

MICAA-A

MULTI-INFORMANT CHILD AND ADOLESCENT ASSESSMENT - ADOLESCENT

Summary Report

Youth Code: Bobo's hazy log
Service Start Date: 9/15/2026
Youth Grade at Service: 8th
Youth Age at Service: 13
Date of Report: 9/25/2026
Test Version: MICAA-A v1.1
Test Variation: Survey import: micaa-a_case_study_sep_2026
Norm Set: MICAA-A v1.1 Community Norms 2025/2026
Provider: Robert Basham
Organization: Case Study Sep 2026
Data Retention Policy: date
Data Delete Date: 9/17/2126
May Retain Client Data: Yes
May Keep Anonymized Data: No

Raters:

Bobo's hazy log (youth, self-report)
Parent 1 (parent rater P1)
Parent 2 (parent rater P2)
Teacher (teacher rater T1)

Table of Contents

Interpretive Report 3

Parent Feedback 12

Youth Feedback 14

Concept Maps 15

T-Score Graphs 21

Composite Scores 22

Tables of Scores 23

Item Responses 27

Infrequent Responses 29

Developmental History 33

Medical History 34

MICAA-A Interpretive Report

Date of Service: 9/15/2026

Date of Review: Not yet reviewed

Youth Questionnaire: The youth's responses appear valid. He endorsed none of the Invalidity True Bias items (50T) and denied none of the Invalidity False Bias items (48T), indicating careful and attentive reading. His willingness to disclose substance use, self-harm, and unhappiness further argues against a defensive response set, so the profile can be interpreted with confidence.

Acting Out is his most elevated domain (63T average), and it is dominated by substance use and covert rule-breaking rather than aggression. Substance Abuse (78T) is markedly elevated. He reports vaping or smoking almost every day, drinking alcohol with friends, using on a weekday night, buying drugs to get high, and using a drug other than alcohol or marijuana. Disobedience (75T) is also marked; he has snuck out at night, lied to his parents about where he has been, spent time with people he is not supposed to be around, and done something that could get him in trouble with the police. Negative Peer Influences (69T) reflects watching a friend commit a crime and being in a dangerous situation because of a friend. School Misbehavior (62T) reflects repeated trouble at school and a Saturday school or in-school suspension. Anger (58T) is mildly raised, mainly a short temper and losing his temper when an adult told him what to do. Social Media Addiction (37T) is not a concern.

The Negative Affect domain averages 55T, but the average conceals clinically important elevations. Suicidal Ideation (71T) is moderately elevated: he reports cutting or burning himself on purpose and often thinking about death, while denying thoughts of ways to kill himself or not wanting to live. Emotional Distress (66T) reflects feeling empty inside, partly feeling worthless, feeling sad for no reason, and lying awake because of worry. Somatization (63T) centers on frequent stomach pains and partly feeling sick despite medical reassurance. Posttraumatic Stress (61T) reflects being bothered by bad memories and avoiding people or places that remind him of a bad experience. Peer Rejection (56T) rests on a single report of being treated poorly by other kids, and on an unscored item he partly endorsed being bullied online. Anxiety Disorders (47T), Unusual Thinking (48T), Weight Issues (44T), and Autism Spectrum (40T) are within normal limits, and he denied every hallucination and confusion item.

School Disengagement averages 51T. School Underperformance (63T) is the only mild elevation: he reports failing one or more classes, falling grades, skipped homework, and hating studying. School Attention Deficit (55T) and Executive Dysfunction (51T) are average, with partial endorsement of difficulty paying attention in class and being told his homework is messy. Gaming Addiction (35T) is absent.

Resiliency is the most concerning domain (33T average), and low scores here carry the greatest interpretive weight. Self-Esteem (27T) is very low. He denies caring about himself and his life, feeling good about himself, or looking forward to the future, although he does consider himself a smart person. Family Support (28T) is equally low; he denies that his parents have shown him affection or that he has felt close to them, and he can only partly count on them, though he feels they accept him for who he is. Social Support (35T) is low, with only partial endorsement of having someone to talk to about personal things. School Belonging (41T) is below average; he does not feel part of the school community and only partly feels there is an adult at school he could go to, although he does feel safe there.

The youth diagnostic composites are highest for Depression (74T), followed by Anxiety (65T), Misbehavior (64T), and PTSD (63T). The ADHD composite (54T) is equivocal, and the Autism composite (18T) is very low.

Substance Abuse (78T)

"used a drug other than alcohol or marijuana" (Youth: True, 99th percentile)

"bought drugs to get high with" (Youth: True, 99th percentile)

"vaping or smoking almost every day" (Youth: True, 99th percentile)

"drunk alcohol or used drugs on a weekday night" (Youth: True, 97th percentile)

Disobedience (75T)

"snuck out at night after my parents went to bed" (Youth: True, 98th percentile)

"done something that could get me in trouble with the police" (Youth: True, 97th percentile)

"spent time with people I am not supposed to be around" (Youth: True, 97th percentile)

"lied to my parents about where I've been" (Youth: True, 94th percentile)

Self-Esteem (27T)

"been looking forward to the future" (Youth: False, 3rd percentile)

"cared a lot about myself and my life" (Youth: False, 1st percentile)

"been feeling good about myself" (Youth: False, 1st percentile)

Family Support (28T)

"been able to count on my parents" (Youth: Partly True, 3rd percentile)

"my parents have been showing me affection" (Youth: False, 1st percentile)

"felt close to my parents" (Youth: False, 1st percentile)

Suicidal Ideation (71T)

"cut on my skin or burned myself on purpose" (Youth: True, 99th percentile)

"often thought about death" (Youth: True, 99th percentile)

"thought about ways I could kill myself" (Youth: False, 49th percentile)

Parent Questionnaires: Two parent raters (Parent 1 and Parent 2) completed the questionnaire on the same day and produced nearly identical profiles, differing on only a handful of items. The convergence strengthens the findings, though the clinician may wish to confirm that the forms were completed independently. Neither profile appears defensive: both parents endorse serious problems while also crediting the youth with strengths such as maintaining a close friendship and finding his own voice.

Acting Out is the most elevated domain for both parents (P1 58T; P2 60T). Substance Abuse (P1 87T; P2 87T) is at the extreme of the norms. Both parents report that he has shown signs of using drugs or alcohol, been caught with drugs or paraphernalia, been in trouble for drug or alcohol use, and used tobacco products. Antisocial Behavior (P1 81T; P2 81T) reflects being in trouble with the police and participating in criminal activities during the past month. Negative Peer Influences (P1 76T; P2 73T) reflects time spent with peers who are negative influences and conflict with parents over a boyfriend or girlfriend. Disobedience (P1 62T; P2 70T) is driven by sneaking out of the house, with Parent 2 also noting partial resistance to chores; neither parent reports stealing or staying away overnight. School Misbehavior (P1 67T; P2 67T) confirms a Saturday school or in-school suspension. Aggression and Fighting (P1 46T; P2 46T), Family Conflict (P1 42T; P2 42T), and Anger (P1 44T; P2 44T) are not elevated, so the misbehavior is covert and peer-linked rather than confrontational. History of Behavior Problems (P1 40T; P2 49T) is unremarkable, indicating adolescent-onset conduct problems.

School Disengagement averages near the norm (P1 50T; P2 52T), but School Underperformance (P1 66T; P2 66T) is elevated. Both parents report lower grades, loss of interest in schoolwork, going to school unprepared, and partial refusal to do homework. School Attention Deficit (P1 53T; P2 57T) and Executive Dysfunction (P1 50T; P2 57T) are average to mildly raised; both parents note that he expects schoolwork to take less time than it does and partly forgets multistep instructions. The parent ADHD ratings (P1 53T; P2 56T) reflect impulsive decisions and difficulty following through rather than restlessness or poor concentration. History of ADHD (P1 36T; P2 36T) is low, with both parents describing a preschooler who could sit still, wait his turn, and follow directions.

Negative Affect is near average for both parents (P1 47T; P2 50T), and both deny observing depressed mood, excessive worry, panic, suicidal signs, or deliberate self-harm. Autism Spectrum (P1 61T; P2 61T) is mildly elevated because both report repetitive behaviors to calm himself and partly endorse obsessive interests, while denying difficulty reading social cues. On unscored items both parents also report needless checking, which fits the reported OCD history better than an autism spectrum interpretation. Somatization (P1 57T; P2 57T) reflects stomach aches, matching the youth's report. Parent 2 alone rates Unusual Thinking (63T) as elevated, on a single item about unusual suspiciousness. Family Estrangement (P1 58T; P2 62T) reflects refusal to talk openly with family, and Parent 2 adds that he acts as if he does not want to be part of the family. Both parents note on unscored items that he has been avoiding activities he used to enjoy and has had periods of getting carried away when feeling good.

