before the BASC surpasses many of its competitors, and becomes an important contributor in the practice of interpreting informant ratings on multiple psychological dimensions.

Achenbach Rating Scales

Achenbach developed another system that includes ratings from a variety of sources. This system of empirically-based assessment highlights different types and
sources of data that are relevant for evaluating children and adolescent behaviors and emotional problems and competencies. McConaughy and Achenbach (1989) emphasized that assessment should utilize standardized procedures to identify strengths and weaknesses from multiple areas of data that are supplied from multiple sources. The system of empirically-based assessment includes five assessment axes that can be used for preschool to high school students. The five axes are parent reports, teacher reports, cognitive assessment, physical assessment, and direct assessment of the child. Assessment data do not need to be obtained from all five axes in order to provide pertinent information. Information from one or two axes combined with information from other sources appears to be sufficient (McConaughy & Achenbach, 1989).

The three scales that are part of this system are the Child Behavior Checklist (CBCL/4-18), the Teacher Report Form (TRF), and the Youth Self-Report (YSR). The CBCL/4-18 is a checklist that should be completed by the parent or the surrogate parent. Parents rate their child on problem items and also provide information for competency items. The CBCL is scored on separate profiles for girls and boys at age 4-11 and 12-18. Teachers complete the TRF for children who are age 5-18. Both the CBCL and the TRF include 120 problem behavior items that are rated on a 0 = “Not True,” 1 = “Somewhat or Sometimes True,” or 2 = “Very True or Often True.” The YSR is completed by the youths themselves that are ages 11 to 18. The YSR is also scored on separate profiles for boys and girls. The YSR contains 119 items, 103 of the statements are about various problem behaviors, whereas 16 reflect socially desirable items. Raw scores obtained on the CBCL, TRF, and YSR are converted to T scores (based on a mean of 50 and standard
deviation of 10). CBCL/4-18, TRF, and the YSR are designed to identify competencies and problems that are reportable by parents, teachers, and youth, respectively.

In support of Achenbach’s multidimensional model of psychopathology, Greenbaum, Dedrick, Prange, and Friedman (1994) studied method effects as a source of construct validity in evaluating parent, teacher, and child ratings of problem behaviors among children and adolescents with serious emotional disturbances. They used a large sample of subjects between the ages of 8-18 who were classified as having serious emotional disturbances. Each subject was evaluated with the Diagnostic Interview Schedule for Children (DISC; Costello, Edelbrock, Dulcan, Kalas, & Klaric, 1984), the CBCL, and the TRF. These authors concluded that the instruments demonstrated convergent validity among parents, teachers, and children, thereby supporting the use of a multisource approach to children’s assessments. Greenbaum et al. (1994) concluded that researchers should include ratings from all three sources in the measurement of children’s problems.

Furthermore, McConaughy (1993) demonstrated with a case example how rating scale data can be integrated with other forms of assessment for special education evaluations of behavioral and emotional disorders. She also demonstrated how the cross-informant scales of the 1991 scoring profiles for the CBCL, TRF, and the YSR could be utilized to determine eligibility for special education services under federal criteria. The subject that she used was a fourteen-year-old boy who was referred for a comprehensive evaluation due to behavioral and academic problems in school. McConaughy (1993) illustrated the multiaxial empirically-based assessment of SED with the 1991 profiles for the CBCL, TRF, and YSR. The author concluded that multiaxial empirically-based
assessment represents a systematic way of organizing data from multiple sources for evaluating children's behavioral and emotional problems and competencies.

Issues in the Use of Self-Reports

Currently there are a number of articles supporting the reliability and validity of the parent and teacher behavior rating scales of these two systems (Kline, 1994; Vaughn, Riccio, Hynd, & Hall, 1997; Doyle, Ostrander, Skare, Crosby, & August, 1997). However, there is a lack of sufficient evidence in support of youth self-reports. Though self-reports contribute to a complete assessment, Kline (1995), in a review of recent self-report scales for children and adolescents, discussed several reasons why they are often not used. He pointed out that the limited use of self-reports by professionals in the past maybe due to the fact that some have had various psychometric or conceptual limitations, and many professionals prefer to use information about the child or adolescent provided by parents and teachers. In the past it was assumed that children and adolescents provided unreliable and inaccurate information. However, Kline (1995) concluded that current self-report studies suggest that self-reports with children and adolescents can provide unique and useful information. He also speculated that disagreement and inconsistencies among the reports of children and adolescents and other types of informants might provide significant information. It may then be assumed that self-report information may be important in completing a comprehensive evaluation of a child or adolescent.

The literature indicated that there are many advantages to the use of self-reports. Verhulst and van der Ende (1992) conducted a study using the CBCL and the YSR to test the agreement among parent reports and adolescent self-reports. A total of 883 parents
and adolescents completed the CBCL and the YSR. They concluded that information from parents was important, but adolescents themselves provided reliable information about their own functioning. They suggested that self-reports are just as important as information provided from other sources because of the different perspectives they add. This emphasizes that self-reports are important and provide very useful information from the child’s perspective. For instance, they found that adolescents generally reported more problems about themselves than their parents reported about them. The authors hypothesized that completing self-reports gave adolescents the opportunity to report on their own feelings, judgements, and tolerances that tend not to be observable by parents. According to the authors, parents’ reports tend to be based on the observable behavior of their child at home or verbal reports by others. Verhulst and van der Ende (1992) reiterated that in order “to obtain a comprehensive picture of the functioning of children and adolescents, we need multiple informants” (p.1011).

Another advantage to the use of self-reports is that as children grow older they may increasingly monitor their thoughts and feelings. Therefore, these feelings may not be demonstrated in behaviors that are observable to teachers or parents. Self-reports may then provide pertinent information about the individual that may not be known. Verhulst and van der Ende (1992) found that adolescents are indispensable informants about their problem behavior, because many of the problems they experience remain unnoticed by their parents. It is apparent that a need to assess children or adolescents’ perceptions of themselves and their behavior is important.

Self-Report of Personality (SRP)
The self-report measure of the Behavior Assessment System for Children (BASC) is the Self-Report of Personality (SRP). There are two forms of the SRP, a child version for ages 8-11 (SRP-C) and an adolescent version for ages 12-18 (SRP-A). Although these two forms contain the same narrow-band scales, the scale items are not identical across the two age levels. The SRP-C contains 152 true-false items and the SRP-A contains 186 items. Compared with the parent and teacher rating forms of the BASC, the items featured in the SRP were developed in a simpler format (true-false items) rather than multi-point items. The SRP has four composites: Clinical Maladjustment, School Maladjustment, Personal Adjustment, and Emotional Symptoms Index. The SRP raw scores are converted to standard scores using three different sets of norms; general, gender specific, and clinical norms. Reynolds and Kamphaus (1992) evaluated internal consistency and test-retest reliability. The internal consistencies of the subscales are high, ranging from .70 to .80, for each gender on both child and adolescent levels. The internal consistencies of the composite scales are also high, ranging from .80 to .90. The test-retest correlations ranged from .57 to .85 at each age level, almost as high as internal consistency reliabilities. The retest correlations for the composite scales ranged from .78 to .85, at each age level.

