# Behavioral and Emotional Assessment of a Child Using the BESS Framework

Posted on April 19, 2018

Scott's case describes a child whose behavior, learning, communication, and emotional responses appear to differ across settings and activities. The original essay recommends the Behavioral and Emotional Screening System (BESS) because Scott has tantrums, aggression, limited participation in some ordinary activities, and strong interest in buildings, trains, windows, monuments, and environmental details. That recommendation can be useful if BESS is understood correctly. The BASC-3 Behavioral and Emotional Screening System is a brief screening instrument designed to identify behavioral and emotional strengths and possible risk. It is not a diagnostic test, intelligence test, or complete special-education evaluation. Scott should not be labeled a "disturbed" or "maladaptive" child on the basis of a case description or screening score. A responsible assessment would use respectful language, gather information from several people and settings, consider development and culture, identify strengths, and determine whether a more comprehensive evaluation or individualized educational support is needed. (Pearson, 2026; Reynolds & Kamphaus, 2015)

## Clarifying the Assessment Question

The first step is to define what educators and family members need to know. The question should not be "What is wrong with Scott?" It should be: Which behaviors interfere with learning, participation, communication, safety, or relationships; when and where do they occur; what strengths and interests can support intervention; and what additional assessment is necessary? A broad referral question reduces the risk of selecting a diagnosis before evidence is collected. It also keeps the focus on educational need and effective support rather than on attaching a label.

## What the BESS Measures

The BASC-3 BESS is designed as a brief measure of behavioral and emotional risk and strengths. Pearson describes forms completed by teachers, parents, and students, with age ranges depending on the form. Teacher and parent forms cover preschool through age 18, while student self-report begins later in childhood. The forms can identify patterns associated with internalizing concerns, externalizing concerns, school problems, and adaptive or interpersonal functioning. The resulting score indicates a level of risk that can guide further inquiry. It does not explain the cause of the behavior and should not be used alone to determine eligibility, diagnosis, or placement.

# Screening Versus Diagnosis

Screening is intended to identify people who may need closer evaluation. A sensitive screener may produce false positives because it is designed not to miss students at risk. A low-risk score also does not guarantee that no problem exists, particularly if the behavior occurs only in one setting or the rater lacks information. Diagnosis requires a more comprehensive process using relevant professional standards. In Scott's case, a BESS result could justify additional assessment, observation, and collaboration. It should never be written as proof that he has a specific disability.

# Why Multiple Informants Matter

Scott may behave differently at home, school, recreational places, and structured programs. A parent sees routines, sleep, meals, family interactions, and community behavior. A teacher observes academic demands, peers, transitions, and classroom structure. Scott, if developmentally able, can report feelings and experiences that adults cannot observe. Differences among raters are not automatically errors. They may show that the environment changes the behavior. A teacher may report difficulty during unstructured group work while a parent reports calm behavior during train-related activities. The contrast can identify conditions that support success.

# The Parent Form

Scott's mother provides important developmental and historical information, including early screening, tantrums, aggression, eating patterns, interests, and response to a structured program. Her report should be treated as evidence from a knowledgeable observer, not as a complete clinical record. Questions should be specific: What happens before a tantrum? How long does it last? What does Scott do? How do adults respond? What helps him recover? How often do biting, hitting, or kicking occur? Has the pattern changed? Specific descriptions are more useful than general terms such as "bad" or "abnormal."

# The Teacher Form

Teachers can describe Scott's attention, task completion, peer interaction, response to correction, transitions, communication, and academic participation. The teacher should compare behavior with developmentally appropriate expectations while avoiding comparison based only on classroom convenience. A student who needs movement, visual structure, or extra processing time may appear noncompliant when the environment does not support those needs. Information from more than one teacher may be valuable because behavior can differ by subject, time of day, group size, and adult interaction style.

