

INTELLECTUAL DISABILITY (ID)

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TOPICS

Statistics

Definition/Criteria for ID

Assessment/Evaluation of ID

Common challenges in identification and evaluation

Case examples

Litigation issues and implications

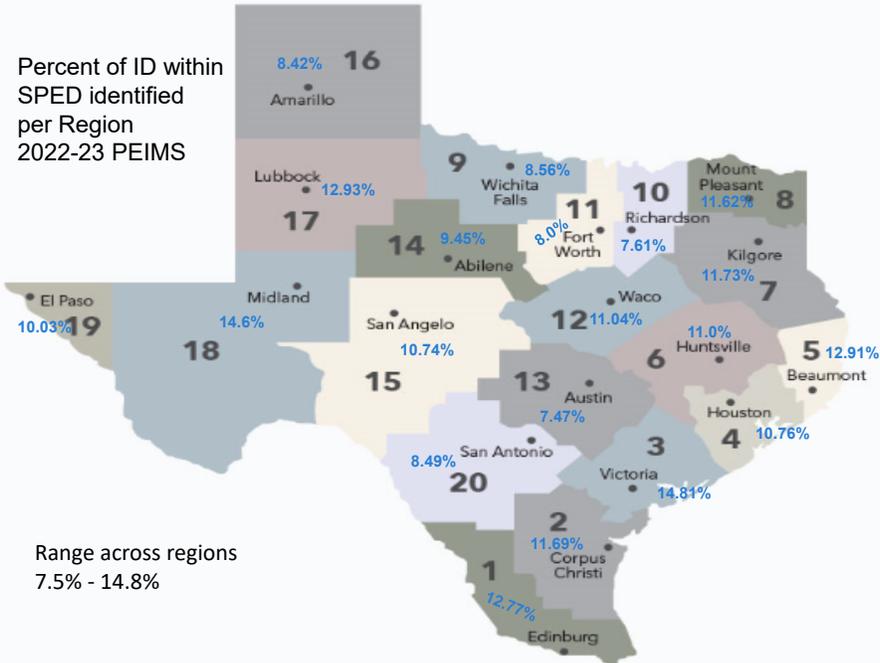
TEXAS PEIMS DATA 2016-2023

ID as primary disability category – all Texas public school districts including charter schools
 % of special education population across 7-year period

Total number of students classified as ID within special education

2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
10.45%	10.64%	10.7%	10.36%	10.18%	10.08%	9.77%
49,887	53,037	56,886	60,896	61,611	64,028	68,685

Percent of ID within SPED identified per Region 2022-23 PEIMS



Terminology – Rosa’s Law

A journey that began as one Maryland family’s battle for respect and acceptance for their daughter and sister, Rosa, became a significant milestone in the ongoing battle for dignity, inclusion and respect of all people with intellectual disabilities when United States President Barack Obama signed bill S.2781 into federal law on October 5, 2010.

Known as “Rosa’s Law,” the law removes the terms "mental retardation" and "mentally retarded" from federal health, education and labor policy and replaces them with people first language “individual with an intellectual disability” and “intellectual disability.”

Definitions and Criteria

American Association of Intellectual and Developmental Disabilities (AAIDD)

- Shalock, R.L., Luckasson, R., and Tassé, M.J. (2021, March). *Twenty questions and answers regarding the 12th edition of the AAIDD manual: Intellectual Disability: Definition, diagnosis, classification, and systems of supports*. American Association on Intellectual and Developmental Disabilities.

Diagnostic and Statistical Manual of Mental Disorders-5th Ed. (DSM-5)

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed. Text rev.)

IDEA Code of Federal Regulations

- 34 CFR §300.8 (6)

Texas Administrative Code

- 19 TAC §89.1040 (5)

AAIDD, 12th Edition

Intellectual disability is characterized by **significant limitations both in intellectual functioning and in adaptive behavior** as expressed in conceptual, social, and practical adaptive skills. ~~This disability originates before age 18.~~ **This disability originates during the developmental period, which is defined operationally as before the individual attains age 22.**

The following five assumptions are essential to the application of this definition:

- Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
- Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
- Within an individual, limitations often coexist with strengths.
- An important purpose of describing limitations is to develop a profile of needed supports.
- With appropriate personalized supports over a sustained period, the life functioning of the person with ID generally will improve.

DSM-5

Intellectual disability is a disorder with onset during the developmental period that includes both **intellectual and adaptive functioning deficits** in conceptual, social, and practical domains.

The following three criteria must be met:

- Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
- Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.
- Onset of intellectual and adaptive deficits during the developmental period.

IDEA

34 CFR §300.8 Child with a disability.

(6) *Intellectual Disability* means **significantly subaverage general intellectual functioning**, existing concurrently with **deficits in adaptive behavior** and manifested during the developmental period, that adversely affects a child's educational performance.