Reynolds and Kamphaus (1992) studied the validity of the SRP by examining the factor structure of the scales, correlating the SRP with other instruments, and also examined profiles of clinical groups. Factor analysis of the scales indicated that the SRP factor structure was virtually identical at the two age levels, despite minor differences in item content and the inclusion of two additional scales at the adolescent level. The SRP was correlated with four other instruments including the Minnesota Multiphasic
Personality Inventory, Achenbach’s YSR, the Behavior Rating Profile, and the Children’s Personality Questionnaire. The first three of these instruments showed a number of high correlation’s with SRP scales, which provided support for the construct validity of the SRP. For example, The MMPI Anxiety factor and Psychasthenia scale correlates highest with the SRP Anxiety scale (.76). Additionally, the highest correlations for the composites are between the SRP Clinical Maladjustment and the YSR Internalizing (.84 and .74).

Youth Self-Report (YSR)

The Youth Self-Report (YSR) is another commonly used instrument. It is designed to obtain child and adolescent reports about their own competencies and problems in a format that is similar to that of the CBCL. The YSR is administered to individuals aged 11 to 18 who have a mental age of at least 10 years and a fifth grade reading level. There are a total of 102 problem items on the YSR, which correspond to items on the CBCL and 90 correspond to items on the TRF. The YSR offers two separate profiles for boys and girls aged 11-18. The scores on these two separate profiles yield T scores and percentiles for two competence scales, which are designated as Activities and Social. Also included are eight cross-informant syndromes, total competence, Internalizing, Externalizing, and total problem scales. The YSR lists problem items which have the youth respond by circling 0 if the item is “not true”, 1 if the item is “somewhat or sometime true”, and 2 if the item is “very true or often true”. The YSR also allows for additional comments on 17 of its items and provides a space for any additional thoughts, feelings, or interests for the youth.
The reliability of the YSR was evaluated using short-term test-retest reliability and long-term stability (Achenbach, 1991). The coefficients on the YSR competence scales for 7-day test-retest reliability were .68 for 11-14 year old and .82 for 15-18 year olds. Problem scale test-retest reliability mean coefficients were .70 for 11-14 year old and .91 for 15-18 year old. Over a 7-month period, the stability for total competence was .62 and .56 for total problems. Evidence for the validity of YSR scores was supported by the use of content and criterion-related validity methods. Most of the YSR items were shown to discriminate significantly between demographically matched referred and nonreferred youths. When testing the probability of the YSR total competence and total problems the probability that a competence score was from the referred sample decreased steadily as the competence scores increased. Conversely, the probability that the total problem score was from the referred sample increased steadily with the magnitude of the scores. Merrell (1999) stated that the YSR appears to be valid for numerous clinical and research purposes, especially when used in conjunction with other forms of assessment.

In addition to research cited in the manual, Belter, Foster, and Imm (1996) conducted a study to test the convergent validity of select scales of the MMPI and the YSR. The MMPI clinical scales and the YSR subscales of Somatic Complaints, Depressed, Aggressive, Delinquent, Thought Disorder, and Unpopular were selected for comparison based on their conceptual similarities. The participants included 188 adolescent psychiatric inpatients ages 14-18. All participants were administered individual intelligence tests and completed the YSR and the MMPI. Their findings provided evidence of convergent validity of selected scales of the YSR and the MMPI. Correlations were found in four out of the eight subscales. The YSR correlated with the
MMPI scales for depression, somatic complaints, delinquent behavior, and thought disorder for both male and female. Correlations were significant at $p < .001$, ranging from .44 to .49. Also, their findings indicated that there was congruence between scales of the YSR and MMPI, which appear to be conceptually related in a heterogeneous clinical sample of adolescents. Belter, Foster, and Imm (1996) concluded that there is a clear link between self-reported behaviors on the YSR and scores obtained on the select MMPI clinical scales.

Although the parent and teacher scales have been compared in a number of research studies, and they have been found to correlate significantly, the self-report measures have not been studied to the same extent. Currently there is only one published study that has correlated the SRP with the YSR. The only correlation done on the two was reported in the BASC manual. In general the two instruments were only modestly correlated. The authors, however, noted that the two instruments contain a close relationship between the YSR Internalizing composite and the SRP Clinical Maladjustment composite. The highest correlations were between the SRP Clinical Maladjustment and the YSR Internalizing (.84 and .74 for females and males respectively). The YSR Total Competence score only correlated modestly (.30 and .46) with the SRP Personal Adjustment composite. At the level of individual scales, the YSR Delinquent and Aggressive scales correlate highest (.64 and .51) with the SRP Sensation Seeking scale for males, but only modestly among females. These findings led the authors of the BASC to conclude that the SRP and the YSR are fundamentally different types of instruments, the former concentrating on emotions and cognition’s and the later on self-reported behaviors (Reynolds & Kamphaus, 1992).
Differential Diagnosis of Learning Disabled (LD) and Emotionally Disturbed (ED)

Because of the large numbers of children and adolescents who are diagnosed with learning disabilities and emotional disabilities, it is important for professionals to be able to distinguish between students with a Learning Disability (LD) and those who are Emotionally Disturbed (ED). There have been few studies that have utilized self-reports to distinguish amongst LD and ED (e.g., Achenbach, McConaughy, & Howell, 1987; Fuller & Rankin, 1984). To date there are no studies that have examined the ability of the SRP or the YSR to distinguish between students with LD and ED. Studies that have been conducted in the past have indicated that LD and ED children can differ.

Fuller and Rankin (1984) conducted a study to test whether LD and SED children could be differentiated from each other and/or regular education students on the basis of personality characteristics. Using the Children’s Personality Questionnaire (CPQ) they found that learning disabled (LD) and severely emotionally disturbed (SED) children differed more from regular education students than from each other on a self-report personality measure. However, the characteristics that distinguished LD from SED children showed SED children to be less conscientious and compliant with rules. The researchers stated, “In determining if a child is eligible for a Special Education program as either LD or SED, the present data suggest that these children can be differentiated on the basis of certain personality characteristics” (p. 224). Furthermore, they noted that such information provided by personality measures might help in assessing particular educational needs, which may lead toward better individual educational programming.

