

## EVALUATION OF STUDENTS WITH INTELLECTUAL DISABILITIES

A student with an intellectual disability is one who 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 concurrently exhibits deficits in at least two of the following areas of adaptive behavior: communication, self-care, home living, social interpersonal skills, and use of community resources, self-direction, functioning academic skills, work, leisure, health and safety and manifested during the developmental period. **19 Texas Administrative Code § 89.1040(c)(5), 34 Code of Federal Regulations § 300.8(c)(6).**

### Initial Referrals

When diagnosing Intellectual Disability for the first time, it is of utmost importance to communicate this information to parents before the ARD committee meets. A conference with the parents prior to the ARD meeting will give them the opportunity to hear this information in a less stressful setting than a formal ARD meeting.

For a child suspected of having an intellectual disability, assessment personnel must administer a full scale intelligence test. The child's full scale IQ must be two or more standard deviations below the mean, when taking into consideration the standard error of measurement of the test instrument that was used. A comprehensive intelligence test should be administered as well as adaptive behavior scales to determine an educational disability condition before the age of 18.

Professional judgement is always important in the evaluation process, but especially critical when assessing for an intellectual disability. For this reason, a review of records, interview with parents and teachers and student observation is vital to the assessment process. The group of qualified professionals must be able to document their findings through a variety of sources and make recommendation for instruction in the full individual and initial evaluation if making the determination of a disability condition of intellectual disability. If current measures of cognitive and adaptive functioning fall more than two standard deviations below the mean for the child's age, and the group of qualified professional has given consideration of applicable background variables and notable milestones then making a determination of a disability condition is appropriate. National Dissemination Center for Children with Disabilities explains that the causes of intellectual disabilities vary from pregnancy issues and complications at birth to genetic conditions and health problems early in life, including diseases like measles and contact with poisonous substances such as lead and mercury.

<http://www.parentcenterhub.org/intellectual/>

Some of the conditions and events strongly associated with intellectual disability include:

- presence of a genetic disorder known to be associated intellectual challenges (e.g., Down syndrome, Fragile X syndrome, Williams syndrome, Prader-Willi syndrome, Angelman syndrome);
- prenatal exposure to alcohol or illegal substances;
- physical illness experienced by the mother during pregnancy;
- lack of oxygen to the brain during labor or delivery;
- extremely premature delivery;
- childhood illness (e.g., meningitis) and some types of infections;
- onset of seizure activity at or shortly following delivery;
- inexplicable regression of attained milestones during the first 18 months of life;

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/lidda/did-best-practice-guidelines.pdf>

There are many signs of an intellectual disability. For example, children with an intellectual disability may:

- sit up, crawl, or walk later than other children;
- learn to talk later, or have trouble speaking,
- find it hard to remember things,
- not understand how to pay for things,
- have trouble understanding social rules,
- have trouble seeing the consequences of their actions,
- have trouble solving problems, and/or
- have trouble thinking logically.

<http://www.parentcenterhub.org/intellectual/#char>

Any of these conditions and/or early signs of intellectual disability should be documented in the full individual and initial evaluation.

### **Initial Evaluation for children age 2.9- 5 year**

The use of Kaufman ABC-II NU, WPPSI-IV, , or SB Early Childhood are most commonly used to evaluate a young child with intellectual disability. If the child's cognitive functioning or behavior is too limited to allow for such a measure, documentation of attempts to administer formal assessments must be made and reported in the Full Initial and Individual Evaluation. Then, a developmental profile such, DAYC2 , DP3, Battelle, or Ages and Stages Questionnaire-3 (ASQ3) could be used to describe the child's functioning.

The assessment personnel must also evaluate the areas of adaptive behavior: communication, self-care, home living, social interpersonal skills, and use of community resources, self-direction, functioning academic skills, work, leisure, health and safety. In this age range the parent/guardian would be the primary source. Other sources, such as teachers, therapist, or daycare providers could give input. Remember, non-school employees will require release of confidential information. The child must exhibit deficits in two or more of the adaptive behavior areas listed above.

The Vineland Adaptive Behavior Scale-III and/or the Adaptive Behavior Assessment System-III are two options to use to gather the adaptive behavior information.

If a child is three to five years of age and has experienced one of the events or conditions strongly associated with cognitive deficits listed previously, and *has 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 concurrently exhibits deficits in at least two of the following areas of adaptive behavior*, the child meets the criteria for an intellectual disability condition.

For children under the age of five years, who are unable to undergo systematic assessments of intellectual functioning, including children who are too young to participate in standardized testing and **have not** experienced one of the events or conditions strongly associated with cognitive deficits listed above a condition of non-categorical early childhood-ID (NCEC-ID) should be considered instead of intellectual disability. NCEC-ID category requires reassessment by age six.