Resiliency is the lowest domain (P1 28T; P2 29T). Self-Esteem (P1 13T; P2 13T) is at the floor of the norms. Both parents deny that he has been self-confident, interested in his future, feeling good about who he is, or talking positively about his life. Family Support (P1 26T; P2 29T) is very low; both report that he has not been willing to confide in a parent, turn to a parent for advice, or talk with a parent about personal matters. Parent 1 also denies that he has been a source of pride or nice to be around. Even so, both parents say he is someone they can enjoy spending time with. Social Support (P1 46T; P2 46T) is average, with both noting that he maintains a close friendship and feels understood by friends or family.

On the Adverse Childhood Experiences scale, both parents report that a caregiver was incarcerated, that he lived with a household member who misused substances, and that he experienced a major caregiver disruption. Parent 1 also reports that he frequently felt unloved or unsupported by family, which Parent 2 partly endorses. Both report that the family has been struggling financially. Functional Impairment items indicate that his difficulties have limited family activities, made outings hard to manage, and reduced his participation at school, without requiring extra supervision at home. Parent diagnostic composites are highest for Misbehavior (P1 66T; P2 67T), followed by Depression (P1 60T; P2 59T) and Autism (P1 57T; P2 62T). The parent ADHD composite is low (P1 53T; P2 56T).

Substance Abuse (Parent 1 87T, Parent 2 87T)

"caught with drugs or drug paraphernalia" (Parent 1: True, 99th percentile)

"in trouble for drug or alcohol use" (Parent 2: True, 99th percentile)

"using tobacco products" (Parent 1: True, 99th percentile)

"showing signs of having used drugs or alcohol" (Parent 2: True, 99th percentile)

Self-Esteem (Parent 1 13T, Parent 2 13T)

"been self-confident" (Parent 1: False, 3rd percentile)

"been interested in their future" (Parent 2: False, 2nd percentile)

"been feeling good about who they are" (Parent 1: False, 2nd percentile)

Antisocial Behavior (Parent 1 81T, Parent 2 81T)

"been in trouble with the police" (Parent 1: True, 99th percentile)

"been participating in criminal activities" (Parent 2: True, 99th percentile)

Negative Peer Influences (Parent 1 76T, Parent 2 73T)

"spending time with peers who are negative influences" (Parent 1: True, 99th percentile)

"conflicts with parents over their boyfriend/girlfriend" (Parent 2: Partly True, 91st percentile)

Family Support (Parent 1 26T, Parent 2 29T)

"been willing to turn to a parent for advice" (Parent 1: False, 3rd percentile)

"been comfortable confiding in a parent" (Parent 2: False, 2nd percentile)

"been nice to be around" (Parent 1: False, 1st percentile)

Teacher Questionnaires: One teacher completed the shorter Teacher Questionnaire. The teacher's ratings

are notably milder than those of the youth and the parents, and the classroom misbehavior items were endorsed only partially, so the picture is of a quiet, disengaged student rather than a disruptive one.

Family Instability (61T) is mildly elevated. The teacher reports that he has been sleepy in class and partly endorses coming to school unkempt and wearing the same clothes several days in a row, while denying that he appears hungry. Together with the parents' report of financial strain, these observations suggest that sleep and basic needs should be reviewed.

School Underperformance (61T) is the other mild elevation. The teacher reports that he has been disengaged from and uninterested in the class and has failed to turn in homework, with partial endorsement of failing tests and struggling in the class. On unscored items the teacher adds that he is quick to give up on assignments, is easily discouraged, and rejects offered help.

ADHD (46T) is not elevated. The teacher rates him as easily distracted and partly disorganized and careless, but denies fidgeting, blurting out answers, and interrupting others. School Misbehavior (49T) is average, with partial endorsement of profane language and being confrontational toward staff; defiance, aggression, and bullying are denied.

Self-Esteem (27T) is below average. The teacher denies that he has been confident in his abilities, shown leadership, or talked positively about his future, but affirms that he is liked by most students. Emotional Distress (46T), Social Disengagement (46T), and Autism Spectrum (42T) are average, though the teacher partly sees him looking sad and keeping to himself in class. On an unscored item the teacher notes that he is anxious about talking in front of others, which matches the youth's own report.

Family Instability (61T)

"been sleepy in class" (Teacher: True, 92nd percentile)

"wearing the same clothes multiple days in a row" (Teacher: Partly True, 85th percentile)

"coming to school unkempt" (Teacher: Partly True, 81st percentile)

School Underperformance (61T)

"been disengaged from this class" (Teacher: True, 93rd percentile)

"been uninterested in this class" (Teacher: True, 89th percentile)

"failing to turn in homework" (Teacher: True, 86th percentile)

Self-Esteem (40T)

"been liked by most students" (Teacher: True, 80th percentile)

"been confident in their abilities" (Teacher: False, 11th percentile)

"talking positively about their future" (Teacher: False, 11th percentile)

Rater Consensus: All three informant types agree that this 13-year-old is struggling academically and that his self-regard is very low. The youth and both parents further agree on a serious pattern of substance use and rule-breaking. The informants diverge mainly on internal distress, which only the youth reports, and on the severity of school problems, which the teacher sees more mildly.

Acting Out shows the strongest convergence. Substance Abuse is markedly elevated for every rater who assesses it (Youth 78T; P1 87T; P2 87T), and the youth's disclosure of near-daily vaping and other drug use is corroborated by the parents' report of him being caught with paraphernalia. Disobedience (Youth 75T; P1 62T; P2 70T) and Negative Peer Influences (Youth 69T; P1 76T; P2 73T) are elevated across informants, and the parents add police involvement on Antisocial Behavior (P1 81T; P2 81T). The youth reports higher Disobedience than Parent 1, which suggests some covert behavior the parents have not yet detected. No informant reports aggression, fighting, or a preschool history of conduct problems.

Negative Affect is where the informants diverge most. The youth reports moderate Emotional Distress (66T)

and Suicidal Ideation (71T) with deliberate self-injury. Both parents rate Emotional Distress as unremarkable (P1 40T; P2 40T) and deny any signs of suicidal thoughts or self-harm (Suicidal Ideation: P1 49T; P2 49T). The teacher sees only partial sadness (Emotional Distress 46T). This pattern is expected rather than contradictory: internal distress and self-harm are far more visible to the youth than to observers, and parent-youth agreement on suicidal ideation is typically weak. The youth's report should be treated as the primary source. Stomach complaints are the one Negative Affect symptom that all raters share (Somatization: Youth 63T; P1 57T; P2 57T).

Resiliency is uniformly low, and this convergence is the most striking finding of the multi-informant comparison. Self-Esteem is low from every perspective (Youth 27T; P1 13T; P2 13T; T1 40T). Both the youth and the parents describe a relationship without closeness or confiding (Family Support: Youth 28T; P1 26T; P2 29T). When both sides of the parent-child relationship report low support, the disconnection is likely genuine and substantial. The youth also reports low Social Support (35T) and School Belonging (41T), although the parents see average Social Support (P1 46T; P2 46T) and the teacher describes him as liked by peers.

In School Disengagement the informants agree on falling grades and incomplete homework (School Underperformance: Youth 63T; P1 66T; P2 66T; T1 61T). They do not support a primary attention disorder: the teacher's ADHD rating (46T) is average, both parents deny early ADHD history (History of ADHD: P1 36T; P2 36T), and the youth's School Attention Deficit (55T) is unremarkable. The attention and performance problems appear situational and consistent with emotional distress, substance use, sleep loss, and peer preoccupation. The teacher's Family Instability rating (61T) and the parents' report of financial strain converge on the household's material circumstances.

Finally, the mild parent elevation on Autism Spectrum (P1 61T; P2 61T) and the Parent 2 Autism composite (61T) are not echoed by the youth (Autism Spectrum 40T; Autism composite 18T) or the teacher (Autism Spectrum 42T), and early developmental history is typical. The parent items endorsed, namely repetitive calming behaviors, obsessive interests, and needless checking, are more parsimoniously read alongside the reported OCD history.

Diagnostic Possibilities: These are possible diagnoses, ordered by degree of evidence. A full diagnosis requires consideration of history, results of the parental interview, behavioral observations, and possible follow-up testing.

1. Consider a Substance Use Disorder, given that Substance Abuse is markedly elevated for the youth (78T) and both parents (P1 87T; P2 87T). The youth reports vaping almost daily, drinking on a weekday night, buying drugs to get high, and using a drug other than alcohol or marijuana. The parents report that he was caught with drugs or paraphernalia and has been in trouble for use. Clarify the specific substances, frequency, and consequences with a structured adolescent interview such as the CRAFFT, and consider toxicology through his medical provider.
2. Consider a depressive disorder such as Major Depressive Disorder or Persistent Depressive Disorder, given Emotional Distress (66T) with emptiness, worthlessness, and sadness; Suicidal Ideation (71T) with deliberate self-injury and frequent thoughts of death; very low Self-Esteem across all raters; and a youth Depression composite of 74T. Both parents note that he has been avoiding activities he used to enjoy, and their Depression composites are near the cut (P1 60T; P2 59T). A structured depression interview, a self-report measure such as the PHQ-A, and a formal suicide risk assessment such as the C-SSRS are indicated.
3. Consider Conduct Disorder, adolescent-onset type, or a lesser disruptive behavior diagnosis if full criteria are not met, given parent-reported police involvement and criminal activity (Antisocial Behavior: P1 81T; P2

81T); youth-reported sneaking out, lying, and time with prohibited peers (Disobedience 75T); and Misbehavior composites of 64T to 67T. The absence of aggression and of early conduct history (History of Behavior Problems: P1 40T; P2 49T) favors an adolescent-onset, peer-influenced pattern. Obtain the dates and details of the legal incidents, review discipline records, and determine how far the behavior is driven by substance use and peer group.

