

<b>Outcome Measure</b>	<b>Adaptive Behavior Assessment System-II (ABAS-II) ABAS III</b>
<b>Sensitivity to Change</b>	No
<b>Population</b>	Paediatrics and adults
<b>Domain</b>	Psychological Status Behavioural Function Social Role Participation
<b>Type of Measure</b>	Parent-report, teacher-report, adult self-report
<b>ICF-Code/s</b>	d710-d729
<b>Description</b>	<p><b>OVERVIEW</b></p> <p>The Adaptive Behavior Assessment System–Third Edition (ABAS–III) is a highly regarded assessment that gives a complete picture of adaptive skills across the life span. Retaining all of the essential features that made the second edition the preferred instrument, the ABAS-3 is even easier to administer and score. It is particularly useful for evaluating individuals with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, neuropsychological disorders, and sensory or physical impairments.</p> <p>The ABAS-3 covers three broad adaptive domains: <u>Conceptual</u>, <u>Social</u>, and <u>Practical</u>. Within these domains, it assesses 11 adaptive skill areas (each form assesses 9 or 10 skill areas based on age range).</p> <ol style="list-style-type: none"> <li>1) Communication;</li> <li>2) Community use;</li> <li>3) Functional academics;</li> <li>4) Health and safety;</li> <li>5) Home or school living;</li> <li>6) Leisure;</li> <li>7) Self-care;</li> <li>8) Self-Direction;</li> <li>9) Social;</li> <li>10) Work; and</li> <li>11) Motor.</li> </ol> <p>Items focus on practical, everyday activities required to function, meet environmental demands, care for oneself, and interact with others effectively and independently. On a four-point response scale, raters indicate whether the individual can perform each activity, and if so, how frequently they perform it when needed.</p> <p><b>FORMS</b></p> <p>Although it is possible to evaluate adaptive skills using only a single rater, gathering ratings from several people will provide a more complete assessment. Multiple ratings show how the individual performs in various</p>

settings. When different forms are used by different raters to evaluate an individual's adaptive skills, a comparative report can be generated to show areas that warrant further attention.

The ABAS-3 includes five rating forms, each for a specific age range and respondent. These forms can be completed by parents, family members, teachers, daycare staff, supervisors, counsellors, or others who are familiar with the daily activities of the individual being evaluated. In addition, the Adult Form can function as a self-rating. On a 4-point response scale, raters indicate whether, and how frequently, the individual performs each activity.

- 1) Five Parent/Primary Caregiver Forms (ages 0-5);
- 2) Five Teacher/Daycare Provider Forms (Ages 2-5);
- 3) Five Parent Forms (Ages 5-21);
- 4) Five Teacher Forms (Ages 5-21); and
- 5) Five Adult Forms (Ages 16-89).

The ABAS-3 is aligned with the AAIDD, DSM-5, and IDEA specifications, and works well within an RTI context. It generates norm-referenced scaled scores and test-age equivalents for the 11 skill areas. It also provides standard scores, confidence intervals, and percentile ranks for the three broad adaptive domains and the summary score—the General Adaptive Composite. In addition, all scores can be categorised descriptively (Extremely Low, Low, Below Average, Average, Above Average, High).

**USES**

The uses of ABAS-III include:

- 1) Assess adaptive skills;
- 2) Assist in diagnosing and classifying various developmental, learning, and behavioural disabilities and disorders;
- 3) Identify strengths and weaknesses;
- 4) Develop treatment plans and training goals;
- 5) Document and monitor progress over time;
- 6) Determine eligibility for services such as Social Security disability benefits, and evaluate capacity to live or work independently; and
- 7) Facilitate research and program evaluation.

**Properties**

**Ages:** 8 to 89 years  
**Completion Time:** 15 to 20 minutes

	<p><b>Scores / Interpretation:</b> For the 11 skill areas assessed—norm-referenced scaled scores. For the 3 adaptive domains and the General Adaptive Composite (GAC)—norm-referenced standard scores, confidence intervals for standard scores, and percentile ranks. In addition, all scores can be categorized descriptively.</p> <p><b>Psychometric Properties:</b></p> <p>As the ABAS-3 was only recently released into the market (February 2015), details on psychometric properties is best referring to the manual. Overall, the ABAS-3 combines all-new norms with updated item content to create the leading adaptive skills assessment.</p> <p>See Manual.</p>
<p><b>Advantages</b></p>	<p>The ABAS-3 combines all-new norms with updated item content to create the leading adaptive skills assessment. Retaining all features that made the second edition the preferred instrument for evaluating adaptive behavior, the ABAS-3 is even easier to administer and score.</p> <p>Comprehensive, convenient, and cost-effective, this behavior rating scale measures daily living skills—what people actually do, or can do, without assistance from others.</p> <p>It is particularly useful for evaluating those with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, neuropsychological disorders, and sensory or physical impairments.</p> <ul style="list-style-type: none"> <li>• New norms, updated item content, and improved ease of use</li> <li>• Covers individuals from birth to 89 years of age (wide age range)</li> <li>• Assesses 11 essential skill areas within 3 major adaptive domains: Conceptual, Social, and Practical</li> <li>• Identifies strengths and weaknesses</li> <li>• Integrates assessment, intervention planning, and progress monitoring</li> <li>• Compatible with AAIDD, DSM-5, and IDEA</li> <li>• Available in paper-pencil and software formats</li> </ul> <p>Whether trying to identify the best learning environment for a child or ensure that an older person can live independently, the ABAS-3 provides the information needed to make appropriate clinical decisions and design effective intervention. Its applications are almost endless.</p> <p>No matter the setting, the age of the individual, or the nature of his or her limitations, the ABAS-3 can help clinicians:</p>