In recognition that cognitive scores can be flexible and unreliable at such an early age, a child who is evaluated before age five should be reassessed with a full comprehensive assessment at age five, or earlier by a group of qualified professionals if the child demonstrates acquisition or loss of skills that affect general intellectual ability.

### Evaluation for School Age Children

Caution should be used when identifying an older school age child with an intellectual disability unless the child has experienced one of the conditions listed on the previous page or the condition of intellectual disability is being added. (ie: AU/SI/**ID**, OHI/**ID**, ED/**ID**)

### **Part Scores**

Overall IQ score is the most reliable and the best predictor of educational outcomes. Part scores (index, clusters and factors) come from subsets of the same subtest that contribute to overall IQ. Part scores have lower reliability and variation is influenced by regression to the mean. Part scores work very well for SLD and TBI identification but are challenging when using with identification for children suspected of or who have been identified with intellectual disability. When assessing for intellectual disability, do not expect a flat part score profile. Emphasis should be placed on global IQ. So when the overall IQ is within the diagnostic range for ID, then ID is a major hypothesis, particularly if the child has a supporting developmental background. Low overall or global IQ is representative sign of intellectual disability. In the context of a comprehensive multidisciplinary evaluation including adaptive behavior scores from multiple informants and developmental considerations, part scores alone should not be used to disqualify students or to contradict a condition of intellectual disability.

**For children age 6** and older the use of KABC-II NU, WISC-V, (or WAIS-IV as age appropriate) or SB5, WJ-IV are most commonly used for this age group. If the child's cognitive functioning is too severe to allow for such a measure, documentation of attempts to administer formal assessments must be made and reported in the Full Initial and Individual Evaluation.

For evaluations of adaptive behavior, the Vineland Adaptive Behavior Inventory Interview-III, the Adaptive Behavior Inventory (ABI), the Adaptive Behavior Assessment System-III (ABAS), or the Scales of Independent Behavior-R (SBI-R) are the most commonly used to tests for initial referrals.

### **Guidelines for considering the Standard Error of Measurement (SEM).**

The commissioner's rules have indicated that assessment personnel must **consider** the standard error of measurement of the full scale intellectual abilities test. The standard error of

measurement on intelligent test is located in administrators manual. Typically when the full scale IQ falls between 67 and 73, the standard error of measurement should be considered as well as the following information:

- 1.) Deficits in at least two areas of adaptive behavior.
- 2.) Review of all previous evaluations
- 3.) Review of all information in the student's cumulative records
- 4.) Review of rate of progress of learning
- 5.) Observation made by the diagnostician
- 6.) Review of attendance
- 7.) Review of educational history
- 8.) Evaluation of achievement
- 9.) Review of health history

When taking into consideration the standard error of measurement, this would mean that a student with a full scale IQ of 73 could be considered ID if all the other data supported the diagnosis. This also means that a student with a full scale IQ of 67 might not be diagnosed with intellectual disability if there wasn't enough data to support the diagnosis.

### SEM for Common Instruments

KABC II NU *page 28*

	Age 3-6	Age 7-18
MPI	3.06	2.60
FCI	2.60	2.27
NVI	3.82	3.39

WJ-IV Table C GIA Age 5- 18 2.6- 3.35 depending on age

WISC-V FSIQ 2.9 WNV 4.52

SB-V 2.3 (has change sensitive scores)

### Reevaluation for School Age Children

LEA needs to complete a REED to plan evaluation. Best practice, a minimum of two cohesive evaluations should be completed before reviewing existing evaluation data is substituted for formal/informal assessment. When completing a review of existing evaluation data, the group

of qualified professional may see a need for specific areas of assessment to determine the child's needs in the area(s) of academics, adaptive behavior, social behavior, transitional /vocational or other needs.

If further assessment is needed, LEA needs to send notice of FIE and obtain consent for FIE.

After a student has had two full evaluations, a brief IQ, such as the Wechsler Abbreviated Scale of Intelligence (WASI) may be used. When completing reevaluations, the classroom edition of the Vineland, ABI or ABAS may be used if appropriate. At the secondary level, the Street Survival Skills Questionnaire (SSSQ) or the ABI short form may be used. We would hope that a child's adaptive behavior would improve. For reevaluation there must be a significant deficit (more than one standard deviation) in adaptive behavior.

### **TIPS FOR EVALUATING STUDENTS WITH SEVERE AND PROFOUND DISABILITIES**

You will need to attempt some kind of formal evaluation to assess cognitive functioning. After attempts to utilize standardized procedures, for very low functioning students, or students with additional disabilities that significantly impact their ability to respond typically, you may consider deviating from standardized test procedures. When you deviate from the standard testing, remember to report all special provisions.