4. Consider an anxiety disorder and reevaluation of the reported Obsessive-Compulsive Disorder, given the youth Anxiety composite (65T), worry that keeps him awake, discomfort speaking in front of others noted by both youth and teacher, and stomach complaints reported by all raters (Somatization: Youth 63T; P1 57T; P2 57T). Both parents report needless checking and repetitive behaviors to calm himself, and the youth reports doing things repeatedly to calm down and having uncomfortable thoughts. The CY-BOCS and a review of prior treatment records would clarify current OCD status.

5. Consider a trauma- or stressor-related disorder such as PTSD or an Adjustment Disorder, given Posttraumatic Stress (61T) with bad memories and avoidance of reminders and a youth PTSD composite of 63T. Both parents report an adversity history that includes caregiver incarceration, household substance misuse, and a major caregiver disruption. Neither parent observes trauma effects (Posttraumatic Stress: P1 48T; P2 48T), so the nature of the 'bad experience' should be explored directly with the youth using a trauma screen such as the CATS.

ADHD and Autism Spectrum Disorder are not well supported. The teacher ADHD rating (46T) and the parents' History of ADHD (P1 36T; P2 36T) are low, and the youth Autism composite (18T) and typical early development argue against autism. Because depressive symptoms and self-harm are occurring alongside heavy substance use, substance-induced mood symptoms must also be ruled out.

Treatment Recommendations: The following treatment activities warrant consideration:

1. An immediate suicide and self-harm risk assessment, followed by a written safety plan that includes means restriction, monitoring of self-injury, and crisis contacts shared with the parents.
2. Adolescent substance-use treatment in a program that integrates mood and anxiety care, such as the Adolescent Community Reinforcement Approach or combined motivational enhancement and CBT, with nicotine cessation support.
3. Family-based therapy, such as Multidimensional Family Therapy or Functional Family Therapy, targeting the mutual disconnection, parental monitoring, and communication that both the youth and the parents describe.
4. Individual CBT for depression and anxiety, including behavioral activation to counter withdrawal from activities he used to enjoy, and exposure and response prevention if OCD is confirmed.
5. Trauma-informed care throughout, with Trauma-Focused CBT if screening confirms trauma-related symptoms linked to the bad memories and avoidance he reports.
6. Structured, supervised prosocial activities and coordination with any juvenile diversion program, since the acting out appears peer-driven and may respond to changes in the peer environment.
7. A school engagement plan built around a trusted adult at school, academic support, and regular counselor contact, given his low School Belonging (41T) and the teacher's observation that he rejects offered help.
8. Referral to the school social worker or community agencies to address financial strain, clothing and hygiene needs, and sleep routines, as suggested by the teacher's Family Instability rating (61T).

9. Pediatric evaluation of frequent stomach pains and daytime sleepiness, and a medication consultation as described below, coordinated with the therapist.

10. Care coordination across home, school, therapist, and medical provider, with progress monitoring through repeat MICAA-A ratings in three to four months.

Special Education Considerations: The MICAA-A alone cannot determine eligibility, but several findings bear on an IDEA evaluation. All informants document declining academic performance (School Underperformance: Youth 63T; P1 66T; P2 66T; T1 61T), the youth reports failing at least one class, and both parents report that his difficulties reduce his participation at school. He has never been evaluated, retained, or served under an IEP or Section 504 plan.

The category most consistent with the profile is Emotional Disturbance. A pervasive mood of unhappiness is reported by the youth, both parents, and the teacher (Self-Esteem: Youth 27T; P1 13T; P2 13T; T1 40T), the youth reports emotional distress with self-harm, and physical complaints are noted by all raters. Eligibility would require showing that these characteristics have persisted over a long period, to a marked degree, and adversely affect educational performance; the current data suggest but do not establish this. The team must also weigh the social maladjustment exclusion, since substance use and delinquency alone do not qualify. Here the conduct problems co-occur with genuine depressive and anxious symptoms, which argues against attributing his difficulties solely to social maladjustment.

Other Health Impairment on the basis of ADHD is not supported by the teacher rating (46T) or the parents' developmental history (History of ADHD: P1 36T; P2 36T). A Specific Learning Disability has not been ruled out, because no cognitive or achievement testing has been completed and the referral indicates longstanding difficulty keeping up. A full psychoeducational evaluation with cognitive, achievement, and processing measures is recommended. If the team does not find eligibility, a Section 504 plan based on his documented anxiety disorder or a depressive disorder should be considered, and use of his recently prescribed glasses should be confirmed.

Classroom Accommodations: The following adjustments to the school environment may be beneficial:

1. A daily check-in and check-out with one trusted adult, since he only partly agrees that there is an adult at school he could go to for help.
2. A discreet pass to the counselor or a designated safe space when he feels overwhelmed, with staff aware of his safety plan.
3. Assignments broken into smaller parts with explicit time estimates and a weekly homework audit, because both parents report that he underestimates how long schoolwork will take.
4. Alternatives to speaking in front of the whole class, such as small-group or recorded presentations, given the anxiety about public speaking noted by both the youth and the teacher.
5. Preferential seating near instruction and away from distractions, with confirmation that he wears his glasses in class.
6. A make-up plan for missing work with partial credit rather than zeros, since he is failing one or more classes and appears easily discouraged.
7. Restorative or in-school responses to misbehavior in place of exclusionary discipline, coordinated with the counselor, because the misbehavior appears tied to emotional distress and peer influence.
8. Monitoring of sleepiness in class with permission for water and brief movement breaks, and communication of sleep patterns to the family and treating provider.

9. Discreet access to the school social worker for hygiene supplies, clothing, or meals if needed, given the teacher's observations and the family's reported financial strain.

10. A home-school communication log and regular progress monitoring of grades, attendance, and homework completion.

Medication Considerations: No medication recommendations are made here; those decisions rest with a prescribing provider. Several patterns, however, may warrant referral for a medication evaluation. The youth reports depressive symptoms with emptiness, worthlessness, sleep-disrupting worry, and deliberate self-injury (Emotional Distress 66T; Suicidal Ideation 71T), and his Depression composite (74T) is high. He has a reported history of an anxiety disorder and OCD, and current items from both parents and the youth suggest that checking and repetitive calming behaviors persist. Nicotine dependence appears likely given near-daily vaping, and a prescriber can advise on cessation supports.

Two cautions apply. First, his substance use must be characterized before any psychotropic treatment, because substances can produce or worsen mood, anxiety, sleep, and stomach symptoms and can interact with medication. Second, both parents endorse periods of getting carried away when feeling good, and the youth reports sometimes being so excited he does not need sleep. The parents deny excessive energy or mood swings, but a prescriber should screen for mood cycling before initiating antidepressant treatment. The data do not support a medication evaluation for ADHD, as the teacher rating (46T) and developmental history are unremarkable. Medical evaluation of frequent stomach pains and daytime sleepiness is also advisable.

Clinical Impressions: The following impressions are hypotheses that require clinical confirmation.

This 13-year-old presents with two intertwined problem sets. The first is an externalizing pattern of heavy substance use, covert rule-breaking, and delinquent peer involvement that his parents see clearly. The second is an internalizing pattern of emptiness, worthlessness, self-injury, and thoughts of death that only he reports. These are probably not independent: substance use and time with antisocial peers may function as escape from distress and as a source of belonging he does not feel at home or at school, while the resulting trouble deepens his sense of failure.

The Resiliency profile is the interpretive key. Self-esteem is at the floor from every vantage point, and both the youth and his parents describe a relationship without closeness, confiding, or affection. Parent 1 does not currently experience him as a source of pride or as pleasant to be around, and he does not experience his parents as affectionate. This mutual disappointment likely feeds a cycle of secrecy, discovery, and further withdrawal. Against a background of caregiver disruption, a caregiver's incarceration, household substance misuse, and current financial strain, the family may have limited reserves for supervision and warmth.

The school difficulties appear secondary rather than neurodevelopmental. Attention ratings from the teacher and parents are unremarkable, early development was typical, and the teacher describes a sleepy, discouraged student who rejects help rather than a disruptive one. Sleep loss, weekday substance use, worry at bedtime, and low expectations for his future plausibly explain the declining grades. Stomach complaints reported by every informant and avoidance of reminders of a bad experience suggest that anxiety, and possibly trauma, are expressed physically and through avoidance rather than in words. The repetitive calming behaviors and checking noted by the parents are best understood in light of his OCD history rather than autism.

