Conners 4 Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The Conners 4 (Conners 4th Edition, MHS, 2022) is a multi-informant ADHD rating scale with parent, teacher, and self-report forms for ages 6–18. T-scores (mean 50, SD 10) are probability statements relative to same-age peers, never diagnoses, and the ADHD Index is a similarity score, not a verdict. Digital scoring only; name the edition, form length, and norm set every time.

1 – Measures, raters, and norms which edition and form produced these scores?

Do: name the edition, form length per rater (full / Short / Index), each rater's role and setting, dates, norm set.

Pitfall: "the Conners" with nothing else; Conners 3 and 4 differ in scales, items, and norms.

2 – Validity, response style, and critical items first before any score

Do: report Negative Impression, Inconsistency, Omitted Items, Pace; then critical items and the Sleep Problems Indicator, with actions.

Pitfall: citing a Positive Impression scale (Conners 3 only), or silence on critical items.

3 – DSM symptom scales two metrics, two jobs

Do: report T-scores AND Symptom Counts as separate metrics; write elevations as "consistent with" criteria.

Pitfall: conflating them; Total ADHD Symptoms has a T-score but no count.

4 – Content scales six full-length; the Short form carries four

Do: integrate raters within each scale; name only scales the administered form contains.

Pitfall: Conners 3 furniture (Learning Problems, Global Index) in a Conners 4 report.

5 – Impairment and functional outcome Schoolwork · Peer Interactions · Family Life

Do: connect impairment ratings to the DSM impairment requirement.

Pitfall: expecting Family Life from a teacher protocol; it is parent and self-report only.

6 – ADHD Index probability, framed as probability

Do: give the band and its plain-language meaning: similarity to diagnosed youth, screening weight.

Pitfall: "the ADHD Index confirms the diagnosis," the most flagged sentence in Conners write-ups.

7 – Cross-informant integration expect modest agreement (mean r = .28)

Do: state convergence, divergence, and what the divergence means; parent ratings typically run higher.

Pitfall: averaging raters into one verdict; divergence is usually setting information.

8 – Interpretive summary and recommendations answer the referral question

Do: keep bands normative, state what scores do not establish, tie each recommendation to a finding, set the re-rating plan.

Pitfall: recommendations that could follow any profile.

Before you sign

- [ ] Edition, form lengths, and norm set named
- [ ] Validity and critical items addressed for every rater
- [ ] T-scores and Symptom Counts kept distinct
- [ ] Band language consistent throughout
- [ ] Divergence interpreted, not averaged
- [ ] Each recommendation traces to a finding

Drafting with AI

Paste your score summary: forms, raters, T-scores with bands, Symptom Counts, validity results. Not the items, not the software narrative.

> *"Draft a Conners 4 results section from this summary: parent Inattentive T 76 Symptom Count 8, teacher T 70 count 7; impairment Schoolwork elevated both raters; validity acceptable; referral question: …"*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300–700 words	12–15 min per form	Ages 6–18	IEP teams · prescribers
results section	full-length average	parent · teacher · self (8+)	who reads it

Full guide, sample, and compliance notes: **bastiongpt.com/template/conners-4-report BastionGPT** drafts evaluation reports for you. Free 7-day trial.

Conners 4 Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Student (initials): | Age / grade: | Rating dates:

Edition / form lengths: | Norm set: | Referral question:

Measures and raters

Form length per rater; each rater's role, relationship, setting, and date completed

Validity, response style, and critical items

Negative Impression, Inconsistency, Omitted Items, Pace; critical items and Sleep Problems Indicator reviewed, with actions

DSM symptom scales

Per rater: T-score AND Symptom Count, kept distinct; "consistent with" language only

Content scales

Integrate raters within each scale; name only scales the administered form contains

Impairment and functional outcome

Schoolwork, Peer Interactions, Family Life (parent and self-report only); link to the DSM impairment requirement

Cross-informant integration

Convergence, divergence, and what the divergence means; do not average it away

Interpretive summary

Answer the referral question; bands with plain-language meaning; what the scores do NOT establish

Recommendations linkage

Each recommendation tied to a finding; re-rating plan naming raters and form length

ADHD Index band + meaning: | Re-rating due (form length):

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: