

Student Behavior Survey

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Introduction

The Student Behavior Survey (SBS) is a brief, multidimensional assessment for use with educators in the evaluation of children and adolescents from grades K through 12 (5 through 18 years of age). The SBS incorporates estimates of student achievement, academic and social skills, and parent cooperation, and also provides observations of a wide variety of other school-specific behaviors that reflect the presence of problems in emotional and behavioral adjustment. In addition, SBS statements that often reflect the presence of diagnostic criteria for Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder have been incorporated into scales that reflect these three disruptive behavior syndromes.

The teacher-completed SBS joins the parent-completed *Personality Inventory for Children, Second Edition* (PIC-2, grades K through 12; Lachar & Gruber, 2000) and the self-report *Personality Inventory for Youth* (PIY, grades 4 through 12; Lachar & Gruber, 1995) to provide a comprehensive evaluation of student adjustment. The SBS is easily integrated into child and adolescent evaluations conducted at a variety of settings. It represents a core element of any intake procedure and may be used within school systems to refer a student for diagnostic services.

By using the SBS, school psychologists and counselors and other mental health professionals enable teachers and other educators to make a unique contribution to the psychological and behavioral evaluation of students. With their wide experience of children, educators can compare the evaluated student to nonreferred peers. This perspective is not available when ratings are collected only from parents, clinicians, or the students themselves, and yet it is often essential in the comprehensive diagnosis of disruptive behavior syndromes. Teacher ratings are also important in that they provide first-hand description of student adjustment and achievement within the school environment.

The value of the SBS has been documented by its psychometric performance. SBS scale scores are internally consistent (median alpha is .88), relatively stable over time (median retest reliability over 1- to 2-week intervals is .86),

and across observers (the median for interrater correlations is .73). SBS results show strong evidence of validity: scores correlate with concurrent parent and clinician observations and with other teacher report forms; group differences on all SBS scales have been shown to distinguish broadly between referred children and their nonreferred peers, and more specifically among a number of educationally relevant subgroups.

This Manual provides extensive support for clinical interpretation of SBS test results. There is an extended scale-by-scale discussion of test content, along with definitions of clinically significant score elevations. Language is provided describing behavior associated with these elevations on each scale. Case studies are also provided; some that describe applications where the SBS is the only measure of student adjustment, some that describe evaluations where SBS results are integrated with those from other instruments, such as the PIC-2 and the PIY. The case studies also illustrate the use of the SBS in regular school, special education settings, and clinical applications.

Basic Description

Materials and Survey Characteristics

The SBS includes 102 statements that are presented to the teacher along with a multi-point Likert scale response format. The SBS is hand scored, and its use requires only the SBS AutoScore™ Form (WPS Product No. W-360A). This form presents the SBS statements, as well as spaces for the educator's responses to be recorded, and provides the materials and instructions needed to obtain raw scores. The attached SBS Profile form is used to determine the corresponding *T*-score results, and it serves as a permanent record of the SBS administration.

SBS Scales and Results

As shown in Table 1, SBS materials are organized into three major sections, each of which contains a number of scales. The first section, Academic Resources, contains four

Table 1
Student Behavior Survey Scales

Academic Resources	
Academic Performance (AP)	8 items
Academic Habits (AH)	13 items
Social Skills (SS)	8 items
Parent Participation (PP)	6 items
Adjustment Problems	
Health Concerns (HC)	6 items
Emotional Distress (ED)	15 items
Unusual Behavior (UB)	7 items
Social Problems (SP)	12 items
Verbal Aggression (VA)	7 items
Physical Aggression (PA)	5 items
Behavior Problems (BP)	15 items
Disruptive Behavior	
Attention-Deficit/Hyperactivity (ADH)	16 items
Oppositional Defiant (OPD)	16 items
Conduct Problems (CNP)	16 items

scales: the teacher's rating of the student's Academic Performance, and the support to school performance that is perceived to come from Academic Habits, Social Skills, and Parent Participation. The four scales in this section are all positive accounts of the child's potential strengths, and are scored so that high scores are positive qualities.

The larger second section, Adjustment Problems, addresses the areas in which the child's potential problems are recorded. There are seven scales that address Health Concerns, Emotional Distress, Unusual Behavior, Social Problems, Verbal Aggression, Physical Aggression, and Behavior Problems. Consistent with the names assigned to this section and its component scales, scores in this area document weaknesses so that elevated scores reflect negative qualities and problematic behavior.

The third major section of the SBS, Disruptive Behavior, provides scales that illuminate three areas of organized clinical concern. The three major syndromes addressed are school-based reflections of the DSM-IV (American Psychiatric Association, 1994) categories of Attention-Deficit/Hyperactivity, combined type; Oppositional Defiant Disorder; and Conduct Disorder. These scales, like those in the second section of the test, reflect negative qualities so that high scores denote increasingly problematic behavior. Although no diagnostic decision should be made on the basis of a single test administration, these three scales provide clinicians with useful information that can be integrated with interviews and other case history data to form diagnostic impressions. When the SBS is used in the early screening of problems in a school setting, high scores on these scales provide educators with an excellent way to document the need for further assessment in the indicated areas.

Respondent Population and Research Base

The SBS was developed in a 6-year process that involved over 4,500 administrations of the instrument along with over 2,300 concurrent administrations of other instruments used in validation research. Results that compare favorably to those of the latter instruments provide an exceptionally high standard of independent evidence for the validity of a new assessment tool. These studies are described in chapters 4 and 5 of this Manual, which discuss the test's standardization and validation, respectively. The following descriptions briefly summarize this research to highlight the features that are most often reviewed when schools or institutions wish to evaluate a new instrument or qualify it for use in a state or school district.

Standardization Base

The standardization of the SBS was conducted in schools throughout the United States. Sites were recruited through mailing lists stratified to include schools from all parts of the country, in communities of all socioeconomic levels (SES), and reflecting a representative mix of backgrounds for the major ethnic groups. The final standardization sample included teacher reports on 2,612 students, with roughly 200 at each grade from kindergarten to 12 (ages 5 to 18 years) and equal numbers of each gender. Over 22 sites (schools) participated from 11 states spanning all of the four major census regions. As documented in detail in chapter 4, representation in the final sample was also in close accord with U.S. Census figures for ethnicity and parental educational level (a widely accepted index of SES). In addition, 1,200 concurrent administrations of the aforementioned PIC-2 were obtained from the children's parents to help validate the SBS.

Clinical and Special Education Research Base

In a separate sample, 1,315 SBS administrations were collected from students who had been referred for assessment of behavioral or academic difficulties. About a third of these administrations were obtained in schools and special education settings, another third came from clinical settings (in- and outpatient hospital settings, free-standing clinics, private practice psychological or psychiatric practices, etc.), and the remainder came from juvenile justice residential centers and from a survey of special education programs in a large urban setting. Many of these SBS administrations were accompanied by concurrent collection of one or more additional sources of information: over 500 administrations of the parent-report PIC, nearly 200 administrations of the student self-report PIY, over 100 clinician report checklists, and nearly 300 other teacher report forms. The cases constituting this research sample were contributed by 41 facilities in 17 U.S. states and a Canadian province. A full description of this sample is also provided in chapter 4, where the basic properties of the SBS scores are documented. The validation evidence documented by these cases is discussed in detail in chapter 5.