 

# Student Voice

Assessment should involve Scott as much as possible. Depending on his age and communication, he may explain what he likes, fears, avoids, or finds confusing. Visual choices, interviews, drawings, augmentative communication, or observation may be used when ordinary conversation is difficult. Adults should not assume that lack of spoken explanation means lack of preference or understanding. His interest in buildings and trains may provide a comfortable route into communication and rapport.

# Strengths-Based Assessment

The original essay correctly notices Scott's strong interests. These should not be treated merely as unusual fixations. They may reveal attention to detail, visual memory, pattern recognition, curiosity, and motivation. Strengths-based assessment asks how the student learns successfully and which contexts produce calm engagement. If Scott can focus for long periods on architectural features or transportation systems, educators can use those interests to teach vocabulary, mathematics, reading, social interaction, or transitions. Intervention is more effective when it builds on existing competence rather than focusing exclusively on deficits.

# Behavior Has a Function

A behavior can serve a purpose even when it is unsafe or disruptive. A tantrum may help a child escape an overwhelming task, obtain attention, communicate pain, gain access to a preferred activity, or regulate sensory discomfort. The same outward behavior may have different functions at different times. Screening identifies risk but does not conduct a functional analysis. When behavior significantly interferes with learning or safety, a functional behavioral assessment can examine antecedents, behavior, consequences, setting events, and patterns across data.

# Functional Behavioral Assessment

An FBA should define behavior in observable terms. "Scott becomes aggressive" is less useful than "Scott strikes nearby people with an open hand during transitions from a preferred activity." Observers record what occurs before and after the behavior and identify likely functions. The team then develops supports that teach a safer, more effective replacement. If aggression helps Scott delay an abrupt transition, intervention may include a visual countdown, choice, communication card, and reinforcement for moving safely. Punishment without understanding the function may intensify behavior or move it to another form.

# Developmental and Medical Considerations

Behavioral change can be affected by sleep, hearing, vision, pain, seizures, medication, nutrition, language development, trauma, anxiety, or neurodevelopmental differences. Educators should not diagnose medical causes, but they should ask whether health evaluation is needed. Sudden or severe change requires particular attention. A child who cannot communicate pain may show distress behavior. Screening should therefore connect with medical and developmental history rather than assume every concern originates in motivation.

# Possible Neurodevelopmental Concerns

Scott’s focused interests, early screening, difficulty with some activities, and behavioral responses may lead a team to consider autism, attention difficulties, communication disorders, intellectual disability, anxiety, sensory differences, or other possibilities. The evidence provided is insufficient to select one explanation. Similar behaviors occur across conditions and in children without a disorder. A comprehensive evaluation may include developmental history, cognitive and academic assessment, communication, adaptive behavior, observation, occupational or sensory information, and medical review. The purpose is to understand need, not to force Scott into a predetermined category.

# Cultural and Family Context

Expectations for eye contact, independence, emotional expression, discipline, play, and adult interaction vary across families and cultures. Assessment must distinguish cultural difference from impairment. Language barriers can change how parents interpret items and how professionals interpret behavior. Families should receive explanations in accessible language and have opportunities to correct misunderstanding. The team should ask what the family views as strengths, urgent concerns, and meaningful goals.

# Reliability, Validity, and Score Interpretation

BESS scores are standardized and can be reported as T scores, percentiles, and risk classifications. A score is an estimate influenced by the items, rater, timing, and context. It should be interpreted using the appropriate age and form. Validity indexes can help identify inconsistent or unusually negative response patterns, but they do not prove dishonesty. The professional should examine individual items, context, and agreement across sources. A small score change after intervention may reflect normal measurement variation rather than real improvement.

# Progress Monitoring

The original essay values comparison before and after a structured program. Progress monitoring is appropriate when the same behaviors and conditions are measured consistently. Teams can track frequency, duration, intensity, independence, academic participation, and use of replacement skills. A broad screening score may be repeated at appropriate intervals, but daily intervention decisions often need more specific measures. Improvement should be meaningful in Scott's life, such as safer transitions or greater communication, not only a lower number.