Texas administrative code 19 TAC §89.1040

(5) Intellectual disability. A student with an intellectual disability is one who has been determined to meet the criteria for an intellectual disability as stated in 34 CFR, §300.8(c)(6). In meeting the criteria stated in 34 CFR, §300.8(c)(6), a student with an intellectual disability is one who:

(A) has been determined to have significantly sub-average intellectual functioning as measured by a standardized, individually administered test of cognitive ability in which the **overall test score is at least two standard deviations below the mean, when taking into consideration the standard error of measurement of the test**; and

(B) concurrently exhibits deficits in **at least two of the following areas of adaptive behavior**: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

Commonalities across all definitions

Significant limitation in general intellectual functioning – IQ – an individually administered norm-referenced standardized test of intelligence required

Significant deficits in adaptive behavior – some criteria (e.g., AAIDD) require standardized norm-referenced AB tests

Originates during the developmental period – prior to the 2011 12th edition of the AAIDD manual, the developmental period was noted to be birth to 18 years of age. In the revision, the developmental period was extended to age 22. Schalock, Luckasson, & Tassé (2021) indicate that the change in the age of onset criterion from 18 to 22 is based on recent research showing that brain development in critical areas continues into an individual's 20's.

IQ Criteria for the Definitions

AAIDD: “significant limitations in intellectual functioning”

- IQ score approximately 2 SDs below the mean considering the SEM for specific instruments

DSM-5: “deficits in intellectual functioning”

- Approximately 2 SDs or more below the mean including a margin for measurement error, generally +5 points
- For tests with $M=100$, $SD=15$, this involves a score of 65-75 (70 ± 5)

IDEA Code of Federal Regulations

- “significantly subaverage general intellectual functioning”
- Score range not specified

TAC: operationally defines “subaverage”

- a score on a standardized, individually administered test of cognitive ability that is 2 SDs below the mean taking the SEM into consideration

AB Criteria for the Definitions

AAIDD: “significant limitations in adaptive behavior”

- Approximately 2 SDs below the mean on standardized AB measure in one of the 3 types of AB: conceptual, social and practical or overall score

DSM-5: “deficits in adaptive functioning”

- At least one domain (conceptual, social and practical) of AB is impaired to the degree that the person requires ongoing support
- AB deficits must be directly related to intellectual impairments

IDEA Code of Federal Regulations

- “deficits in adaptive behavior”
- not specified or defined

TAC:

- “deficits” in at least 2 areas of those listed
- no score ranges or operational definition in TAC

DSM-5

SEVERITY LEVELS AND CHARACTERISTICS

While we typically do not use this terminology (mild, moderate, severe, profound) in our FIE reports, it is important to know levels of severity and expected abilities in the conceptual, social and practical domains of adaptive behavior.

Mild

<u>Conceptual</u>	<u>Social</u>	<u>Practical</u>
Difficulties learning academic skills involving reading, writing, math, time or money	Immature in social interactions and perceiving social cues	May function age-appropriately in personal care
Executive function, short-term memory, and functional use of academic skills are impaired	Communication, conversation, and language are more concrete or immature than expected for age	Recreational skills resemble those of age-mates
Concrete approach to problems and solutions	Limited understanding of risk in social situations	Employment is often achieved in jobs that do not emphasize conceptual skills
		Some support needed as an adult with complex daily living tasks and health care and legal decisions

Moderate

<u>Conceptual</u>	<u>Social</u>	<u>Practical</u>
Support is required for use of academic skills in work and personal life	Marked differences from peers on social and communicative behavior, but social language is typically a primary tool	Can care for personal needs involving eating, dressing, restrooming, and hygiene
Ongoing assistance needed to complete conceptual tasks of day-to-day life	Capacity for relationships is evident in ties to family and friends	Participation in household tasks can be achieved
	May not perceive or interpret social cues accurately	Independent employment can be achieved if the job requires limited conceptual or communication skills, but will require considerable support

Severe

<u>Conceptual</u>	<u>Social</u>	<u>Practical</u>
Conceptual skills limited	Spoken language is limited in vocabulary and grammar	Requires support for all activities of daily living and requires supervision at all times
Little understanding of written language or of concepts involving numbers, quantity, time, and money	Understand simple speech and gestural communication	Ongoing support and assistance for tasks at home, recreation, and work

Profound

<u>Conceptual</u>	<u>Social</u>	<u>Practical</u>
Conceptual skills involve the physical world	Very limited understanding of symbolic communication in speech or gesture	Dependent on others for all aspects of daily physical care, health, and safety
May use objects in goal-directed fashion	Expresses desires and emotions mainly through nonverbal, non-symbolic communication	Recreational activities may involve listening to music, watching movies, going out for walks, or participating in water activities
	Enjoys relationships with well-known family members, caretakers, and familiar others	Co-occurring physical and sensory impairments are frequent barriers

Texas Criteria for IQ

has been determined to have significantly sub-average intellectual functioning as measured by a standardized, individually administered test of cognitive ability in which the **overall test score is at least two standard deviations below the mean, when taking into consideration the standard error of measurement of the test.**

Standard Error of Measurement (SEM)

The SEM quantifies the variability that arises from potential sources of error (e.g., variations in test performance, examiner behavior, subject cooperation, person and environmental factors) and provides a statistical confidence interval within which a person's true score falls.

The standard error of measurement (SEM) provides an estimate of the amount of error in an individual's observed test score.

Some measurement error is associated with every test and there is always some uncertainty about an individual's true score.

Large SEM reflects less stable measurements.

SEM

Overall SEM on IQ tests is about 3 points

- WISC-V: 2.9 (range 2.6-3.0)
- WJ-IV COG: range 2.6-3.35
- DAS-II: range 2.6-3.35
- KABC-II/NU: MPI overall for 3-6 years of age=3.09 and for 7-18=2.6; FCI overall for 3-6=2.6 and for 7-18=2.27
- SB5: 2.3 (range 2.12-2.6)

Interpretation and use of part scores?