Gajar (1980) conducted a study to test whether learning disabled (LD) and emotionally disturbed (ED) children could be distinguished with the use of
psychopathology measures. He conducted an analysis of characteristics across categories to determine whether the characteristics attributed to children identified as educable mentally retarded (EMR), LD, and ED distinguished them among groups of exceptional children. Using the Wechsler Intelligence Scale for Children (WISC), the Wide Range Achievement Test (WRAT), and The Quay-Peterson Behavior Checklist, the author found that ED children had higher scores than both EMR and LD children on behavior rating scales of conduct disorder, personality problems, and immaturity inadequacy. Wynne and Brown (1984) also conducted a study to determine whether LD and SED children were distinguishable. They found that behavior rating scales and measures of sustained attention and impulse control discriminated between SED and LD children better than did a variety of other instruments. SED children were found to have higher total problem scores, more externalizing behavior, greater impulsivity, and poorer attention than LD children do.

Based on these studies, it is evident that LD and SED children are distinguishable (Gajar, 1980; Fuller & Rankin, 1984; Wynne & Brown, 1984). However, these studies were done several years ago, and no known study has been conducted to test whether the more recently developed SRP or the YSR can be utilized to distinguish between these groups. Both the CBCL and the TRF of the Achenbach scales have been examined to see whether they could distinguish among LD and SED children (Harris, King, Reifler, & Rosenberg, 1984). It is important to be able to distinguish between LD and SED because the information that is provided can help in diagnosing and in assessing the particular educational needs of the individual child.
The present study has two purposes: a) to determine the degree of relationship between the SRP and YSR and b) to determine whether the SRP and the YSR can adequately discriminate between LD and ED students. Due to the recent use of the SRP and the YSR it is imperative to test whether these two scales are measuring similar characteristics. Also, due to the lack of studies investigating the SRP and the YSR in discriminating among LD and ED populations it is important to test whether they can distinguish between the two categories.

Method

Participants

The participants of the study were 109 children 12-18 years old from a school district in a small central Illinois rural community. Forty-eight of the participants of the study were male and 61 were female. Sixty-nine of the participants of the study were presumed normal and did not receive special education services under any disability category. Nineteen were classified as Learning Disabled and 21 Emotionally Disturbed, all of which were initial evaluations or due for a three-year reevaluation.

Table 1 represents the distribution of participants for all three groups. For the ED group there were 4 females and 17 males. The grade breakdown for the ED group was as follows: 3 sixth, 4 seventh, 5 eighth, 2 ninth, 4 tenth, 2 eleventh, and 1 twelfth. For the LD group there were 10 male and 9 females. There were 1 sixth, 2 eighth, 3 ninth, 3 tenth, 2 eleventh, and 8 twelfth grade students. For the Control group there was a total of 21 males and 48 females. There were a total of 31 eleventh graders and 38 twelfth graders.
The participants who were classified as Learning Disabled or Emotionally Disturbed were selected due to an initial case study evaluation or a reevaluation case study evaluation. The participants who did not receive special education services under any disability category were selected based on their class participation for this study. Those participants who were not receiving special education services were classified as the “control” group. Each participant was asked to complete the SRP and the YSR. Informed consent was obtained for all participants under the age of 18.

Instruments

The BASC is a nationally normed assessment system that includes a parent rating scale, a teacher rating scale, a self-report of personality, a structured developmental history, and a student observation system. The Self-Report of Personality- Adolescent version (SRP-A), was utilized. The SRP-A contains 186 true-false items and contains four composites, Clinical Maladjustment, School Maladjustment, Personal Adjustment, and an Emotional Symptoms Index.

The Youth Self-Report (YSR) of the Achenbach was also utilized. The YSR has a total of 102 items, which have the youth respond circling 0 if the item is “not true”, 1 if the item is “somewhat or sometimes true”, and 2 if the item is “very true or often true”. The YSR also contains 17 items that the youth can provide additional comments about their thoughts, feelings, or interests.

Raw scores for each subscales and composites of the SRP and the YSR were converted to T scores with a mean of 50 and a standard deviation of 10, and the percentiles corresponding to each T score vary by scale.
Procedure

The students were selected based on predetermined criteria. The students were chosen to participate if they were classified as LD or ED, receiving special education services, between the ages of 12-18, and were referred for an evaluation. Informed consent was obtained during evaluation time when testing was taking place. Students who were not receiving special education services were also obtained for this study for the “Control” group. Contact with Introduction to Psychology class at the high school was contacted to see if students within the class would be willing to participate. Parental consent was sent home with all of the students from the Psychology class to be obtained in order for them to participate. Appendix A shows the letter that went home to each of the students. Participants whose parents did not provide consent were not able to participate. In order to guarantee that no LD or ED students were within these Psychology classes, a class roster was obtained and reviewed to assure that a “Control” group was obtained. Once the participants met the criteria to participate the SRP and the YSR were administered in a random order to each participant. The students who were identified as LD or ED were not notified of their participation within the study so that their ratings would not be altered. Students who were categorized within the control group were notified that their participation was requested due to the need for research. Participants obtained for the control group did receive class homework credit for participation and an educational component was taught. Following the completion of the self-reports a debriefing statement was provided to each participant (Appendix B).
Analysis

Means and standard deviations were calculated for the total sample, as well as for LD, ED, and control groups. Then a discriminate function analysis was conducted to determine whether the SRP and the YSR could distinguish among LD, ED, and unidentified students and which scores contributed to doing so. Diagnostic efficiency statistics (Kessel & Zimmerman, 1993; Canivez, 1994; Canivez & Watkins, 1996) were calculated to determine whether the SRP and the YSR could adequately identify LD, ED, and control groups.

Results

Pearson product-movement correlation coefficients were used to examine the relationships between the SRP and the YSR. Table 2 and 3 show the descriptive statistics for the two tests for all participants. Table 4 shows the correlations between the SRP and the YSR. Figures 1-6 show the diagnostic efficiency statistics for each of the questionnaires for the separate ED, LD, and control groups.

The descriptive statistics for both the SRP and the YSR are depicted in Tables 1 and 2. Means and standard deviations for LD, ED, control group, and all three groups are presented. The majority of the means and standard deviations were within average ranges with the exception of some of the YSR subscales and composites (i.e., Delinquent Behaviors). Some of the YSR subscales and composites evidenced above average means and standard deviations.

Pearson product-movement correlations were calculated to examine relationships between the SRP and the YSR. For the composite scores, the highest correlation was found between the SRP Clinical Maladjustment and the YSR Internalizing Problems ($r = .79, p < .01$). The correlation between the SRP Clinical Maladjustment and the YSR
Total Problems was also statistically significant \( (r = .75, p < .01) \). The other composite scales that were found to correlate strongly were the SRP Emotional Symptoms Index and the YSR Internalizing Problems \( (r = .74, p < .01) \). Overall, the global scales of the YSR significantly correlated with all subscales and composites of the SRP except, Internalizing Problems did not significantly correlate with the SRP Sensation Seeking \( (r = .09) \). A comparison of the SRP indicates that the SRP’s subscales and composites are significantly correlated with all the subscales and composites of the YSR except with the YSR Activities subscale.