Strengths remain. He answered candidly, considers himself smart, feels safe at school, is liked by classmates according to his teacher, keeps a close friendship, and is partly considering seeing a counselor. His parents still say they can enjoy spending time with him. These footholds, together with the recent onset

of the conduct problems, support a more hopeful prognosis if intervention is prompt and coordinated.

Next Steps: If this is the first step in the assessment, the following next steps are recommended:

1. Conduct a suicide and self-harm risk assessment with the youth before any other step, because he reports cutting or burning himself and frequent thoughts of death that his parents have not observed. Inform the parents of safety concerns and develop a safety plan together.
2. In the youth interview, explore the specific substances he uses, how often, where he obtains them, and what led to police involvement. Ask separately about the dangerous situation caused by a friend and the crime he witnessed.
3. Also ask the youth about the bad experience behind his bad memories, being treated poorly and bullied online, his relationship with a boyfriend or girlfriend, the things he does repeatedly to calm down, his uncomfortable thoughts, and his sleep, including periods of feeling too excited to need sleep. Invite him to describe how he experiences his parents and what would make school feel worthwhile.
4. In the parent interview, clarify the raters' relationship to the youth and the caregiving history, since they report only some knowledge of the biological family's health history. Obtain details about the caregiver incarceration, caregiver disruption, and household substance misuse they endorsed.
5. Also ask the parents about his current legal status, the substances and paraphernalia found, the prior anxiety and OCD diagnoses and their treatment, the periods of getting carried away, the checking behaviors, family finances and basic needs, and whether the two questionnaires were completed independently.
6. Complete a classroom observation in at least two classes to document engagement, sleepiness, peer interaction, and response to offered help; this will also support any special education eligibility decision.
7. Review records, including grades over time, attendance, discipline referrals, and any prior counseling or psychiatric records, and obtain ratings from additional teachers, since only one responded.
8. Administer targeted follow-up measures: the CRAFFT for substance use, the PHQ-A and C-SSRS for depression and suicide risk, the CY-BOCS for OCD, a trauma screen such as the CATS, and a brief screen for mood cycling.
9. Complete cognitive and achievement testing to rule out a learning disability and to inform the special education determination.
10. Coordinate with the pediatrician regarding stomach pains, daytime sleepiness, vision follow-up, and any medication consultation, and connect the family with the school social worker for resource needs. The adversity items are historical and no current mistreatment is reported, but confirm this during the interviews.

MICAA-A Parent Feedback

Date of Service: 9/15/2026

Date of Review: Not yet reviewed

Thank you for completing the MICAA-A questionnaires. Your son also completed his own version, and one of his teachers completed a shorter one. Looking at all three viewpoints together gives a fuller picture than any one of them alone. Your son answered carefully and honestly, which makes his responses especially valuable. This summary describes what is going well, where he may need support, and what we suggest doing next.

- What is going well

What is going well

- He answered the questionnaire openly, including about difficult topics, which shows a willingness to be honest that will help in treatment.
- He sees himself as a smart person and says he feels safe at school.
- His teacher reports that he is liked by most of his classmates, and you report that he keeps a close friendship and feels understood by friends or family.
- You both say he is finding his own voice and that he is still someone you can enjoy spending time with.
- No one reports fighting, aggression, or bullying of others, and his early development was on track with no early behavior problems.
- He is not caught up in video gaming or social media, and he is partly considering talking with a counselor.

- Where support may help

Where support may help

- Substance use is the most urgent concern. You both reported that he has been caught with drugs or paraphernalia, and he himself reported vaping almost every day, drinking, and using other drugs. This is well beyond experimentation and needs treatment, not just consequences.
- On his own questionnaire he reported feeling empty and worthless, and he told us he has hurt himself on purpose and often thinks about death. He did not report wanting to die, but we take this very seriously and will talk with you and with him about a safety plan right away.
- His self-confidence is very low from everyone's point of view, and he does not see a positive future for himself. Low self-esteem like this can be a sign of depression even when a teen does not look sad.
- Both you and he describe a family relationship that has lost its closeness. He says he has not felt close to you or received affection, and you say he no longer confides in you. When both sides feel this way, rebuilding the connection becomes a central part of helping him.
- He is spending time with peers who get him into trouble, sneaking out, and lying about where he has been, and there has been police involvement. Changing his peer environment will matter.
- His grades are falling, he is not turning in homework, and his teacher describes him as disengaged, sleepy in class, and quick to give up. These school problems look connected to stress, substance use, and poor sleep rather than to an attention disorder.
- Stomach aches were noted by all of you, and he reports worry that keeps him awake and repeated behaviors to calm himself. Given his history of anxiety and OCD, these deserve a fresh look.

We would like to meet with you and separately with your son to talk through these findings. Our first priority will be making sure he is safe. After that, we recommend a coordinated plan that includes substance-use treatment, counseling for depression and anxiety, family therapy to rebuild trust and communication, and support at school. We also want to make sure he has a medical checkup for his stomach pain and sleep, and we can connect you with the school social worker for any practical family needs. You know your son best, and your involvement will

make the biggest difference in how he does.

MICAA-A Youth Feedback

Date of Service: 9/15/2026

Date of Review: Not yet reviewed

Thank you for filling out the questionnaire. You answered every question carefully and honestly, even the hard ones, and that took courage. Your parents and one of your teachers filled out questionnaires too. Here is a summary of what we learned, starting with what is going well, and then the things that seem to be making life harder right now. You get a say in what happens next.

- Things that are going well

Things that are going well

- You were honest about things that are difficult to talk about. That honesty is the single most useful thing in this whole assessment.
- You think of yourself as a smart person, and you feel safe at school.
- Your teacher says most students like you, and your parents say you have a close friend and that people understand you.
- You are not someone who gets into fights or picks on others, and nobody reported anything like that.
- Your parents said they still enjoy spending time with you, even when things are tense.
- You said you have been thinking about talking to a counselor. That is a good instinct.

- Things that seem hard right now

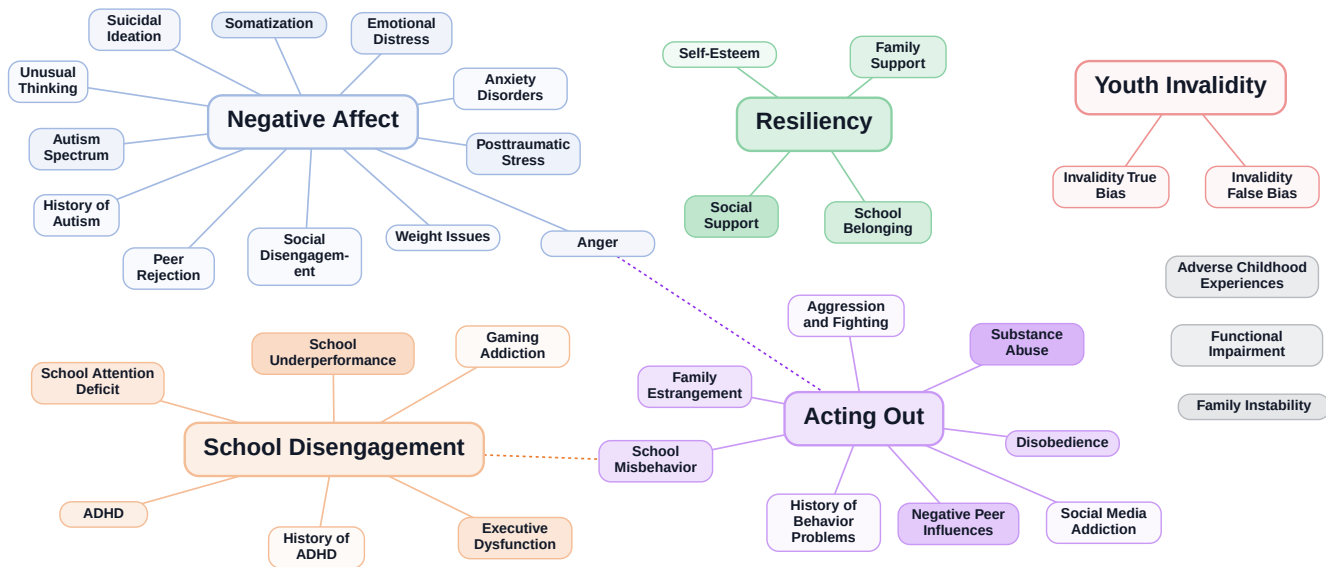
Things that seem hard right now

- You told us you have hurt yourself on purpose and that you think about death a lot. Thank you for telling us. We need to make sure you are safe, so we will talk about this with you and with your parents and work out a plan together.
- You have been feeling empty inside, not good about yourself, and not looking forward to the future. Those feelings are real and they are treatable. A lot of people feel this way and get better with help.
- Vaping every day, drinking, and using other drugs came up in your answers and in your parents' answers. Substances can feel like they help in the moment, but they usually make the empty feeling and the school problems worse. There are ways to cut back that do not involve lectures.
- You and your parents both said the family does not feel close right now. That is something that can be worked on from both sides, not just yours.
- Some of the people you spend time with have gotten you into risky and dangerous situations. You deserve friends who make your life better, not harder.
- School is not going well, with falling grades and missing homework. You said you do not feel part of your school community and are not sure there is an adult there you can go to. We want to change that.
- You mentioned stomach pain, worrying at night, and doing things over and over to calm down. A doctor and a counselor can help with those, and they may be connected to stress.