Blurb for documenting attempts to use standardized evaluation instruments or special provision such as testing out of limits

*The (name of test(s)) was attempted with (name of student), but due to her/his inability to attend to and respond appropriately to test items. The student was able to (insert description of deviation and the description of student's performance) and standardized scores are not reported. Teachers report the student can (insert description).      or*

*The student's mental/physical/emotional deficits are so severe as to make usual evaluations impossible for the following reason: The student's cognitive deficits are too severe to allow for standard, age appropriate evaluation. Areas deemed appropriate for assessment are: cognition, communication, daily living, socialization and motor skills. Techniques appropriate for assessment are: developmental evaluations, observations, teacher information, parent information, medical information and review of records.*

The summary of the FIE is very important. This will allow for you list all the information you gathered to make the diagnoses of intellectual disability. When considering a diagnosis of intellectual disability and you do not have scores from an age appropriate, standardized test, the following statement may help you summarize your decision in your summary.

*Based upon available information, results of the {Developmental Profile-II}, a formal measure of adaptive behavior, review of her rate of progress, teacher information, and observation, \_\_\_\_\_ is functioning at a level consistent with a diagnosis of intellectual disability. Functional implications include: dependent for all self-care, requires adult supervision and assistance with all activities of daily living.*

**Blurb for Sample Summary:**

*The evaluation was completed as \_\_\_\_\_'s three year reevaluation. This evaluation was completed through observation, working with \_\_\_\_\_, parent and teacher information, and review of available records. Due to the nature and severity of \_\_\_\_\_'s disabilities, age-appropriate, standardized instruments could not be utilized. Developmental information is considered most appropriate for her at this time. \_\_\_\_\_ is a child with a history of significant global delays affecting all areas of her development. She has a medical diagnosis of {hypoxic ischemic encephalopathy, seizures, cerebral palsy, and microcephaly}. She also has a {cortical visual impairment}. \_\_\_\_\_ is basically nonverbal and communicates through {differentiated cries, smiles, and other vocalizations}. She has severe language impairment. The {Developmental Profile II} was administered which revealed scores which fall far below what would be expected for her chronological age. Her adaptive behavior score, based up upon information from her teacher, falls more than four standard deviations below the mean when compared to others of her age. \_\_\_\_\_ is dependent for all of her self care and has severe motor delays. Based upon available information, results of the {Developmental Profile II}, a formal measure of adaptive behavior, review of her rate of progress, teacher information, and observation, \_\_\_\_\_ is functioning at a level consistent with a diagnosis of intellectual disability. Functional implications include: dependent for all self-care, requires adult supervision and assistance with all activities for daily living. She also meets the criteria for Other Health Impairment as well as Visually Impaired.*

### **Summaries for ID with formal assessment**

**Meets Criteria for ID with 2 standard deviation and adaptive behavior**

*\_\_\_\_\_ meets the criteria for the educational disability condition of Intellectual Disability (ID). The first criterion for an 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. \_\_\_\_\_ overall level of intellectual functioning as measured on the WISC-V (FSIQ=68) clearly meets this criterion. The second criterion for ID requires concurrent deficits in at least two areas of adaptive behavior. \_\_\_\_\_ has deficits in all areas of adaptive behavior across both parent and teacher informants (\_\_\_\_\_). Her overall adaptive composites on the Vineland-3 are 58 (parent) and 63 (teacher).

Meets Criteria for ID with 2 standard deviation and adaptive behavior and has part score issue

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. \_\_\_\_\_ 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.

Although \_\_\_\_\_ 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 rote memory, associative memory and visual memory. These are skills that need to be used in \_\_\_\_\_'s educational programming. He will require much repetition and the pairing of both verbal and visual formats in his attempts to learn new skills. \_\_\_\_\_ does, however, have significant general cognitive deficits in language processing (Gc), fluid reasoning (Gf), processing speed (Gs) and auditory processing (Ga). These deficits result in limitations to his progress commensurate with age and grade expectations.

Based on new research in the field of intelligence, it should be noted that intelligence or cognition is a complex system and not all parts are equally important to overall system functioning. The degree to which an impaired cognitive ability lowers the functioning of the whole system depends on the affected ability's centrality (relative importance to overall system functioning). In \_\_\_\_\_'s case, deficits in Gc, Gf, Gs and Ga serve as central processing deficits that lower the functioning of the whole system, despite having some cognitive skills above this range. \_\_\_\_\_'s cognitive profile is consistent with that of a student who exhibits ID.