At the subtest level, results indicate varying correlations. Convergent validity was evident among a number of subscales of the SRP and the YSR. The highest correlation at the subtest level was found between the SRP Anxiety and the YSR Anxious/Depressed \( (r = .63, p < .01) \). The SRP Social Stress subtest also correlated with the YSR Anxious/Depressed \( (r = .63, p < .01) \). A moderate correlation between the SRP Atypicality and the YSR Aggressive Behavior \( (r = .61, p < .01) \) was found. Two subtests measuring similar behaviors and emotions correlated only moderately, the SRP Social Stress and the YSR Withdrawn \( (r = .57, p < .01) \). Similarly, the SRP Atypicality and the YSR Thought Problems \( (r = .57, p < .01) \) correlated moderately. Two subtests that by definition are similar, but only correlated moderately were the SRP Depression scale and the YSR Anxious/Depressed \( (r = .47, p < .01) \).

As expected, significant negative correlations were found between subtests on the SRP and the YSR. The SRP Interpersonal Relations and the YSR Withdrawn were significantly negatively correlated suggesting that they are measuring separate attributes \( (r = -.58, p < .01) \). Similarly, the SRP Interpersonal Relations correlated at \( r = -.57 \) with
the YSR Social Problems (p < .01). Finally, the SRP Self-Esteem correlated negatively with the YSR Anxious/Depressed (r = -.56, p < .01). At the composite level, all clinical composites of the YSR negatively correlated with the SRP Personal adjustment composite (r = -.65, r = -.45, r = -.59; p < .01).

The MANOVA of the BASC-SRP revealed overall difference among the groups on combined dependent variable (Wilks Λ = 2.78, p < .01). Subsequent univariate ANOVA results of the SRP subscales revealed that the following SRP subscales differed significantly among the three groups: Attitude to School, Attitude to Teachers, Sensation Seeking, Atypicality, Locus of Control, Depression, Sense of Inadequacy, Relationship with Parents, and Interpersonal Relations.

The post hoc analysis (Tukey HSD) revealed significant mean differences between ED and LD groups on Attitude to School (p < .05). Significant mean differences were revealed between ED and Unidentified groups on Attitude to School, Attitude to Teachers, Sensation Seeking, Atypicality, Locus of Control, Depression, Sense of Inadequacy, and Interpersonal Relations (p < .05). No mean differences between LD and control groups were revealed.

The MANOVA of the YSR also found overall differences among the three groups on combined dependent variables (Wilks Λ = 2.97, p < .01). Subsequent univariate ANOVA results of the subscales of the YSR showed significance among the groups in Social Problems, Social, Attention Problems, and Aggressive Behaviors.

Tukey HSD post hoc analyses revealed significant mean differences between the three groups on the YSR. Significant mean differences were identified between ED and control group on Social Problems, Attention Problems, and Aggressive Behaviors.
Between the LD and the control group, a significant difference was found on the Social subscale. No significant LD and ED differences were identified on the YSR.

Discriminant analyses and subsequent diagnostic efficiency statistics (Kessel & Zimmerman, 1993; Canivez, 1994; Canivez & Watkins, 1996) were used to determine how well the SRP and the YSR classified each group. When attempting to distinguish between the ED and LD groups the SRP correctly classified 89% of the ED sample and 86% of the LD sample. When distinguishing between the LD sample and the control group with the SRP, 77% of LD and 61% of the control group were identified correctly. Finally, 76% of the ED sample and 90% of the control group were correctly classified on the SRP.

The discriminant analysis and subsequent diagnostic efficiency statistics of the YSR also revealed how well the test was able to distinguish between the groups. When ED and LD groups were compared, 68% of the ED sample was classified correctly and 57% of LD was classified accurately. When LD and the control group were examined, 78% of LD was correctly classified and only 53% of the control group were correctly classified. On the YSR, when ED and unidentified groups were examined, 62% of ED and 86% of unidentified samples were correctly classified.

A diagnostic efficiency test (Kessel & Zimmerman, 1993) was conducted to determine the predictive power of the SRP and the YSR and to examine how well each of the two tests was able to distinguish amongst the three different groups. Figures 1-6 shows the specificity, sensitivity, positive predictive power, and negative predictive power for the SRP and the YSR.
Using the diagnostic efficiency test reviewed by Kessel and Zimmerman (1993) the SRP and the YSR were analyzed. This test was conducted to determine the number of cases that were identified correctly by each test.

Figure 1 displays diagnostic efficiency statistics when contrasting LD and ED groups on the SRP. The Positive Predictive Power (.89) of the SRP confirmed a significant amount of the children positively identified as having LD rather than ED. Likewise, the Negative Predictive Power (.86) identified a significant number of the children as accurately not being LD. The False Positive Rate (.10) for the SRP was low and identified a small number of ED children identified as LD. Similarly, the False Negative Rate was low (.15) and revealed a small number of LD children identified as ED.

The overall correct classification (hit) rate was .87. The kappa coefficient, which is the agreement beyond chance, was statistically significant ($K = .74$, $Z = 4.65$, $p < .001$) (Canivez, 1994, Watkins & Canivez, 1997).

Figure 2 displays diagnostic efficiency statistics when contrasting LD and control groups on the SRP. The Positive Predictive Power (.77) of the SRP confirmed a significant amount of the children positively identified as being in the LD group rather than control group. Likewise, the Negative Predictive Power (.61) identified a significant number of the children as accurately not being LD. The False Positive Rate (.59) for the SRP was high and indicated an over identification of participants who were not LD. On the other hand, the False Negative Rate was low (.11) and revealed a small number of LD children identified as controls.
The overall correct classification (hit) rate was .74. The kappa coefficient, which is the agreement beyond chance, was statistically significant (K = .32, Z = 3.10, p < .01) (Canivez, 1994, Watkins & Canivez, 1997).

Figure 3 displays diagnostic efficiency statistics when contrasting ED and control groups on the SRP. The Positive Predictive Power (.76) of the SRP confirmed a significant amount of the children positively identified as being in the ED group rather than control group. Likewise, the Negative Predictive Power (.90) identified a significant number of the children as accurately not being ED. The False Positive Rate (.07) for the SRP was low and identified a small number of control group children as ED. On the other hand, the False Negative Rate was high (.30) and revealed a large number of ED children identified as controls.

The overall correct classification (hit) rate was .87. The kappa coefficient, which is the agreement beyond chance, was statistically significant (K = .64, Z = 6.07, p < .001) (Canivez, 1994, Watkins & Canivez, 1997).

Figure 4 displays diagnostic efficiency statistics when contrasting LD and ED groups on the YSR. The Positive Predictive Power (.68) of the YSR suggests that the YSR does not adequately identify participants with positive test scores who are LD rather than ED. Likewise, the Negative Predictive Power (.57) suggests that the YSR does not adequately identify participants with negative test scores who are ED rather than LD. The False Positive Rate (.33) for the YSR was high and over identified control group children as ED. Similarly, the False Negative Rate was high (.41) and revealed a large number of ED children identified as LD.
The overall correct classification (hit) rate was .63. The kappa coefficient, which is the agreement beyond chance, was statistically significant ($K = .25, Z = 1.62, p < .10$) (Canivez, 1994, Watkins & Canivez, 1997).

Figure 5 displays diagnostic efficiency statistics when contrasting LD and control groups on the YSR. The Positive Predictive Power (.78) of the YSR confirmed a significant amount of the children positively identified as being in the LD group rather than control group. Likewise, the Negative Predictive Power (.53) identified a significant number of the children as accurately not being LD. The False Positive Rate (.60) for the YSR was high and indicated an over identification of participants who were not LD. On the other hand, the False Negative Rate was low (.14) and revealed a small number of LD children identified as controls.

The overall correct classification (hit) rate was .73. The kappa coefficient, which is the agreement beyond chance, was statistically significant ($K = .28, Z = 2.64, p < .01$) (Canivez, 1994, Watkins & Canivez, 1997).

Figure 6 displays diagnostic efficiency statistics when contrasting ED and control groups on the YSR. The Positive Predictive Power (.62) of the YSR suggests that the YSR does not adequately identify participants with positive test scores who are ED rather than controls. On the other hand, the Negative Predictive Power (.86) identified a significant number of the children as accurately not being ED. The False Positive Rate (.12) for the YSR was low and identified a small number of control group children as ED. In contrast, the False Negative Rate was high (.43) and revealed a large number of ED children identified as controls.
The overall correct classification (hit) rate was .80. The kappa coefficient, which is the agreement beyond chance, was statistically significant (K = .46, Z = 4.36, p < .001) (Canivez, 1994, Watkins & Canivez, 1997).

The diagnostic efficiency statistics presented in Figures 1-3 indicated that the SRP demonstrated high degrees of sensitivity, the ratio of children correctly identified when distinguishing LD from ED and when distinguishing the LD from the control group (.84 & .88). A moderate degree of sensitivity was indicated when distinguishing the ED group from the control group (.70). In figures 4-6 the YSR demonstrated a high degree of sensitivity (.86) when distinguishing the LD group from the control group. Lesser degrees of sensitivity were demonstrated when distinguishing LD from ED and ED from the control group (.59 & .57). Patterns of specificity, the ratio of children correctly identified as not being members of the specified group, varied also. The SRP demonstrated high degrees of specificity in the LD/ED and ED/control group contrasts (.90 & .93). Specificity when distinguishing LD from the control group was .41. The YSR demonstrated a high degree of specificity when distinguishing ED from the control group (.89) and low to moderate levels when contrasting LD and the control group (.40) and LD from ED (.67). For the SRP overall correct classification (hit) rates were .87 when distinguishing LD from ED, .74 when distinguishing LD from the control group, and .87 when distinguishing ED from the control group. Significant Kappa’s (K = .75, Z = .46, p < .0001; K = .32, Z = 3.10, p < .001; K = .64, Z = 6.07, p < 0) indicated agreement beyond chance. For the YSR overall correct classification (hit) rates were .63 when distinguishing LD from ED, .73 when distinguishing LD from the control group, and .80 when distinguishing ED from the control group. Significant Kappa’s (K = .25, Z
SRP and YSR = 1.62, p < .05; K = .28, Z = 2.64, p < .01; K = .46, Z = 4.36, p < .001) indicated agreement beyond chance.

Discussion

The purpose of this study was to examine the relationship between two self-report measures: the Behavior Assessment System for Children-Self-Report of Personality (BASC-SRP-A) and the Youth Self-Report (YSR). Also, it was proposed to determine whether these two self-reports could distinguish between Emotionally Disturbed (ED), Learning Disabled (LD), and control groups. Previous research on these two scales is limited. The only research that examined these two measures was cited in the BASC manual; however, the SRP was compared to the 1985 version of the YSR.

Results of the present study examining the convergent and discriminant validity of the SRP and the YSR are similar to those hypothesized. As expected, correlations of the SRP and the YSR were mostly within the moderate to high range. Also, the present study demonstrated that these measures differ in their ability to distinguish among the three groups.

This is the first study to have examined the SRP and the YSR (1991) version. However, research conducted on the SRP and the YSR (1985) version within the BASC manual (1992) found similar results. In the 1992 BASC manual, high correlations were found between the Clinical Maladjustment and the YSR Internalizing \( (r = .84 \text{ and } r = .74 \text{ for females and males respectively}) \). Similarly, this study revealed a high correlation \( (r = .79) \) between these two composites \( (p < .01) \). The current study also yielded correlations between the SRP Clinical Maladjustment and the YSR Total Problems of .75 \( (p < .01) \).
correlated significantly with the SRP Emotional Symptoms Index ($r = .74, p < .01$).

Consistent with the results found in the BASC manual (Reynolds & Kamphaus, 1992) only moderate correlations were found between the SRP Clinical Maladjustment and the YSR Externalizing Problems composite scales. These correlations approximate those frequently found between global measures of intelligence and would support the convergent validity of these two measures. Divergent validity was supported by the fact that all clinical composites of the YSR negatively correlated with the SRP Personal Adjustment composite ($r = -.65, -.45, -.59, p < .01$).

At the subtest level, (Reynolds & Kamphaus, 1992), similar correlations to those cited in the BASC manual were found. However, the 1991 revision of the YSR, subscales are different. Therefore, only a few similar correlations were noteworthy. Previously, the SRP Atypicality and the 1985 version of the YSR Thought Problems correlated significantly ($r = .58, p < .01$). This study found a significant correlation ($r = .57, p < .01$) between the two subscales indicating similar constructs. Additionally, results revealed a significant, positive correlation among similar subscales, the SRP Anxiety and the YSR Anxious/Depressed ($r = .63, p < .01$). Significant negative correlations were also found between subscales as expected, the SRP Interpersonal Relations and the YSR Withdrawn ($r = -.58, p < .01$). These subscale correlations support the convergent and divergent validity of the SRP and the YSR.