Part scores are indexes, clusters, or factor scores. Part scores are formed when different subtests or tasks are combined.

- For example, the VCI, FRI, VSI, ... on the WISC-V
- Or the Gc, Gf, Gv, ... on the WJ-IV

Part scores reflect unique characteristics of the student that may or may not be consistent with other scores.

For example, the FRI may be higher than the VCI. The degree of difference must be considered based on the test's requirements. A 10-point difference may be common. IQs measure global ability, but variations can occur within the profile.

Part scores have lower reliabilities than associated IQs

Analysis of profiles of students with ID

Group Profiles:

- Performance on CHC factor clusters was broadly consistent with the clusters' *g* loadings
- Performance yielded relative strengths in Visual-Spatial Thinking and Auditory Processing clusters, and relative weaknesses in Comprehension-Knowledge and Long-Term Retrieval clusters

Individual Profiles:

- Demonstrate wide range of performance across CHC broad abilities – not similar to group profile

Bergeron, R. & Floyd, R.G. (2013) *Individual Part Score Profiles of Children with Intellectual Disability: A Descriptive Analysis Across Three Intelligence Tests*

Cognitive Abilities and ID

WISC-IV, KABC-II, DAS-II: samples of children with ID who participated in clinical validity studies during the norming of these tests:

- 7-17% obtained at least one part score in average range or higher (≥ 90)
- 33%-52% obtained at least one part score in Low Average range or higher (≥ 80)
- 33%-80% would not be identified as ID based on elevated part scores
- 30% Low Avg. or higher Processing Speed on WISC-IV and 20% on DAS-II; 31% low average or higher on KABC-II Glr

Renee Bergeron & Randy G. Floyd | Mike Vanderwood (Action Editor) (2013) *Individual Part Score Profiles of Children With Intellectual Disability: A Descriptive Analysis Across Three Intelligence Tests*, *School Psychology Review*, 42:1, 22-38, DOI: [10.1080/02796015.2013.12087489](https://doi.org/10.1080/02796015.2013.12087489)

Cognitive Abilities and ID

BUT, we must use clinical judgment and consider all data in making final determinations

It is OK to investigate variability within the cognitive profile, but this must be verified by other data if you decide to use that variability in an exclusionary manner

Must decide on the validity of the overall score as the best representation of the student's general ability

Adaptive Behavior - Definition

Range of everyday social and practical skills

Three types of skills:

- Conceptual
- Social
- Practical

Defined by Heber (1959) as the effectiveness of coping with environmental and social demands. It has two major facets:

- Degree to which the individual is able to function and maintain himself independently
- Degree to which he meets satisfactorily the culturally-imposed demands of personal and social responsibility.

AB Domains

Conceptual

- Language
- Reading & Writing
- Money, time, & number concepts

Social

- Interpersonal skills
- Social responsibility
- Self-esteem
- Gullibility
- Follows rules
- Avoids being victimized
- Social problem skills

Practical

- Daily living
- Occupational
- Use of money
- Safety
- Health care
- Travel / transportation
- Schedules / routines
- Use of telephone

Texas Criteria:

deficits in at least two of the following areas of adaptive behavior

–Communication

–Self-Direction

–Self-Care

–Functional Academics

–Home Living

–Work

–Social-Interpersonal Skills

–Leisure

–Use of Community Resources

–Health and Safety

Adaptive Behavior criteria

No specific score noted for adaptive behavior.

- Key word is **deficit**: How do we operationally define **deficit**?
- Adaptive Behavior manuals provide guidance and procedures for identifying strengths and weaknesses
- Consider 2SDs below the mean given the SEM (would have to look this up based on form, the scale/domain or subdomain and informant; ranges on Vineland-3 from 1.68-5.07; on ABAS-3, ranges from 1.68-3.98)
- Consider concurrence with IQ
- Use multiple sources of information to describe deficit areas in relation to age and other expectations, especially expectations related to developmental period and cultural and familial factors

Guidelines to consider in determining a deficit

Score level

Scaled Score=5; V-scale Score=10; Standard Score=75

Any score at this level still requires MULTIPLE SOURCES of data to determine a deficit.

Informants

The student meets the criteria for two deficits for parent and two deficits for the teacher. Thus, based on either informant, the student meets the criteria. Given the differences between home and school settings and the scale differences, the deficits do not have to be in the same areas.

AAIDD Assessment of adaptive behavior best practice guidelines

Use individually administered instruments that yield a measure of conceptual, social, and practical adaptive skills.

Use direct observation(s) of adaptive behavior.

Use trained professional interviewers and respondents who

- understand the principles of adaptive behavior,
- use age-peers who live in the community as the comparison group,
- know the person being assessed very well, and
- observe the person on daily or weekly basis across multiple environments.

Employ adaptive behavior assessment instrument(s) that have been normed within community environments on individuals who are the same age as the individual being evaluated.

Interpret the person's adaptive behavior score(s) considering a statistical confidence interval based on the standard error of measurement for the specific instrument used and the instrument's strengths and limitations.