None of this means something is wrong with you as a person. It means you have been carrying a lot on your own. We would like to meet with you to hear what you think about these results, what you agree with, and what you would want to be different. You will have a voice in choosing the kind of help that fits you, including who you talk to and what you work on first. Things can get better from here, and you do not have to do it alone.

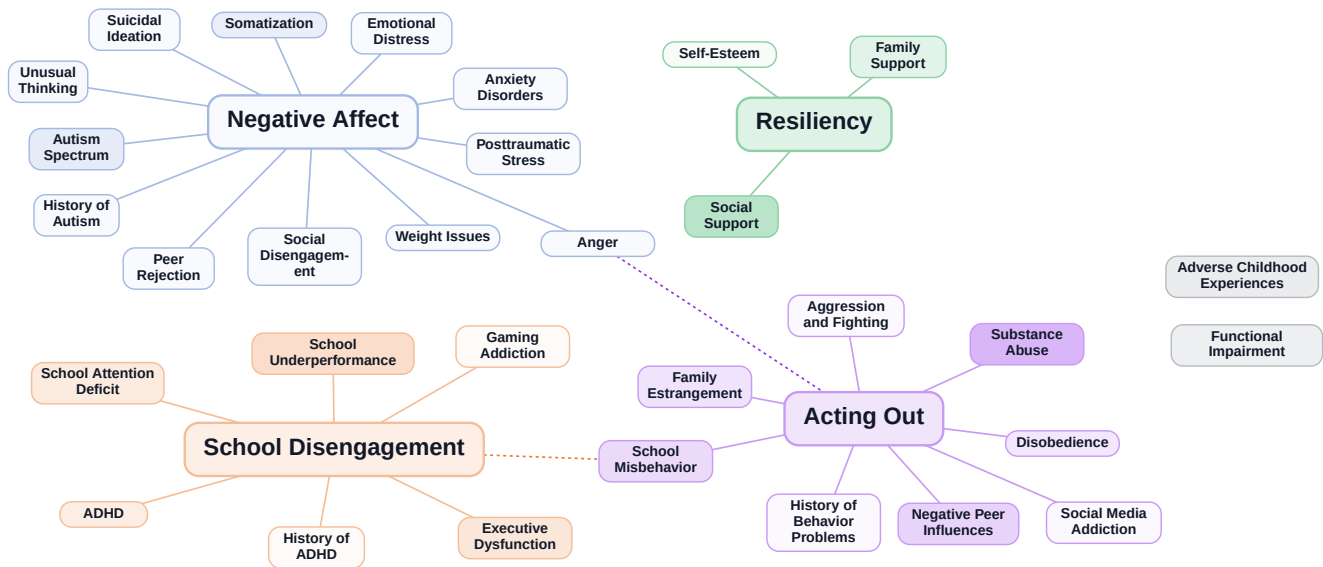
MICAA-A Concept Map

All Raters — mean

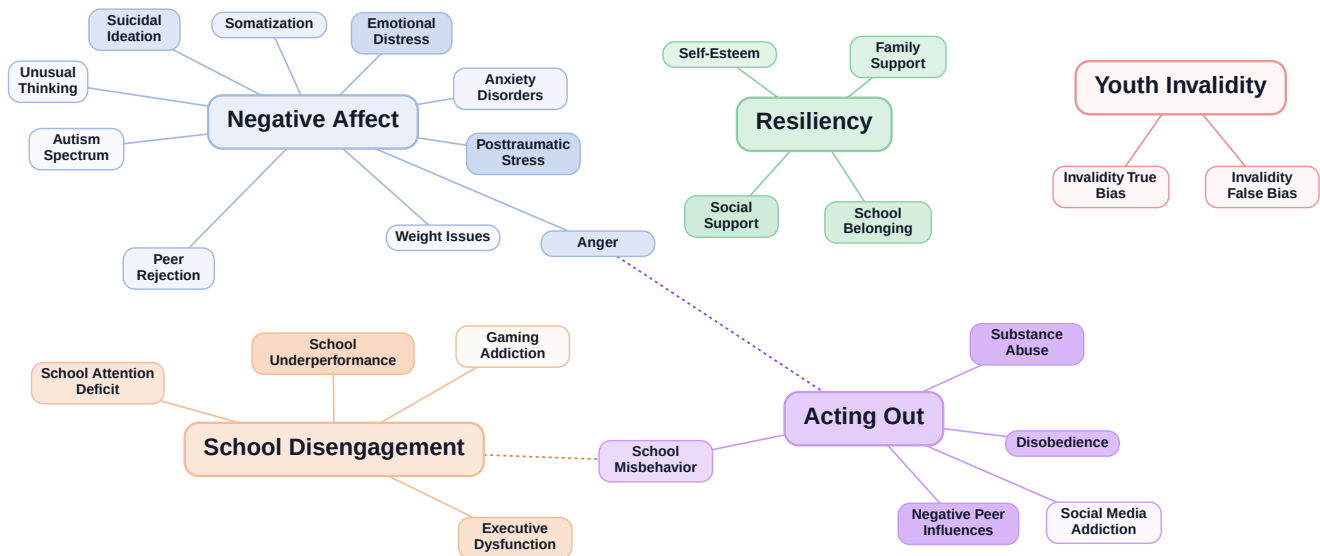


MICAA-A Concept Map

All Parents — mean



MICAA-A Concept Map Youth



Rater Rare Items

Miscellaneous Indicators

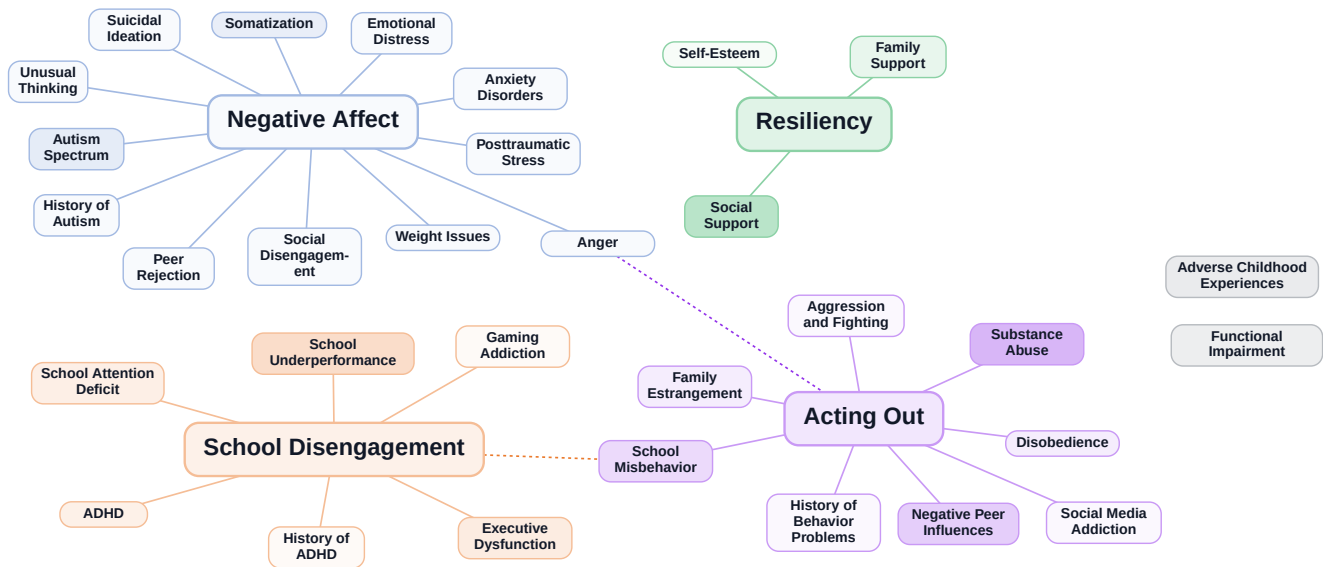
I have been doing certain things repeatedly to help me calm down. (True)
I am sometimes so excited that I don't need any sleep. (True)
other kids think I'm a little weird. (True)
I keep having uncomfortable thoughts. (Partly True)
I have been thinking about seeing a counselor. (Partly True)
I have been bullied online. (Partly True)
I have been avoiding school (Partly True)
sometimes I don't know how to act in social situations. (Partly True)

