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IRS Scores for Kindergartners by Parent- and Teacher-Based Risk Status According to the BASC-2 (Study 1)

	N (568)	Mean (n = 160)	SD	p
Parent-Based Risk				
Teacher-Based Risk				

(M = 24.46, SD = 4.68) were significantly higher than the scores of the low-risk group (M = 20.31, SD = 4.18) on the BASC-2 Externalizing Problems (EP) scale, $t(568) = 10.49, p < .001, d = .74$. There was no significant difference between the high-risk (M = 24.46, SD = 4.68) and low-risk (M = 20.31, SD = 4.18) groups on the BASC-2 Internalizing Problems (IP) scale, $t(568) = 1.12, p = .26, d = .08$.

The discriminant validity of the BASC-2 Externalizing Problems (EP) scale was supported by the significant difference between the high-risk (M = 24.46, SD = 4.68) and low-risk (M = 20.31, SD = 4.18) groups, $t(568) = 10.49, p < .001, d = .74$. The discriminant validity of the BASC-2 Internalizing Problems (IP) scale was not supported by the non-significant difference between the high-risk (M = 24.46, SD = 4.68) and low-risk (M = 20.31, SD = 4.18) groups, $t(568) = 1.12, p = .26, d = .08$.

Behavioral outcomes. **Alphas**

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Procedure. **Alphas**

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moderate diagnostic validity of the teacher IRS test score inferences. The AUCs for the teacher IRS ratings identifying behavior risk status ranged from .82 to .89, suggesting moderate to strong diagnostic validity of the teacher IRS test score inferences in identifying classroom behavior problems. The AUCs for the parent IRS ratings identifying risk status based on first- and fourth-quarter grades and reading tests scores or daily behavior reports were significantly lower and not much better than chance, ranging from .48 to .60.

Aim 3: Diagnostic efficiency. To examine which level of impairment on the parent and teacher IRS best differentiates typical and at-risk children according to the BESS, diagnostic efficiency statistics were examined for cutoff scores of 2, 3, and 4 on (a) teacher-rated IRS identifying teacher-based BESS risk status and (b) the parent-rated IRS identifying teacher-based BESS risk status (see Table 8). Consistent with Study 1, there was no single domain on the parent or teacher IRS that had higher AUCs than other domains. Thus, the overall impairment score on the parent and teacher IRS were used for these analyses. Further, the base rates for at-risk status on the BESS in the current sample were $p = .107$; the $p = .107$ (see

outcomes, there may be utility in the process of having parents and teacher both complete ratings at kindergarten entry. Namely, parent receipt of a report providing feedback of the screening may facilitate early communication between parents and teachers (Girio-Herrera, Owens, & Langberg, 2014) and monitoring of the problematic behavior, possibly fostering early service engagement among parents.

Thus, given the promising results obtained in this study, further examination of the role of the IRS in a multistep screening process may be fruitful. For example, school professionals could use the parent IRS to obtain a preliminary profile of children at kindergarten entry. Consistent with previous research (Fabiano et al., 2006), scores of 3 or 4 on the IRS seem to be appropriate cutpoints for detecting a broad definition of risk status. Such data may help principals distribute higher risk children across general education classrooms, as well as identify children who warrant early monitoring. Because teacher test score inferences have greater diagnostic utility than parent test score inferences, a parent score of 3 or higher could simply be used to trigger monitoring. However, teacher scores obtained at the end of the first grading period may trigger additional activities, such as a specific parent-teacher team meeting, referral to early intervention program, and/or additional assessment. Ultimately, the role of the screener and an optimal cutpoint should be determined on the basis of the school district's goals, intended purpose of screening, and the availability of other tools and resources. Further, school professionals must consider

and behavioral problems at kindergarten entry: Diagnostic utility and predictive validity of parent report