Schalock and Luckasson, Clinical Judgment-Second Edition, 2014, AAIDD

Issues with Adaptive Behavior

Review of records/history, interviews, observations, tests (RIOT):

- Convergence of data across multiple sources is critical in AB assessment

Measurement by interview vs. rating scale

Reliability/Disparity across informants

Sources of Inaccuracy in AB

Comprehension of the items/content

Comprehension of the rating system/scoring rules

Misreporting of adaptive competencies

- Underreporting
- Overreporting
- Can be deliberate (e.g., gain services, avoid label) or unintentional (e.g., exaggeration of competencies due to parental pride, frustration with difficult child)

Professional Interview is corrective against various sources of inaccuracy.

National Research Council in 2002 indicated that structured and semi-structured interviews appear to be the best available safeguard against threats to the reliability and validity of adaptive behavior assessment.

Adaptive Behavior and ID

We must use clinical judgment and consider all data in making final determinations.

Both deficits and intact skills must be verified by other data; there will be variability in AB scores and perceptions of the student's skills

Must decide on the validity of the data as the best representation of the student's adaptive behavior skills in each domain or subdomain

Example: WISC-V Age 7-2

Subtest	Marvin	Jerry
Block Design	6	10
Similarities	3	2
Matrix Reasoning	4	9
Digit Span	9	3
Coding	7	4
Vocabulary	4	3
Figure Weights	6	8
Full Scale IQ	70	70

Vineland 3 - Marvin

Vineland--3: Comprehensive Interview Form (Parent) and Teacher Form

	Parent		Teacher	
	v-Scale Score M=15, SD=3	Standard Score	v-Scale Score M=15, SD=3	Standard Score
Receptive	9		10	
Expressive	7		9	
Written	7		8	
Communication		60		70
Personal	4		6	
Domestic/Academic	7		9	
Community	5		8	
Daily Living Skills		58		66
Interpersonal Relationships	6		8	
Play and Leisure Time	5		7	
Coping Skills	7		10	
Socialization		52		66
Adaptive Behavior Composite		58		67

Marvin – Achievement – KTEA-3

Letter and Word Recognition=84, Reading Comprehension=65

Math Concepts and Application=53

The Math Computation subtest was administered to Marvin, but not in a standardized manner, thus no score was obtained. Marvin was able to count objects and give a number in a sequence (i.e., the examiner read 4 5 6 7 and Marvin said 8). He does have one-to-one correspondence and knows numerical order in a rote fashion. He was not able to solve any computation problems (e.g., $1 + 2 =$, his response was 2). There was a tendency to say the last number when presented with problems (e.g., $1-1=1$, $1+0=0$).

Marvin was presented with the Level 2 Written Expression booklet designed for grades 1-2, but he could not perform the tasks requested. He grips the pencil very loosely and makes scribbles on the paper. He is able to spell his name, but the letters are poorly formed and spacing between letters is not appropriate (e.g., may write one letter partially over another letter).

Marvin - Meets IQ & AB Criteria

Marvin meets the criteria for the educational disability condition of Intellectual Disability (ID). The first criterion for an ID is significantly subaverage general intellectual functioning measured by a standardized, individually administered test of cognitive ability in which the overall test score is at least two standard deviations below the mean, when taking into consideration the standard error of measurement of the test. Marvin's overall level of intellectual functioning as measured on the WISC-V (FSIQ=70) clearly meets this criterion. The second criterion for ID requires concurrent deficits in at least two areas of adaptive behavior. Marvin has deficits in all areas of adaptive behavior, with his overall adaptive composite on the Vineland-3 yielding scores of 54 (parent) and 60 (teacher). Although Marvin clearly meets the criteria for ID, it must be noted that he has skills in rote memory and in reading word recognition that are not in this range; such skills need to be included in aspects of his educational programming.

Jerry

WISC-V Subtests: BD=10, SI=2, MR=9, DS=3, CD=4, VO=4, FW=8; FSIQ=70

Patterns within the profile indicated poor SI and VO and poor DS and CD

Subtests added: Visual Puzzles=8, Picture Span=6, Symbol Search=4

Adding these 3 subtests allows for the calculation of both the Nonverbal and Cognitive Proficiency Indexes

Nonverbal= BD=10, VP=8, MR=9, FW=8, PSp=6, CD=4.

Cognitive Proficiency Index= DS=3, PSp=6, Cd=4, SS=3

Academic Achievement: BRS=95, RC=72, MC=75, MPS=97, WE=82

Jerry WISC-V Index Scores

Index	Standard Score	Index	Standard Score
VCI (SI=2, VO=3)	59	NVI (BD, VP, MR, FW, PS, CD)	82
VSI (BD=10, VP=8)	94		
FRI (MR=9, FW=8)	91		
WMI (DS=3, PS=6)	69	CPI (DS, PS, CD, SS)	60
PSI (CD=4, SS=3)	63		
FSIQ	70		

Speech-Language Evaluation

Expressive One-Word PVT		Receptive One-Word PVT	
Standard Score	Percentile Rank	Standard Score	Percentile Rank
65	1	63	1

Test of Language Development- Fourth Edition			
SUBTESTS	SCALED SCORES	COMPOSITES	STANDARD SCORES
Sentence Combining	2	Listening	76
Picture Vocabulary	5	Organizing	57
Word Ordering	1	Speaking	62
Relational Vocabulary	3	Grammar	58
Morphological Comprehension	6	Semantics	63
Multiple Meanings	4	Spoken Language	56

Jerry- Adaptive Behavior

Subdomain/Domain	V-Scale/SS Parent	V-Scale/SS Teacher
Receptive	11	9
Expressive	9	9
Written	9	11
Communication	71	73
Personal	16	14
Domestic/Academic	15	11
Community/School Community	14	16
Daily Living Skills	100	90
Interpersonal Relationships	17	15
Play and Leisure Time	15	10
Coping Skills	14	12
Socialization	102	85
Adaptive Behavior Composite	87	81

Jerry – FSIQ Attenuated

Jerry presents a very complex case with much variability in performance across and within measures. Overall, his FSIQ falls in the diagnostic range for Intellectual Disability, but scores range from 2 (Similarities) to 10 (Block Design). While this variability is not automatically inconsistent with ID, the lower scores in the profile are associated with significantly impaired language development and attention/concentration. Jerry has diagnoses of speech-language impairment and ADHD. Thus, the FSIQ score is significantly lowered by both language and attentional (cognitive proficiency) factors.

Jerry meets the criteria for Speech Impairment based on the speech-language evaluation conducted as part of this FIE. In addition, his language scores are consistent across the TOLD (Spoken Language Quotient=56) and WISC-V (VCI=59).

It should also be noted that Jerry's adaptive behavior scores are consistent with his difficulties in language (Communication Domain on Vineland-3 = 72 across both informants), with intact Daily Living and Socialization Skills.

Jerry has also been diagnosed with ADHD. The Cognitive Proficiency Index of the WISC-V is 60. Jerry has much difficulty attending to and remaining focused on tasks. Both working memory and processing speed are significantly low.

Therefore it is concluded that Jerry does not meet the criteria for the classification of ID. The most appropriate educational disability classifications for Jerry are SI and OHI.

It must be noted that these conditions significantly affect Jerry's overall cognitive functioning and ability to learn commensurate with age and grade expectations. Although not ID, his educational programming must take his functioning levels into consideration.

MAJOR ISSUES WITH ID

ID is a co-occurring condition with several special education classifications; many parents and educators do not like nor want this classification

Factors such as age, language proficiency, language development, physical impairments, sensory impairments and behavior make assessment and interpretation of performance more difficult

Often need to use developmental scales to supplement IQ tests and direct observations to supplement AB scales

Educational programming, especially academic versus functional skills, is a major issue for this population

Non-Categorical Early Childhood (NCEC)

In Texas, we do not use the category of Developmental Delay, but do have Non-categorical Early Childhood as a category.

Texas Project FIRST: *It is often difficult to diagnose very young children. With early intervention and appropriate services, children may not need special education by the time they reach first grade. The "Non-Categorical Early Childhood" category allows preschoolers to benefit from special education and related services without being labeled with a specific disability. In Texas, a child between the ages of 3-5 may be described as "NCEC" if he or she has been diagnosed as having one of the following: Intellectual Disability, Emotional Disturbance, Specific Learning Disability, or Autism.*

Legal Framework: *A child between the ages of 3-5 who is evaluated as having an intellectual disability, emotional disturbance, a specific learning disability, or autism may be described as non-categorical early childhood (NCEC).*

Maria – age 2-11

Both parents speak Spanish as their primary language, but also speak English and Maria is exposed to both languages; Grandparents who often care for Maria speak Spanish only

Parents indicate that Spanish is primary for Maria, but she “needs” to learn English

Maria understands many Spanish and English words/phrases/requests, but only speaks a few words and these are both Spanish and English (e.g., will say juice and jugo)

Developmental Information

No complications during birth or delivery

Vision and Hearing WNL

Received speech ECI services beginning at age 2 (24 months)

BDI-2: no standard scores were reported in the ECI report; Age equivalents were as follows: Adaptive=1-8 (20 mos) [parent described Maria as independent and wanting to do things on her own]; Communication=1-0 (12 mos); Personal-Social:1-8 (20 months); Cognitive:1-2 (14 mos); Motor=1-10 (22 mos)

Speech-Language and Cognitive

PLS-5 Spanish: Total Language Score=64

- Auditory Comp=65; Expressive 68

Rossetti Infant Toddler Language Scale-parent: communicates by verbalizations and pointing; can follow simple directions

Developmental Profile-3: General Development Score=70; Physical=83; Adaptive Behavior=75; Social-Emotional=86; Cognitive=65; Communication=57

Battelle Developmental Inventory-2: Cognitive = 59

DAS-II Early Years (Lower Level): Verbal=52, Nonverbal=68, GCA=58

Adaptive Behavior, Ach & Emot-Beh

ABAS-3 (Parent/Primary Caregiver Form): GAC = 57; Conceptual=59; Social=62; Practical=61

Formal achievement testing not done. Student knows 4 colors, can match shapes, can build a 3-block tower. Inconsistent in following 2-step directions.

Transdisciplinary Play Based Assessment-2: Conceptual Development = 18-20 months

No emotional or behavioral concerns

Conclusions

Does Maria meet the criteria for ID?

Do you have concerns/reservations about applying this classification?

If so, what are your concerns? How would you address this?

Maria will meet the criteria for SI. Does this have an effect on your decision?

What are your options for classification based on ID profile?