# Universal Screening and Individual Follow-Up

BESS can be used as part of a schoolwide prevention system. Universal screening may identify internalizing concerns that disruptive behavior referrals miss. However, schools need consent and notification procedures consistent with law and policy, trained staff, secure records, and capacity to respond. Screening students without available follow-up can create ethical problems. Individual results should not be used to punish, publicly label, or exclude students.

# Educational Eligibility

A screening score does not determine eligibility for special education. Under the Individuals with Disabilities Education Act, evaluation must use multiple tools and strategies and must not rely on a single measure as the sole criterion. The team must determine whether the student meets relevant criteria and needs specially designed instruction. Section 504 may provide accommodations for a student with a disability that substantially limits a major life activity even when special education is not required. Decisions should be individualized and involve the family. (Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.)

# Individualized Education Program

If Scott is found eligible, an IEP should describe present levels, measurable goals, services, accommodations, participation, and methods for monitoring progress. Goals should address functional and educational need. "Scott will behave appropriately" is vague. A stronger goal might specify that, with a visual schedule and taught communication strategy, Scott will transition between activities without hitting in a defined proportion of observed opportunities. The IEP should also preserve access to challenging instruction and strengths-based activities.

# Positive Behavioral Interventions and Supports

Positive support changes the environment, teaches skills, and reinforces success. It may include predictable routines, visual schedules, sensory breaks, structured choices, communication instruction, explicit social teaching, calm spaces, and reinforcement. The goal is not to make Scott appear indistinguishable from peers at any cost. It is to increase safety, participation, autonomy, and learning. Restrictive or exclusionary methods should be used only according to law, evidence, and immediate safety need. (Sugai & Horner, 2009)

# Using Scott’s Interests in Intervention

Buildings, trains, windows, monuments, and antiques can become instructional bridges. A visual schedule might use train stations to represent transitions. Mathematics can include timetables or building dimensions. Reading can use transportation topics before expanding to other material. Social interaction can involve sharing information or completing a collaborative model. Interests should not be used only as rewards withheld until compliance. They can be legitimate parts of identity and learning.

# Eating, Frustration, and Aggression

The original essay notes eating habits and aggressive behavior. The team should avoid assuming that food preference is willful. Sensory characteristics, oral-motor issues, gastrointestinal discomfort, allergies, routine, or anxiety may be relevant. A medical or feeding specialist may be needed. Aggression requires an immediate safety plan and careful functional assessment. Adults should respond consistently, protect everyone, minimize escalation, and teach communication. Physical restraint or seclusion carries serious risk and should never become a routine behavioral intervention.

# Ethical Language and Confidentiality

Terms such as “disturbed,” “abnormal,” or “troubled child” can stigmatize Scott and influence expectations. Reports should describe observations and needs. Records must be shared only with authorized people and stored securely. Parents should understand who will receive scores and how they will be used. When digital scoring platforms are used, schools should review privacy, access, and retention. Scott’s dignity is part of assessment quality.

# Recommended Assessment Plan

A reasonable plan would begin with record review, family interview, teacher consultation, and BESS forms from appropriate informants. The team would conduct direct observations in structured and unstructured settings and review academic, communication, developmental, and medical concerns. If screening shows elevated risk or observations confirm significant impairment, qualified professionals would complete a comprehensive evaluation and FBA. The team would implement immediate positive supports while assessment continues, rather than requiring Scott to fail further before receiving help.

# Conclusion

The BASC-3 BESS is appropriate as one component of Scott's assessment because it offers brief, multi-informant screening of behavioral and emotional strengths and risk. It should not be used to diagnose Scott, measure intelligence, or determine special-education placement by itself. The strongest features of the original case are the attention to behavior across home and school, the history of improvement in a structured program, and recognition of Scott's interests. A responsible process would combine BESS results with direct observation, developmental and medical information, academic assessment, student voice, functional analysis, and family participation. The outcome should be an individualized plan that reduces barriers, teaches useful skills, protects safety, and uses Scott's strengths to expand learning and autonomy.

# References

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.

Pearson. (2026). *BASC-3 Behavioral and Emotional Screening System*.

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