	<ul style="list-style-type: none"> <li>• Assess adaptive skills;</li> <li>• Diagnose and classify disabilities and disorders;</li> <li>• Identify strengths and weaknesses;</li> <li>• Document and monitor progress over time;</li> <li>• Develop treatment plans and training goals;</li> <li>• Determine eligibility for services and disability benefits; and</li> <li>• Evaluate capability to live or work independently.</li> </ul> <p>This versatile instrument lets clinicians gather information from several raters in different settings to obtain a broad view of an individual's functional skills. And because the ABAS-3 conforms to AAIDD, DSM-5, IDEA, and RTI specifications, you can use it with confidence.</p>
<b>Disadvantages</b>	<ol style="list-style-type: none"> <li>1) CRE group researchers have not found it sensitive to TBI related issues;</li> <li>2) Data that CRE researchers have obtained in the past has been difficult to decipher;</li> <li>3) Norms based on the U.S. Population; and</li> <li>4) Many items not relevant to an Australian population.</li> <li>5) Only recommend use for older children and when adaptive abilities are focus of study.</li> <li>6) The ABAS-3 is not MAC compatible.</li> </ol>
<b>Additional Information</b>	<p>The <b>WPS Online Evaluation System</b> offers convenient ABAS-3 administration, scoring, and intervention planning. Online testing allows clinicians to:</p> <ul style="list-style-type: none"> <li>• Administer all forms remotely or in-person</li> <li>• Check the status of an administration at any time</li> <li>• Score and report automatically</li> <li>• Create customised intervention plans</li> <li>• Easily monitor an individual's progress over time</li> <li>• Quickly compare two raters' scores</li> </ul> <p>In addition to online evaluation, the ABAS-3 can also be administered using paper-and-pencil forms that have been redesigned and are even easier to use than preceding editions of the ABAS. Scoring is quick, by hand or using desktop software. The Unlimited-Use Scoring Assistant and Intervention Planner Software generates a narrative interpretation of all scores,</p>

	<p>strengths and needs analysis, composite score discrepancy analysis, and more.</p> <p>Create and achieve therapeutic goals with the <i>ABAS-3 Intervention Planner</i>. Available in three formats—online, software, and print—it allows users to create a customised therapy plan based on adaptive skill area deficits identified by the ABAS-3. The <i>Intervention Planner</i> offers:</p> <ul style="list-style-type: none"> <li>• Simple, straightforward intervention activities for each ABAS-3 item across all forms;</li> <li>• Developmentally appropriate strategies to help improve functioning at home, school, work, and in the community;</li> <li>• Versatile activities that can be used with an individual, a small group, or in the classroom;</li> <li>• Suggestions for guiding teacher and family involvement in intervention programs; and</li> <li>• Progress Monitoring Report for online and software formats.</li> </ul> <p>The <i>Intervention Planner</i> is included in all ABAS-3 kits and may be purchased separately in print.</p>
<b>Reviewers</b>	<p>Vicki Anderson (paediatrics)</p> <p>Cathy Catroppa (paediatrics)</p> <p>Robyn Tate (adults – Behavioural Function Domain)</p> <p>Jennie Ponsford (adults – Psychological Status Domain)</p> <p>Jenny Fleming (Social Role Participation and Social Competence)</p>

### References

Harrison, P. L., & Oakland T. (2005). Adaptive Behaviour Assessment System – Third Edition Manual. San Antonio, TX: Harcourt Assessment.

Harrison, P. L., & Oakland T. (2003a). Adaptive Behaviour Assessment System – Second Edition. San Antonio, TX: Harcourt Assessment.

Harrison, P. L., & Oakland T. (2003b). Technical report: ABAS-II Adaptive Behaviour Assessment System – Second Edition. San Antonio, TX: Harcourt Assessment.

Sattler, J. M. (2002). Assessment of children: Behavioural and clinical applications. San Diego, CA: Author.