Decision 1: ID

The results of this evaluation are consistent with ID classification. The first criterion for ID is significantly sub-average general intellectual functioning measured by a standardized, individually administered test of cognitive ability in which the overall test score is at least two standard deviations below the mean, when taking into consideration the standard error of measurement of the test. Maria's overall level of intellectual functioning as measured on the DAS-II (GCA=58) clearly meets this criterion, and this is supported through developmental measures (DP-3, BDI-2). The second criterion for ID requires concurrent deficits in at least two areas of adaptive behavior. Maria has deficits in all areas of adaptive behavior (Vineland-3 GAC = 57; Conceptual=59; Social=62; Practical=61). It is concluded that Maria meets the criteria for the educational disability condition of ID.

Decision 2: NCEC

Based on the results of this evaluation, Maria meets the intellectual and adaptive behavior criteria for ID (DAS-II GCA=58; adaptive behavior scores from parent indicate deficits in two or more areas). However, the multidisciplinary team has reservations about applying this classification to Maria at this time.

These reservations include the following: Maria is less than 3 years of age. She is currently developing language and exposed to both Spanish and English. At this point in her development, language dominance has not been established and this is a significant impairment which affects both receptive and expressive language.

Therefore, the multidisciplinary team concludes that at this time it is best to describe Maria with the classification of Non-Categorical Early Childhood (NCEC). Maria will need to be comprehensively reevaluated prior to her 6th birthday. Based on the reevaluation, a determination of ID as an educational classification will be further evaluated.

Suggestion for Data Consideration

Marvin	Data consistent with ID	Data inconsistent with ID
IQ	FSIQ=70, low SI, MR, VO	BD, DS, CD, FW (subtests 6 and above)
Adaptive Behavior	All areas low for parent and teacher	
Academic Achievement	Rd.Comp, Math, WrittExp	LW Recog=84
Special Factors	None. Age 7-2, Monolingual, no emotional-behavioral issues. No prior diag.	
Jerry	Data consistent with ID	Data inconsistent with ID
IQ	FSIQ=70, low SI, VO, DS, CD SLP: Exp,Rec low; TOLD low	BD, VP, MR, FW, PS
Adaptive Behavior	Communic low parent & teacher	Daily Liv Skills and Socialization average
Academic Achievement	RC, MC	BRS,MPS
Special Factors	Diagnosed with SI and ADHD	

EXAMPLE: Meets criteria but may have some scores outside of the range

The pattern of scores and overall level of cognitive functioning is consistent with the presence of an Intellectual Disability. ID is defined as significantly subaverage general intellectual functioning (score of at least 2 standard deviations below the mean considering the standard error of measurement) with concurrent deficits in at least two areas of adaptive behavior. Pxxxxx clearly meets these criteria. His overall level of intellectual functioning falls in the low range (GIA=60) and he has deficits in several areas of adaptive functioning (.....). In general, his adaptive and cognitive skills are commensurate. Pxxxxx's level of cognitive and adaptive functioning would place him in the mild range of ID.

Although Pxxxxx meets the criteria for ID, that does not mean that all of his skills fall in that range. Quite the contrary to this is that he does exhibit intact skills in areas related to memory, specifically associative memory and visual memory. These are skills that need to be used in Pxxxxx's educational programming. He will require much repetition and the pairing of both verbal and visual formats in his attempts to learn new skills. Pxxxxx does have significant general cognitive deficits in language processing (Gc), fluid reasoning (Gf), processing speed (Gs), working memory (Gsm) and auditory processing (Ga). It is the cumulative result of these deficits that result in limitations to his progress commensurate with age and grade expectations.

Example: Not ID due to AB

The determination of ID requires that significant deficits exist in both IQ and AB. Mary does meet the IQ criterion (WJ-IV COG=73). Based on the Vineland-3 completed by both the parent and teacher, she does not have deficits in at least two adaptive areas. Her adaptive behavior is low average to average (scores in the 80's & 90's), and her functioning as described in interviews with the parent and teacher support her levels of personal and social independence. Mary does not meet the AB criterion. Therefore, she does not meet the criteria for the determination of ID.

Example: Use of GAI versus FSIQ

Although the Full Scale IQ score falls within the diagnostic range for ID, this score is significantly affected by cognitive efficiency (working memory and processing speed), and John is diagnosed with ADHD. Since the cognitive efficiency cluster of subtests is often lower in students with ADHD, the FSIQ has been attenuated. This is true for John, since his VCI, FRI and VSI are significantly higher than his WMI and PSI. Removal of the effects of these subtests results in a GAI of 83 which is not within the diagnostic range for ID. In addition, John's academic profile is inconsistent with ID as he has met standards for both reading and math on the STAAR, is passing subjects at grade level and has achievement standard scores in the 80's to 90's.

Example: Lack of convergence in data

R presents a very complex case with much variability in performance across and within measures. Overall, his FSIQ falls in the diagnostic range for Intellectual Disability, but scores range from 1 (Similarities) to 11 (Matrix Reasoning). While this variability is not automatically inconsistent with ID, the lower scores in the profile are associated with language development and attention/concentration. The scores within the adaptive behavior range are also variable, ranging from very low in communication and self-direction, to average in daily living skills and social skills. The achievement profile is also variable with average scores in Math consistent with passing the 3rd and 4th grade Math STAAR and very low scores in written expression and reading comprehension. Basic reading skills are intact.

Technically, R meets the criteria for ID (his IQ is 72 and he has deficits in two areas of AB), but it is the professional judgment of the evaluation team that there is a lack of convergence within these data to make such a conclusion. Although ID is not warranted as an educational classification, R's overall functioning and inconsistency in performance must be taken into account in his educational programming.