This study complimented some of the conclusions that were found within the BASC manual that there is a close relationship between the SRP and the YSR on certain composite levels. A close relationship between the SRP Clinical Maladjustment composite and the YSR Internalizing composite continued to show high correlations
within the present study. Contrary to results found in the BASC manual, this present study found that both the SRP and the YSR are fundamentally similar instruments. The BASC manual stated “the SRP and the YSR are fundamentally different types of instruments, the former concentrating on emotions and cognition’s and the latter on self-reported behaviors” (Reynolds & Kamphaus, 1992). Results Reynolds and Kamphaus reported were based upon the 1985 version of the YSR. Since the 1991 revision of the YSR, this study found that the SRP and the revised YSR are more similar than previous research suggested.

In addition to examining relationships between the measures it is important to examine how well these two self-reports can distinguish among ED, LD and normal groups. The ability of a self-report measure to discriminate among groups is an essential characteristic if it is to be used for diagnostic purposes. There has been no recent research conducted to examine whether self-reports, including the SRP and the YSR, are capable of discriminating among different groups. This study sought to determine how well the SRP and the YSR discriminate among ED, LD, and control groups.

A MANOVA was performed to determine the degree to which the ED, LD and control groups differed on the SRP and the YSR. An analysis of the SRP revealed that the ED and LD groups were significantly different on the SRP Attitude to School Scale. The ED and the control group demonstrated significant differences on a number of the SRP scales, including Attitude to School, Attitude to Teachers, Sensation Seeking, Atypicality, Locus of Control, Sense of Inadequacy, Interpersonal Relations, and Depression. No significant differences were revealed between the LD and the control group. More mean differences were evident between ED and the control groups.
A MANOVA was performed with the YSR to determine group differences on any of its subscales. No significant differences were revealed among the LD and ED groups or the LD and control groups. The YSR did distinguish however, that the ED and the control group were significantly different on the YSR Social Problems, Attention Problems, and Aggressive Behaviors. Thus the YSR's ability to differentiate among the groups at the subscale level may be limited.

In the discriminant function analyses the categories were paired, LD/ED, LD/control, and ED/control, to determine what percentage of the pairs were correctly classified. Both the SRP and the YSR were examined individually. When the analysis was conducted with SRP results of ED and LD groups, both groups were classified correctly with percents in the 80's. Such percentages would be expected with measures that are supposed to measure similar attributes. This high percentage demonstrates that the SRP can adequately classify individuals into the correct LD and ED categories.

An analysis of the SRP was conducted between the LD and control groups to determine correct classification percentages. The SRP was able to correctly classify 77% of the LD group and 61% of the control group. This would indicate that the SRP's ability to correctly classify LD and control groups is done at a moderate level. When an analysis was conducted between ED and the control groups, the SRP correctly classified the ED group 76% of the time and the control group 90%. This demonstrates that the SRP can classify correctly among the three groups when analyzing the SRP as a whole rather than at the subscale level.

When the discriminant analysis was conducted on the YSR it also demonstrated evidence of correct classification among the groups. An analysis between ED and LD
groups indicated correct classification of 68% for ED and 57% for LD. The analysis between the LD group and the control group showed 78% of the LD group classified correctly while 53% of the control group was classified correctly. This indicates that when using the YSR it may be more difficult to correctly distinguish between the control group and the LD group. When the analysis was conducted between ED and the control group it demonstrated that 62% of the ED group was correctly classified and 86% of the control group was classified correctly. This demonstrated that when using the YSR to classify ED and the control groups, the YSR better classifies the control group.

Various researchers have attempted to make a distinction between LD and ED groups. However, no current research has been conducted utilizing the recent versions of the SRP and the YSR. Previous research conducted by Gajar (1980), Fuller & Rankin (1984), and Wynne & Brown (1984) all demonstrated that LD and SED children are distinguishable when using a variety of instruments. Consistent with what was found in the previous research, this study found that LD and ED students are distinguishable on certain subscales and composites of the SRP and the YSR. In this study, similar to what was found in Gajar (1980), Fuller & Rankin (1984), and Wynne & Brown (1984), ED students were found to differ from LD students on externalizing subscales and composites.

Diagnostic efficiency analyses were conducted on both instruments. Although results of the diagnostic efficiency tests supported some of the findings from the discriminant analyses, these results revealed further diagnostic differences between the two instruments. When examining diagnostic efficiency statistics, the SRP appears superior to the YSR. When attempting to distinguish between the LD and ED groups the
SRP had a higher overall classification rate and lower rates of both false positives and false negatives. Also, when attempting to distinguish between the ED and control groups the SRP more adequately identified the ED group with a lower level of false positives. Both instruments displayed unacceptable false negative rates. Both instruments over identified controls as LD.

Limitations existed in the present study. First, the students used for the control group were mostly juniors and seniors in high school who received extra credit for participating. Since LD and ED samples consisted of students between 12-18, a control group may have been more comparable. Also, by rewarding the students with extra credit, it may have altered their responses. Second, the students that participated within this study were mostly Caucasian and resided within the same rural community. This sample is not representative of the entire population for which these instruments may be used.

Results of this study support the convergent and divergent validity of the SRP and the YSR. Although both scales could differentiate among ED, LD, and the unidentified sample, the SRP was more successful at correctly classifying participants in their proper groups. The ability for the SRP and the YSR to distinguish ED and unidentified participants revealed more success in distinguishing ED and unidentified groups then they were with making distinctions with all other groups. There is a need for instruments that correctly identify individuals within their proper categories. This is necessary due to the increase in individuals receiving services. The ability of the SRP and the YSR to distinguish between ED and LD groups remains to be demonstrated. Additional research is needed to further replicate the convergent and discriminant validity of the SRP and the
new version of the YSR. With this recent addition of technical information on these two measures gathered in this study it may allow better identification and planning for interventions for children with behavior and emotional problems within the schools.
References


Table 1

Distribution of Participants

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### Table 2

**Descriptive Statistics for BASC-SRP subscales and composites among groups**

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**Note:** BASC = Behavior Assessment System for Children, SRP = Self-Report of Personality, ED = Emotionally Disturbed, LD = Learning Disabled, Control Group = Control Group, SCH = Attitude to School, TCH = Attitude to Teachers, SEN = Sensation Seeking, ANX = Anxiety, ATY = Atypicality, LOC = Locus of Control, SOC = Social Stress, SOM = Somatization, DEP = Depression, PAR = Relationship with Parents, INT = Interpersonal Relations, EST = Self-Esteem, RELI = Self-Reliance, SCH MALA = School Maladjustment, CLIN MALA = Clinical Maladjustment, PER ADJ = Personal Adjustment, ESI = Emotional Symptoms Index.
### Table 3

Descriptive Statistics for YSR subscales and composites among groups.