Rater Item Comments

Rater General Comments

MICAA-A Concept Map

P1 — Parent 1



Rater Rare Items

Miscellaneous Indicators

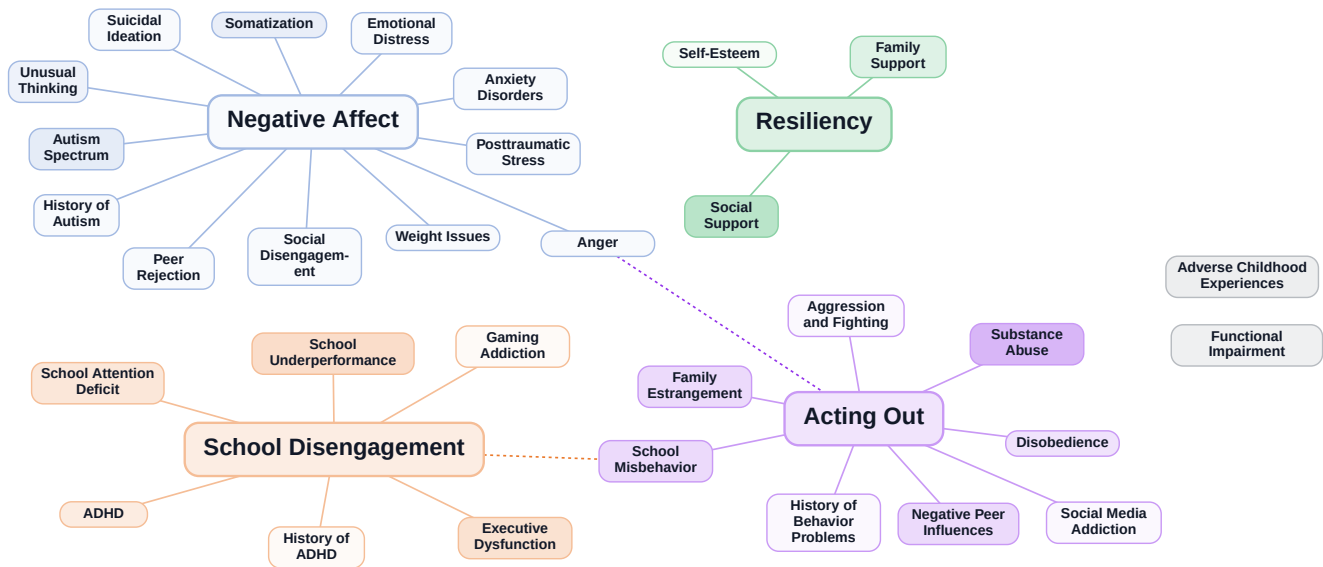
avoiding activities that they used to enjoy. (True)
 having periods when they get "carried away" when feeling good. (True)
 having problems with drugs or alcohol. (True)
 good at getting others to do what they want. (True)
 living in a family that has been struggling financially. (True)
 needlessly checking things over and over. (Partly True)

Rater Item Comments

Rater General Comments

MICAA-A Concept Map

P2 — Parent 2



Rater Rare Items

Miscellaneous Indicators

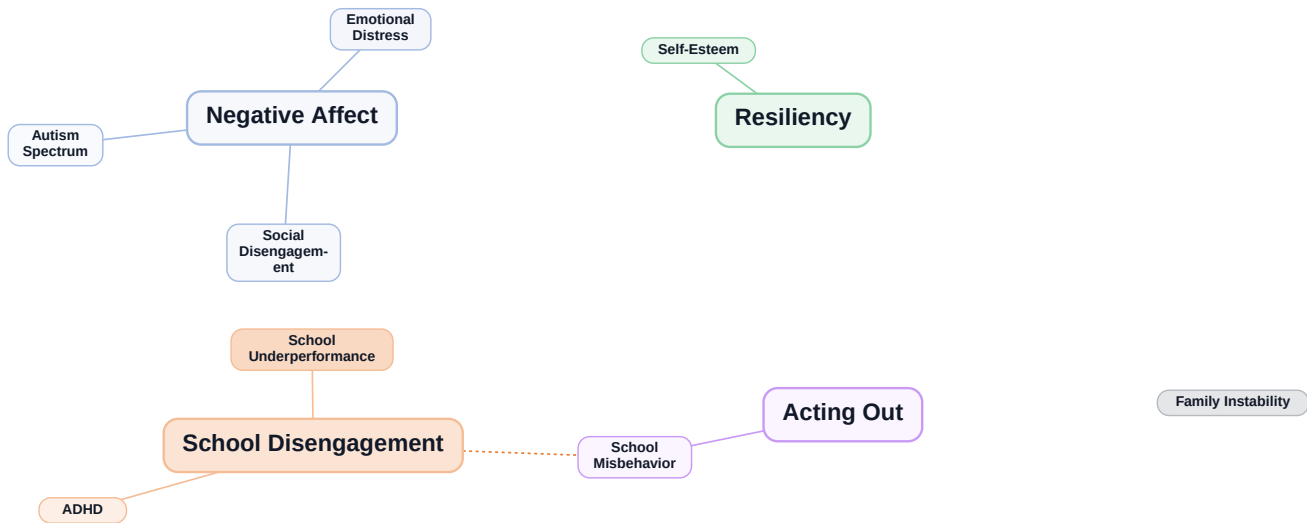
needlessly checking things over and over. (True)
 having periods when they get "carried away" when feeling good. (True)
 having problems with drugs or alcohol. (True)
 good at getting others to do what they want. (True)
 living in a family that has been struggling financially. (True)
 avoiding activities that they used to enjoy. (Partly True)

Rater Item Comments

Rater General Comments

MICAA-A Concept Map

T1 — Teacher



Rater Rare Items

Miscellaneous Indicators

anxious about talking in front of others (True)
 rejecting offered help. (True)
 quick to give up on assignments (Partly True)
 exhibiting a negative attitude (Partly True)
 easily discouraged (Partly True)

Rater Item Comments

Rater General Comments

MICA-A All Rater T-Score Graph



MICAA-A Composite T-Scores

Norms: MICAA-A v1.1 Community Norms 2025/2026

Raters

Domain and Scale	All All	Y Youth	P1 Parent 1	P2 Parent 2
Diagnostic Composites				
Anxiety	52	65•	45	45
Depression	64•	74***	60	59
PTSD	54	63•	49	49
Autism	45	18	57	62•
ADHD	43	54	36	38
Misbehavior	66•	64•	66•	67••
No Dx	40	36	42	42

- Somewhat elevated: above the 85th percentile
 - Moderately elevated: above the 95th percentile
 - Highly elevated: above the 99th percentile
 - Percentile is not available
- Resiliency scales are flagged when low instead: below the 15th, 5th, and 1st percentiles.

MICAA-A T-Scores

Norms: MICAA-A v1.1 Community Norms 2025/2026

Raters

Domain and Scale		Y Youth	P1 Parent 1	P2 Parent 2	T1 Teacher
Negative Affect					
An	Anger	58	44	44	
AD	Anxiety Disorders	47	43	43	
AS	Autism Spectrum	40	61•	61•	42
ED	Emotional Distress	66•	40	40	46
HAu	History of Autism		43	52	
PR	Peer Rejection	56	48	48	
PS	Posttraumatic Stress	61•	48	48	
SD	Social Disengagement		41	41	46
So	Somatization	63•	57	57	
SI	Suicidal Ideation	71••	49	49	
UT	Unusual Thinking	48	46	63•	
WI	Weight Issues	44	48	48	
School Disengagement					
AH	ADHD		53	56	46
ExD	Executive Dysfunction	51	50	57	
GA	Gaming Addiction	35	40	40	
HAH	History of ADHD		36	36	
SAD	School Attention Deficit	55	53	57	
SU	School Underperformance	63•	66•	66•	61•
Resiliency					
FS	Family Support	28••	26•••	29••	
SB	School Belonging	41			
SE	Self-Esteem	27••	13•••	13•••	40
SS	Social Support	35•	46	46	
Acting Out					
AF	Aggression and Fighting		46	46	
An	Anger	58	44	44	
AB	Antisocial Behavior		81•••	81•••	
Di	Disobedience	75•••	62•	70••	
FC	Family Conflict		42	42	
FE	Family Estrangement		58	62•	
HBP	History of Behavior Problems		40	49	
NPI	Negative Peer Influences	69••	76•••	73••	
SM	School Misbehavior	62•	67••	67••	49
SMA	Social Media Addiction	37	39	39	
SA	Substance Abuse	78•••	87•••	87•••	
Youth Invalidity					
IFB	Invalidity False Bias	48			
ITB	Invalidity True Bias	50			

MICAA-A T-Scores (continued)

Norms: MICAA-A v1.1 Community Norms 2025/2026

Domain and Scale		Y Youth	Raters		
			P1 Parent 1	P2 Parent 2	T1 Teacher
Other Scales					
ACEs	Adverse Childhood Experie...				
FI	Family Instability				61•
Fnl	Functional Impairment				

• Somewhat elevated: above the 85th percentile
•• Moderately elevated: above the 95th percentile
••• Highly elevated: above the 99th percentile
- Percentile is not available
Resiliency scales are flagged when low instead: below the 15th, 5th, and 1st percentiles.