IQ Tests

Kaufman Assessment Battery for Children-Second Edition (KABC-II/NU, 2017)

Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V, 2014)

Woodcock Johnson Tests of Cognitive Abilities-Fourth Edition (WJ IV, 2014)

Woodcock Johnson - IV Tests of Early Cognitive and Academic Development (WJ-IV ECAD, 2015)

Wechsler Preschool and Primary Scale of Intelligence, 4th Edition (WPPSI-IV, 2012)

Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV, 2008)

Differential Ability Scales-Second Edition (DAS-II, 2007)

Stanford-Binet Intelligence Scales, Fifth Edition (SB5, 2003)

Cognitive Assessment System, 2nd Edition (CAS-2, 2014)

Reynolds Intellectual Assessment Scales, 2nd Edition (RIAS-2, 2015)

Developmental Tests

For some students, you may need to supplement with developmental instruments since an individually administered IQ test may not be able to be administered in its entirety. Some of these instruments allow determination of ID based on the cognitive score, but others do not. Therefore, you must read the manual to determine this. These measures include scales such as cognitive, language/communication, social-emotional, motor and adaptive behavior.

Bayley Scales of Infant and Toddler Development-4 (Bayley-4, 2019)

Battelle Developmental Inventory, 3rd edition (BDI-3, 2020)

Developmental Profile-4 (DP-4, 2020)

Developmental Assessment of Young Children-2 (DAYC-2, 2012)

Adaptive Behavior Tests

Vineland Adaptive Behavior Scales, Third Edition
(2016) (VABS-3)

Adaptive Behavior Assessment System, Third Edition
(2015) (ABAS-3)

Diagnostic Adaptive Behavior Scale (2018) (DABS)

DUE PROCESS AND LITIGATION ISSUES

Intellectual Disability (ID)

Cynthia Buechler

1. A student with Down Syndrome also has a Speech Impairment with deficits in the areas of receptive, expressive and pragmatic language. The parent challenges the validity of the IQ test because of its reliance on language even though a nonverbal cognitive assessment was used. Is there any validity to the parent's assertion?

When the student has been given a nonverbal assessment, it serves to address any challenges the student may have with language. As long as the assessment was conducted in accordance with the instruction manual, the evaluation would be considered appropriate.

2. Are standardized tests the best measure of a student's performance when the student has cognitive challenges?

The cognitive evaluation is important for determining eligibility. Standardized tests provide the important data to make that determination. However, due to the limits imposed on the testing by the standardized testing (i.e., timed test, no prompting), the standardized tests tend to emphasize weaknesses and do not always give the most accurate information for programmatic purposes. That is why standardized testing is only part of the data that is obtained as part of the FIE. Information from other sources such as teacher information, work samples, parent information, and benchmarks, provide a more holistic picture of the student's strengths and weaknesses.

3. A parent is adamant that she only wants her child identified as autistic and does not want the ID label. What should the ARD/IEP committee do?

The ID label is sometimes difficult for a parent to accept. However, it is important to have a full picture of the areas that a student qualifies to assist the family in accessing other outside resources. If the student qualifies under another eligibility, the ARD/IEP committee can defer adding the label until the next ARD/IEP meeting as long as the deliberations clearly show that the results of the evaluation show that the student qualifies as ID.

4. The adaptive behavior scores of the parent are in the 70s as opposed to the teacher's scores which are below that measure. In determining whether a student is ID, how do we make the determination of his adaptive behavior?

Sometimes, the parent's perception of the child may differ from what the school staff are seeing. In those instances, it is prudent to obtain more than one teacher's rating of the student.

5. The parent has been sent the Vineland on three separate occasions but has not returned it. What should be done?

Document in your evaluation the efforts that have been made to obtain parent input and also indicate that the lack of the parent's information does not affect the validity of the evaluation.

6. On the written consent form for testing, the parent states she only will agree to a speech assessment and does not agree to any cognitive testing. What should the school do?

Schools have an obligation under IDEA to conduct comprehensive evaluations to determine a child's eligibility for special education services. If the school believes that additional testing beyond a speech evaluation is necessary to properly assess the child's needs, they may insist on conducting those tests. However, parents still have the right to discuss their concerns with the school and participate in the decision-making process regarding their child's evaluation and educational plan. Ultimately, the school has the right to file a due process hearing to compel an evaluation.

7. Every time an ARD/IEP meeting is scheduled, the parent cancels and it is rescheduled. When the ARD/IEP meeting finally happens, the parent indicates that she only has one hour, and the ARD/IEP meeting is continued. When the school tries to reschedule the ARD/IEP meeting, the parent doesn't respond. What should be done?

It is important to timely have a reconvene ARD/IEP meeting. When the parent continuously delays the ARD process, it is important to send correspondence to the parent giving the parent a date for the ARD/IEP meeting and state that if that date does not work, please provide alternative dates and set a certain date that the parent needs to respond. Also, include in your letter that if the parent does not respond by the date given, the ARD/IEP meeting will go forward on the date provided.

8. The diagnostician has attempted to conduct standardized testing on three separate occasions, but the student is noncompliant and aggressive. What should the diagnostician do?

If the student already qualifies for services under the eligibilities of ID and that eligibility is not disputed, the evaluator can conduct a dynamic assessment to ascertain information for the purposes of educational programming. Dynamic assessment relies on other sources of data such as teacher information, work samples, performance on criterion based assessments and grades.