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<th><strong>M</strong></th>
<th><strong>SD</strong></th>
<th><strong>M</strong></th>
<th><strong>SD</strong></th>
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</thead>
<tbody>
<tr>
<td>TOT COMP</td>
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<td>7.72</td>
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<tr>
<td>INT PRO</td>
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<td>11.40</td>
<td>59.14</td>
<td>12.71</td>
<td>53.63</td>
<td>10.12</td>
<td>52.88</td>
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<tr>
<td>EXT PRO</td>
<td>55.46</td>
<td>10.13</td>
<td>61.38</td>
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<td>56.37</td>
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<td>53.41</td>
<td>9.44</td>
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<tr>
<td>TOT PRO</td>
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<td>11.09</td>
<td>63.10</td>
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<td>56.58</td>
<td>10.52</td>
<td>54.07</td>
<td>10.59</td>
</tr>
</tbody>
</table>

**Note:** YSR = Youth Self-Report, ED = Emotionally Disturbed, LD = Learning Disabled, Control Group = Control Group, ACT = Activities, SOC = Social, WITH = Withdrawn, SOM = Somatization, ANX/DEP = Anxious/Depressed, SOC PRO = Social Problems, THT PRO = Thought Problems, ATT PRO = Attention Problems, DEL BX = Delinquent Behavior, AGG BX = Aggressive Behavior, TOT COMP = Total Competence, INT PRO = Internalizing Problems, EXT PRO = Externalizing Problems, TOT PRO = Total Problems
Table 4

Correlations of the SRP and YSR composites and subscales.

<table>
<thead>
<tr>
<th>BASC-SRP</th>
<th>ACT</th>
<th>SOC</th>
<th>WITH</th>
<th>ANX/DEP</th>
<th>SOC PRO</th>
<th>THT PRO</th>
<th>ATT PRO</th>
<th>DEL BX</th>
<th>AGG BX</th>
<th>TOT COM</th>
<th>INT PRO</th>
<th>EXT PRO</th>
<th>TOT PRO</th>
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<tbody>
<tr>
<td>SCH</td>
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<td>.33**</td>
<td>.43**</td>
<td>.44**</td>
<td>.31**</td>
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<td>.41**</td>
<td>.42**</td>
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<td>-.32**</td>
<td>-.28**</td>
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<td>-.22**</td>
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<td>-.12</td>
<td>-.34**</td>
<td>-.18</td>
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<td>-.38**</td>
<td>-.22**</td>
<td>-.04</td>
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<td>-.17</td>
<td>-.25**</td>
<td>.16</td>
<td>-.34**</td>
<td>-.22**</td>
<td>-.28**</td>
</tr>
</tbody>
</table>

COMPOSITES

| SCH MALA  | -.19 | -.25**| .27**| .14     | .25**   | .33**   | .29**   | .52**  | .40**  | -.32**  | .28**   | .51**   | .45**   |
| CLIN MALA | -.04 | -.04 | .60**| .69**   | .48**   | .43**   | .52**   | .36**  | .53**  | -.21    | .79**   | .57**   | .75**   |
| PERS ADJ  | .16 | .39**| -.55**| -.58**  | -.48**  | -.25**  | -.44**  | -.38** | -.44** | .38**   | -.65**  | -.45**  | -.59**  |
| ESI       | -.15| -.31**| .58**| .68**   | .48**   | .29**   | .51**   | .29**  | .46**  | -.36**  | .74**   | .47**   | .66**   |

Note: YSR = Youth Self-Report, BASC-SRP = Behavior Assessment for Children - Self-Report of Personality, ACT = Activities, SOC = Social, WITH = Withdrawn, ANX/DEP = Anxious/Depressed, SOC PRO = Social Problems, THT PRO = Though Problems, ATT PRO = Attention Problems, DEL BX = Delinquent Behavior, AGG BX = Aggressive Behavior, TOT COMP = Total Competence, INT PRO = Internalizing Problems, EXT PRO = Externalizing Problems, TOT PRO = Total Problems, SCH = Attitude to School, TCH = Attitude to Teachers, SEN = Sensation Seeking, ANX = Anxiety, ATY = Atypicality, LOC = Locus of Control, SOC = Social Stress, SOM = Somatization, DEP = Depression, PAR = Relationship with Parents, INT = Interpersonal Relations, EST = Self-Esteem, RELI = Self-Reliance, SCH MALA = School Maladjustment, CLIN MALA = Clinical Maladjustment, PER ADJ = Personal Adjustment, ESI = Emotional Symptoms Index.

* p < .05
* * p < .01
Figure 1

**SRP Diagnostic Efficiency Statistics: LD/ED**
**Diagnostic Efficiency Table**

<table>
<thead>
<tr>
<th>Test</th>
<th>Present</th>
<th>Absent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>16</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Negative</td>
<td>3</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>20</td>
<td>39</td>
</tr>
</tbody>
</table>

**Results**

- Sensitivity (True Positive Rate) = 0.8421
- Specificity (True Negative Rate) = 0.9
- Positive Predictive Power = 0.8889
- Negative Predictive Power = 0.86
- False Positive Rate = 0.1
- False Negative Rate = 0.1579
- Overall Correct Classification (Hit) Rate = 0.8718

- Observed Agreement Po = 0.8718
- Chance Agreement Pc = 0.501

- Kappa = 0.7431
- Standard Error of Kappa = 0.159929948

Significance Test for Kappa Ho: k = 0  \( Z = 4.646409307 \)
- \( p < 0.00000338 \)  two-tail test
- \( p < 0.00000169 \)  one-tail test

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Figure 2

SRP Diagnostic Efficiency Statistics: ED/Control
## Diagnostic Efficiency Table

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>Negative</td>
<td>7</td>
<td>62</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>67</td>
</tr>
</tbody>
</table>

### Results

- Sensitivity (True Positive Rate) = 0.6957
- Specificity (True Negative Rate) = 0.9254
- Positive Predictive Power = 0.7619
- Negative Predictive Power = 0.90
- False Positive Rate = 0.0746
- False Negative Rate = 0.3043
- Overall Correct Classification (Hit) Rate = 0.8667

- Observed Agreement Po = 0.8667
- Chance Agreement Pc = 0.6304

- Kappa = 0.6393
- Standard Error of Kappa = 0.105252906

Significance Test for Kappa

- Ho: $k = 0$
- $Z = 6.073941555$
- $p < 0$ [two-tail test]
- $p < 0$ [one-tail test]
Figure 3

SRP Diagnostic Efficiency Statistics: LD/Control
# Diagnostic Efficiency Table

<table>
<thead>
<tr>
<th>Test</th>
<th>Present</th>
<th>Absent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>53</td>
<td>16</td>
<td>69</td>
</tr>
<tr>
<td>Negative</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>27</td>
<td>87</td>
</tr>
</tbody>
</table>