MICA-A PE (Percent Endorsed) Scores

Norms: MICA-A v1.1 Community Norms 2025/2026

Raters

Domain and Scale		Y Youth	P1 Parent 1	P2 Parent 2	T1 Teacher
Negative Affect					
An	Anger	50	0	0	
AD	Anxiety Disorders	20	0	0	
AS	Autism Spectrum	0	38•	38•	10
ED	Emotional Distress	69•	0	0	17
HAu	History of Autism		0	10	
PR	Peer Rejection	20	0	0	
PS	Posttraumatic Stress	75•	0	0	
SD	Social Disengagement		0	0	13
So	Somatization	30•	33	33	
SI	Suicidal Ideation	50••	0	0	
UT	Unusual Thinking	0	0	25•	
WI	Weight Issues	0	0	0	
School Disengagement					
AH	ADHD		30	40	33
ExD	Executive Dysfunction	60	40	60	
GA	Gaming Addiction	0	0	0	
HAH	History of ADHD		0	0	
SAD	School Attention Deficit	50	33	50	
SU	School Underperformance	80•	70•	70•	80•
Resiliency					
FS	Family Support	40••	28•••	39••	
SB	School Belonging	50			
SE	Self-Esteem	33••	0•••	0•••	25
SS	Social Support	58•	83	83	
Acting Out					
AF	Aggression and Fighting		0	0	
An	Anger	50	0	0	
AB	Antisocial Behavior		67•••	67•••	
Di	Disobedience	89•••	25•	38••	
FC	Family Conflict		0	0	
FE	Family Estrangement		25	50•	
HBP	History of Behavior Problems		0	8	
NPI	Negative Peer Influences	100••	67•••	50••	
SM	School Misbehavior	50•	50••	50••	14
SMA	Social Media Addiction	0	0	0	
SA	Substance Abuse	100•••	100•••	100•••	
Youth Invalidity					
IFB	Invalidity False Bias	0			
ITB	Invalidity True Bias	0			

MICAA-A PE (Percent Endorsed) Scores (continued)

Norms: MICAA-A v1.1 Community Norms 2025/2026

Domain and Scale		Raters		
		P1	P2	T1
		Parent 1	Parent 2	Teacher
Other Scales				
ACEs	Adverse Childhood Experie...	40	35	
FI	Family Instability			50•
Fnl	Functional Impairment	35	30	

- Somewhat elevated: above the 85th percentile
 - Moderately elevated: above the 95th percentile
 - Highly elevated: above the 99th percentile
 - Percentile is not available
- Resiliency scales are flagged when low instead: below the 15th, 5th, and 1st percentiles.

MICA-A Item Responses for Selected Scales

Self-Esteem (SE)

Youth Responses (33PE, 27T)	Y
<i>In the past month,...</i>	
I have liked who I am.	P
I have felt that I was a smart person.	T
I have cared a lot about myself and my life.	F••
other kids seem to like me.	P
I have been feeling good about myself.	F••
I have been looking forward to the future.	F•

Parent Ratings (0PE, 13T)	P1	P2
<i>In the past month, they have been...</i>		
self-confident.	F•	F•
interested in their future.	F••	F••
showing leadership ability.	F	F
complimented by other adults.	F•	F•
feeling good about who they are.	F••	F••
talking positively about their life.	F•	F•

P1 = Parent 1, P2 = Parent 2

Teacher Ratings (25PE, 40T)	T1
<i>In the past month, they have been...</i>	
talking positively about their future	F
showing leadership ability.	F
confident in their abilities.	F
liked by most students.	T

T1 = Teacher

Antisocial Behavior (AB)

Parent Ratings (67PE, 81T)	P1	P2
<i>In the past month, they have been...</i>		
in trouble with the police.	T•••	T•••
participating in criminal activities.	T•••	T•••
in trouble at school or with the police for sexual behavior.	F	F

P1 = Parent 1, P2 = Parent 2

Disobedience (Di)

Youth Responses (89PE, 75T)	Y
<i>In the past month,...</i>	
I have done some things I wasn't supposed to.	T
I have stayed away from home for a day or longer without permission.	F
I have drunk enough alcohol to feel a little drunk.	T•
I have snuck out at night after my parents went to bed.	T••
I have done something that could get me in trouble with the police.	T•
I have tried vaping or smoking nicotine.	T•
I have lied to my parents about where I've been.	T•
I have spent time with people I am not supposed to be around.	T•
I have been in trouble at home or school.	T

Parent Ratings (31PE, 66T)**P1 P2***In the past month, they have been...*

sneaking out of the house.

T... T...

stealing money or valuables from a family member.

F F

staying away from home without permission for at least 24 hours.

F F

resisting household chores.

F P*P1 = Parent 1, P2 = Parent 2***Negative Peer Influences (NPI)****Youth Responses (100PE, 69T)****Y***In the past month,...*

someone I know got into trouble at school or with the police.

T

I have watched a friend do something that could get them in trouble.

T

I've been in a dangerous situation because of a friend.

T•

I've had to lie to cover for a friend.

T

I've seen a friend commit a crime.

T•**Parent Ratings (58PE, 74T)****P1 P2***In the past month, they have been...*

spending time with peers who are negative influences.

T•• T••

having conflicts with parents over their boyfriend/girlfriend.

T•• P•

reluctant to let me meet their friends.

F F*P1 = Parent 1, P2 = Parent 2***Substance Abuse (SA)****Youth Responses (100PE, 78T)****Y***In the past month,...*

I have used a drug other than alcohol or marijuana.

T••

I have bought drugs to get high with.

T••

I have drunk alcohol or used drugs on a weekday night.

T•

I have been vaping or smoking almost every day.

T••

I have tried alcohol or marijuana at least once.

T•

I have vaped or smoked.

T•

I drank alcohol with friends.

T•**Parent Ratings (100PE, 87T)****P1 P2***In the past month, they have been...*

showing signs of having used drugs or alcohol.

T•• T••

caught with drugs or drug paraphernalia.

T•• T••

in trouble for drug or alcohol use.

T•• T••

using tobacco products.

T•• T••*P1 = Parent 1, P2 = Parent 2***Bold = keyed response** (True on a forward item, False on a reverse item) T = True · P = Partly True · F = False · ? = Don't Know · – = Missing

• <15% · •• <5% · ••• <1% of the norm sample gave this response

MICAA-A Infrequent Responses

Youth

Rater	%ile	Scale	Resp	Item content
Youth	99.5	Substance Abuse	T	In the past month, I have used a drug other than alcohol or marijuana.
Youth	99.3	Emotional Distress	T	In the past month, I have been feeling empty inside.
Youth	99.3	Substance Abuse	T	In the past month, I have been vaping or smoking almost every day.
Youth	99.2	Suicidal Ideation	T	In the past month, I have cut on my skin or burned myself on purpose.
Youth	98.7	Suicidal Ideation	T	In the past month, I have often thought about death.
Youth	98.6	Substance Abuse	T	In the past month, I have bought drugs to get high with.
Youth	98.3	Disobedience	T	In the past month, I have snuck out at night after my parents went to bed.
Youth	97.1	Disobedience	T	In the past month, I have drunk enough alcohol to feel a little drunk.
Youth	97.0	Disobedience	T	In the past month, I have done something that could get me in trouble with the police.
Youth	96.9	School Misbehavior	T	In the past month, I have had to go to Saturday school or had an in-school suspension.
Youth	96.8	Substance Abuse	T	In the past month, I have drunk alcohol or used drugs on a weekday night.
Youth	96.5	Disobedience	T	In the past month, I have spent time with people I am not supposed to be around.
Youth	96.1	Negative Peer Influence	T	In the past month, I've been in a dangerous situation because of a friend.
Youth	95.4	Somatic Complaints	T	In the past month, I have been having frequent stomach pains.
Youth	94.4	School Underperformance	T	In the past month, I have been failing one or more classes at school.
Youth	94.3	Substance Abuse	T	In the past month, I drank alcohol with friends.
Youth	94.2	School Misbehavior	T	In the past month, I have gotten into trouble at school more than once.
Youth	94.2	School Underperformance	T	In the past month, my grades have been going down.
Youth	94.1	Negative Peer Influence	T	In the past month, I've seen a friend commit a crime.
Youth	94.1	Disobedience	T	In the past month, I have lied to my parents about where I've been.
Youth	93.8	Emotional Distress	T	In the past month, there have been times I couldn't fall asleep because I was worrying.
Youth	93.8	Disobedience	T	In the past month, I have tried vaping or smoking nicotine.
Youth	93.6	Peer Rejection	T	In the past month, I have been treated poorly by other kids.
Youth	93.4	Miscellaneous - Youth	T	In the past month, I am sometimes so excited that I don't need any sleep.
Youth	93.4	Substance Abuse	T	In the past month, I have vaped or smoked.