9. Based upon the student's level of performance and educational needs, the ARD/IEP committee recommends a functional life skills placement which is centrally located, but not on the student's home campus. The parent insists that the student attend the home campus. What should the ARD committee do?

When a student needs a program that is specialized, the district is entitled to have the program centralized. While the home campus is a consideration, if the program that the student needs is located on a different campus, the ARD/IEP committee has the right to place the student on the campus that houses the specialized program. Remember, the student's goals and objectives must be addressed before placement is discussed at the meeting.

10. The parent revokes consent for special education for their child that qualifies for services as ID and speech impaired. What should the school do?

The parent has the right to revoke consent for special education services even when the student is ID. The school should have a 504 meeting and determine a program under Section 504. Remember, the parent needs to consent to Section 504 placement the same as a parent needs to consent for special education placement.

11. The school staff want to recommend the life skills classroom for the student that qualifies under the eligibilities of ID and Speech, but the student is making As and Bs in the general education classroom. The teachers indicate that the work of the student is being completed by the parent at home. Can the student's placement change?

If the student is receiving As and Bs in the general education classroom, the teachers need to have the student complete the work during the school day so that the work will reflect the student's performance rather than the parent's. If the student is not able to complete the work even with accommodations, then a student can be placed in a program that can provide work at the student's level with special education instruction.

12. A fifth grade student with an Intellectual Disability is performing at the pre-k level in math and the 1st grade level in reading with sight word recognition at the third grade level. The educators are recommending a self-contained placement for reading and math. The parent is refusing placement in the self-contained setting and is demanding resource. What should the IEP committee do?

The IEP committee needs to place the student where the student's needs can be met. A resource room is where students are given direct, specialized instruction and academic remediation and assistance with homework, and related assignments as individuals or in groups. Life Skills classes are designed to meet the needs of students whose intellectual, developmental and academic levels are so delayed that participation in the general education program, even with modifications and accommodations is not appropriate. If the student needs more intensive intervention and the academics are at a functional level, the ARD/IEP committee needs to place the student in the life skills program to appropriately serve the student.

13. A student with an Intellectual Disability is receiving outside tutoring for his math and reading. What should the school do?

Many parents choose to take their children to tutoring. It is always helpful to get a release to consult with the outside provider so that there is continuity as to the strategies used with the student. Consequently, try to obtain a release to consult with the outside provider.

14. The parents refuse to sign their agreement or disagreement with the IEP. How should this be addressed?

Treat the refusal to sign as a disagreement and offer a 10 day recess. It is the parent's prerogative whether to have a reconvene ARD/IEP meeting.

15. The parent is provided a copy of the evaluation in advance of the ARD/IEP meeting. The evaluators review the evaluation with the parent prior to the ARD/IEP meeting. Should the evaluation be reviewed in its entirety during the ARD/IEP meeting?

The purpose of providing the evaluation in advance of the ARD/IEP meeting and contacting the parent to discuss the results is to eliminate the need to review it in its entirety at the ARD meeting. A summary of the evaluation would be appropriate at the ARD/IEP meeting in this instance.

16. The parent wants their child with an intellectual disability to be a cheerleader. The student participated in tryouts and did not make the cheerleading team. The parent asserts the district discriminated against their child because they did not accommodate for her disability. What should the school do?

Schools need to make accommodations for students with disabilities when students try out for extracurricular activities. Those accommodations may include providing the routine on video so that the student may practice at home and giving assistance to learn a routine. However, just because a student has a disability does not mean that the student automatically qualifies for an extracurricular activity. The student must meet the criteria with the accommodations.

17. A student transfers into your district from another school. The parent brings an evaluation from that district but blacks out all cognitive scores and states that her child only qualifies as autistic. The diagnostician has attempted to obtain the school records from the previous school, but there has been no response. What should the school do?

In that instance, the school needs to conduct its own testing. When the parent is not willing to provide all of the information from the other school and obtaining records has been difficult, current assessment is needed to determine eligibility as well as educational programming.

18. The parent insists on all regular education classes for her middle school child who has an intellectual disability. She states that her child needs socialization with typically developing peers and that the parent can work on academics. What should the school do?

Any programmatic decisions need to be based upon what the child needs educationally. Academics, social skills, behavior and communication are all areas that need to be addressed. In middle school, academics is the focal point of instruction in the general education classroom. Any socialization is incidental. Consequently, if a student needs to work on social skills, teaching those skills is imbedded in the curriculum of the Life Skills classroom. While a student should be educated in the least restrictive environment, for some students, the least restrictive environment is a self-contained setting.

19. Under RTI Level II, the school has a reading interventionist that provides short term intervention for those students that are somewhat behind grade level. The parent of a student with an Intellectual Disability insists that her child is entitled to receive services from the reading interventionist. What should the school do?

If the RTI is on Level II, it is a general education intervention. If the student is already in special education, they are already receiving Level III interventions that include specialized instruction. Consequently, this intervention is not appropriate for the student.

20. The parent of a student with an Intellectual Disability wants her child to only play and eat lunch with students without disabilities. What should the school do?

With respect to interacting with peers, every student in the school is a peer, including students with disabilities. Consequently, it would be inappropriate to prevent a student from interacting with students with disabilities. While typically developing peer interaction is not only appropriate, but encouraged, so are interactions with other students with disabilities.