## Results

- **Sensitivity (True Positive Rate)** = 0.8833
- **Specificity (True Negative Rate)** = 0.4074
  - **Positive Predictive Power** = 0.7681
  - **Negative Predictive Power** = 0.61
  - **False Positive Rate** = 0.5926
  - **False Negative Rate** = 0.1167
- **Overall Correct Classification (Hit) Rate** = 0.7356
- **Observed Agreement Po** = 0.7356
- **Chance Agreement Pc** = 0.6112

  - **Kappa** = 0.32
  - **Standard Error of Kappa** = 0.103371859

  **Significance Test for Kappa**
  - **Ho: k = 0**
  - **Z** = 3.095620071
    - **p < 0.00196415** two-tail test
    - **p < 0.00098208** one-tail test

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Figure 4

YSR Diagnostic Efficiency Statistics: LD/ED
Diagnosis Effciency Table

<table>
<thead>
<tr>
<th>Test</th>
<th>Present</th>
<th>Absent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>13</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Negative</td>
<td>9</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>18</td>
<td>40</td>
</tr>
</tbody>
</table>

Results

Sensitivity (True Positive Rate) = 0.5909
Specificity (True Negative Rate) = 0.6667
Positive Predictive Power = 0.6842
Negative Predictive Power = 0.57
False Positive Rate = 0.3333
False Negative Rate = 0.4091
Overall Correct Classification (Hit) Rate = 0.625

Observed Agreement Po = 0.625
Chance Agreement Pc = 0.4975

Kappa = 0.2537
Standard Error of Kappa = 0.156342838

Significance Test for Kappa Ho: k = 0
Z = 1.622715839
p < 0.10465015 two-tail test
p < 0.05232507 one-tail test

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Figure 5

**YSR Diagnostic Efficiency Statistics: ED/Control**
Diagnostic Efficiency Table

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Present</th>
<th>Absent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
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<tr>
<td>Positive</td>
<td>13</td>
<td>8</td>
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<tr>
<td>Negative</td>
<td>10</td>
<td>59</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>67</td>
<td>90</td>
</tr>
</tbody>
</table>

Results

Sensitivity (True Positive Rate) = 0.5652
Specificity (True Negative Rate) = 0.8806
Positive Predictive Power = 0.619
Negative Predictive Power = 0.86
False Positive Rate = 0.1194
False Negative Rate = 0.4348
Overall Correct Classification (Hit) Rate = 0.8

Observed Agreement Po = 0.8
Chance Agreement Pc = 0.6304

Kappa = 0.4589
Standard Error of Kappa = 0.105252906

Significance Test for Kappa Ho: k = 0
Z = 4.359974628
p < 0.00001302 two-tail test
p < 0.00000651 one-tail test

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Figure 6

**YSR Diagnostic Efficiency Statistics: LD/Control**
Diagnostic Efficiency Table

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Present</th>
<th>Absent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>54</td>
<td>15</td>
<td>69</td>
</tr>
<tr>
<td>Negative</td>
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<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>25</td>
<td>88</td>
</tr>
</tbody>
</table>

Results

Sensitivity (True Positive Rate) = 0.8571
Specificity (True Negative Rate) = 0.4
Positive Predictive Power = 0.7826
Negative Predictive Power = 0.53
False Positive Rate = 0.6
False Negative Rate = 0.1429
Overall Correct Classification (Hit) Rate = 0.7273

Observed Agreement Po = 0.7273
Chance Agreement Pc = 0.6227

Kappa = 0.2772
Standard Error of Kappa = 0.104873178

Significance Test for Kappa
Ho: k = 0
Z = 2.643192521
p < 0.00821291 two-tail test
p < 0.00410646 one-tail test

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Dear Parents,

The purpose of this letter is to explain a study that I hope to conduct at Effingham Community School District Unit #40 and to request your support. Most educators, parents, and students are aware that students learn and behave in different ways while at school. There are a number of different ways to measure how a student is learning and behaving and how it may be impacting his/her education. Such measures include those that may be reported by the teachers, the parents, and even students. These measures are utilized to assist in identifying problem behaviors of students. What I propose to do in my study is to administer two self-report measures, the Self-Report of Personality and the Youth Self-Report, to students and determine whether these self-report measures can correlate with one another and whether they can discriminate amongst students. The Self-Report of Personality is a 186-item test that asks students ages 12-18 to respond to questions regarding their perceptions of their own behavior and feelings. For example, students must respond with "true" or "false" to questions similar to "I like to argue." The Youth Self-Report is a similar measure containing 112-items for students ages 11-18. Students must respond with "not true," "somewhat or sometimes true," or "very true or often true," to questions such as "I get teased a lot." Even though the formats of these measures are different, they are both designed to look at problem and adaptive behaviors. They are both valid measures and are utilized frequently within the schools.

Students who participate in this study will be given the self-report measures during two different sessions. Both sessions will take about 40 minutes each and will be during regular school hours.

In order to protect the privacy of each student, a number will be supplied on each test form to identify each child. I will then keep a master list of the students and the test number that they are assigned.

If you have any questions or concerns regarding this study please feel free to contact Jodi DeRoss, 540-1492 or Mike Havey, 581-3523. On the attached form please indicate whether or not you will allow your child to participate in the study. Your child’s results on the self-reports will not be available, but a summary of the research findings will be supplied upon request. Please return the attached form as soon as possible to your child’s teacher. Thank you for your time and support.

Sincerely,

Jodi DeRoss, B.A.
School Psychologist Intern
Debriefing Statement

**Project Title:** Convergent and Discriminant Validity of the Self-Report of Personality (SRP) and the Youth Self-Report (YSR)

**Investigator:** Jodi DeRoss

A child's way of learning and the way that they behave during school can impact the outcome of their education. Many different ways of measuring a child's learning and behavior style have been utilized within the schools over the years. The most common measures are those that gather information pertaining to how a parent or teacher perceives a student's learning and/or behavioral style. However, less frequently are students asked to report themselves on how they perceive their own learning and behavior styles. In a study by Verhulst & van der Ende it was found that self-reports provided important information due to the fact that students reported their own feelings, judgements, and tolerances that tended not to be observable by others. Therefore, the purpose of this study was to find out whether students themselves can provide pertinent information about their learning and behavior styles on self-report measures and whether the self-report measures were valid.

For the purpose of this study two self-report measures were administered to your child. The two measures were administered during two different sessions during the regular school hours. The two measures that were used were the Self-Report of Personality (SRP) of the BASC and the Youth Self-Report by Achenbach. The scores of these self-reports will be analyzed as group scores rather than individual scores.

I would like to thank you for your participation in this study and if you have any further questions, please feel free to contact me at (217) 540-1492.

Thank You

Jodi DeRoss, B.A.