Parents

Rater	%ile	Scale	Resp	Item content
P2 Parent 2	100.0	Antisocial Behavior	T	In the past month, they have been participating in criminal activities.
P2 Parent 2	100.0	Substance Abuse	T	In the past month, they have been using tobacco products.
P2 Parent 2	100.0	Miscellaneous - Parent	T	In the past month, they have been having problems with drugs or alcohol.
P1 Parent 1	100.0	Antisocial Behavior	T	In the past month, they have been participating in criminal activities.
P1 Parent 1	100.0	Substance Abuse	T	In the past month, they have been using tobacco products.
P1 Parent 1	100.0	Miscellaneous - Parent	T	In the past month, they have been having problems with drugs or alcohol.

Rater	%ile	Scale	Resp	Item content
P2 Parent 2	99.9	Substance Abuse	T	In the past month, they have been caught with drugs or drug paraphernalia.
P2 Parent 2	99.9	Substance Abuse	T	In the past month, they have been in trouble for drug or alcohol use.
P1 Parent 1	99.9	Substance Abuse	T	In the past month, they have been caught with drugs or drug paraphernalia.
P1 Parent 1	99.9	Substance Abuse	T	In the past month, they have been in trouble for drug or alcohol use.
P2 Parent 2	99.8	Antisocial Behavior	T	In the past month, they have been in trouble with the police.
P2 Parent 2	99.8	Substance Abuse	T	In the past month, they have been showing signs of having used drugs or alcohol.
P1 Parent 1	99.8	Antisocial Behavior	T	In the past month, they have been in trouble with the police.
P1 Parent 1	99.8	Substance Abuse	T	In the past month, they have been showing signs of having used drugs or alcohol.
P2 Parent 2	99.7	Disobedience	T	In the past month, they have been sneaking out of the house.
P1 Parent 1	99.7	Disobedience	T	In the past month, they have been sneaking out of the house.
P2 Parent 2	99.1	Miscellaneous - Parent	T	In the past month, they have been needlessly checking things over and over.
P2 Parent 2	99.0	Negative Peer Influence	T	In the past month, they have been spending time with peers who are negative influences.
P1 Parent 1	99.0	Negative Peer Influence	T	In the past month, they have been spending time with peers who are negative influences.
P1 Parent 1	99.0	Negative Peer Influence	T	In the past month, they have been having conflicts with parents over their boyfriend/girlfriend.
P1 Parent 1	99.0	Miscellaneous - Parent	T	In the past month, they have been avoiding activities that they used to enjoy.
P2 Parent 2	98.4	Miscellaneous - Parent	T	In the past month, they have been having periods when they get "carried away" when feeling good.
P1 Parent 1	98.4	Miscellaneous - Parent	T	In the past month, they have been having periods when they get "carried away" when feeling good.
P2 Parent 2	97.8	Unusual Thinking	T	In the past month, they have been unusually suspicious.
P2 Parent 2	97.3	School Misbehavior	T	In the past month, they have been sent to Saturday school or had an in-school suspension.
P1 Parent 1	97.3	School Misbehavior	T	In the past month, they have been sent to Saturday school or had an in-school suspension.
P2 Parent 2	97.2	School Underperformance	T	In the past month, they have been getting lower grades.
P1 Parent 1	97.2	School Underperformance	T	In the past month, they have been getting lower grades.
P2 Parent 2	97.1	School Underperformance	T	In the past month, they have been going to school unprepared.
P1 Parent 1	97.1	School Underperformance	T	In the past month, they have been going to school unprepared.
P2 Parent 2	96.9	Autism Spectrum	T	In the past month, they have been engaging in repetitive behaviors to calm themselves.
P1 Parent 1	96.9	Autism Spectrum	T	In the past month, they have been engaging in repetitive behaviors to calm themselves.
P2 Parent 2	96.5	ADHD	T	In the past month, they have been making impulsive decisions without considering the consequences.
P2 Parent 2	96.5	Miscellaneous - Parent	T	In the past month, they have been good at getting others to do what they want.

Rater	%ile	Scale	Resp	Item content
P1 Parent 1	96.5	ADHD	T	In the past month, they have been making impulsive decisions without considering the consequences.
P1 Parent 1	96.5	Miscellaneous - Parent	T	In the past month, they have been good at getting others to do what they want.
P2 Parent 2	95.7	Executive Dysfunction	T	In the past month, they have been told by teachers or caregivers that their homework was messy or careless.
P2 Parent 2	94.8	ADHD	T	In the past month, they have been having difficult following through on tasks.
P2 Parent 2	94.6	Miscellaneous - Parent	T	In the past month, they have been living in a family that has been struggling financially.
P1 Parent 1	94.6	Miscellaneous - Parent	T	In the past month, they have been living in a family that has been struggling financially.
P2 Parent 2	93.0	Somatic Complaints	T	In the past month, they have been having stomach aches.
P1 Parent 1	93.0	Somatic Complaints	T	In the past month, they have been having stomach aches.
P2 Parent 2	92.5	School Underperformance	T	In the past month, they have been losing interest in their schoolwork.
P1 Parent 1	92.5	School Underperformance	T	In the past month, they have been losing interest in their schoolwork.
P1 Parent 1	92.4	Miscellaneous - Parent	PT	In the past month, they have been needlessly checking things over and over.
P2 Parent 2	91.2	Negative Peer Influence	PT	In the past month, they have been having conflicts with parents over their boyfriend/girlfriend.
P2 Parent 2	90.8	Family Estrangement	PT	In the past month, they have been acting like they don't want to be part of the family.
P1 Parent 1	87.4	School Misbehavior	PT	In the past month, they have been getting in trouble at school.
P1 Parent 1	86.8	Executive Dysfunction	T	In the past month, they have been expecting schoolwork to take less time than it actually did.
P1 Parent 1	83.6	Family Estrangement	PT	In the past month, they have been refusing to talk openly with other family members.

Teachers

Rater	%ile	Scale	Resp	Item content
T1 Teacher	92.9	School Underperformance	T	In the past month, they have been disengaged from this class.
T1 Teacher	92.1	Family Instability	T	In the past month, they have been sleepy in class
T1 Teacher	89.1	School Underperformance	T	In the past month, they have been uninterested in this class.
T1 Teacher	85.6	School Underperformance	T	In the past month, they have been failing to turn in homework.
T1 Teacher	85.1	Family Instability	PT	In the past month, they have been wearing the same clothes multiple days in a row
T1 Teacher	81.5	Family Instability	PT	In the past month, they have been coming to school unkempt
T1 Teacher	80.2	Self-Esteem	T	In the past month, they have been liked by most students.
T1 Teacher	80.0	ADHD	T	In the past month, they have been easily distracted.
T1 Teacher	69.2	School Misbehavior	PT	In the past month, they have been confrontational towards staff.
T1 Teacher	66.5	School Misbehavior	PT	In the past month, they have been using profane language.
T1 Teacher	64.4	Emotional Distress	PT	In the past month, they have been looking sad or depressed.
T1 Teacher	61.7	Autistic Sensitivity	PT	In the past month, they have been expressing themselves in an unusual way.

Rater	%ile	Scale	Resp	Item content
T1 Teacher	60.1	School Underperformance	PT	In the past month, they have been failing tests.
T1 Teacher	59.8	School Underperformance	PT	In the past month, they have been struggling in this class.
T1 Teacher	57.6	Social Disengagement	PT	In the past month, they have been keeping to themselves in class.
T1 Teacher	56.3	ADHD	PT	In the past month, they have been disorganized.
T1 Teacher	49.0	ADHD	PT	In the past month, they have been making careless mistakes.
T1 Teacher	36.1	School Misbehavior	F	In the past month, they have been bullying other students.
T1 Teacher	34.0	Family Instability	F	In the past month, they have been often hungry during class
T1 Teacher	33.6	Social Disengagement	F	In the past month, they have been bullied by others.
T1 Teacher	33.1	School Misbehavior	F	In the past month, they have been aggressive towards peers.
T1 Teacher	32.2	School Misbehavior	F	In the past month, they have been quick to anger.
T1 Teacher	31.1	School Misbehavior	F	In the past month, they have been defiant towards staff.
T1 Teacher	29.1	Social Disengagement	F	In the past month, they have been having trouble making friends.
T1 Teacher	29.0	Social Disengagement	F	In the past month, they have been avoiding interaction with peers.

Developmental History Questionnaire

Rater: P1 • Parent 1 • Completed Sep 15, 2026 at 11:01 PM

Only notable responses are shown.

No notable responses.

Medical History Questionnaire

Rater: P1 • Parent 1 • Completed Sep 15, 2026 at 11:01 PM

Only notable responses are shown.

How much do you know about the health history of your child's biological family?

✓ Some

Have any of your child's biological relatives had problems with alcohol, drug use, or addiction?

✓ Yes

✓ Biological mother

✓ Biological father

Have any of your child's biological relatives had depression, anxiety, or another mental health condition?

✓ Yes

Which relatives?

✓ Biological mother

✓ Biological father

During the pregnancy with this child, was the birth mother exposed to any of the following? (Select all that apply)

✓ tobacco or nicotine

Cigarette smoke

✓ cannabis or other substances

Marijuana smoke

Has your child had a vision screening or eye exam in the past two years?

✓ Yes

Any problems found?

✓ Yes

Near sighted, needed glasses