TN Department of Education

Intellectual Disability Evaluation Guidance

Tennessee Department of Education | Revised November 2018

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Exclusionary factors include:

- Lack of instruction: Information obtained during assessment indicates lack of instruction in reading and math is **not** the determinant factor in this student's inability to progress in the general education curriculum. Students who have experienced interrupted learning by having changed schools multiple times, by being absent frequently, or by having moved in or out of the country lack curricular stability. This leads to instructional gaps and limited performance on academic tasks, which in turn may lead to behavioral difficulties.

- Limited English proficiency: As with disproportionality related to race/ethnicity, disproportionality related to English learners is also of concern. When gathering information regarding how a student interacts with others and responds to differing social situations, the team should consider the role of the student's dominant social norm(s) as it impacts social relationships.

  Limited English proficiency must be ruled out as the primary reason that the team suspects a disability. If there is another language spoken primarily by the student or spoken primarily at home, the team needs to document the reason English proficiency is not the primary reason for cognitive and adaptive deficits. Teams should also consider information regarding a student's language skill in his/her dominant language, as deficits in receptive, expressive, and/or pragmatic language are likely to have a significant impact on developing and maintaining social relationships.

- Cultural background differences: Disproportionality is a concern in regards to intellectual disability, as it indicates there are a higher percentage of minority students identified for special education supports compared to the overall school population. Research suggests a student's race and ethnic background has a significant influence on the probability s/he will be misidentified as a student with a disability, leading to lasting negative effects. Not only does misidentification lead to unwarranted provision of services and supports, but it also limits a student's access to rigorous curricula, limits access to collaborate with academically and behaviorally capable peers, diminishes expectations by creating false impressions of a student's cognitive and/or achievement prowess, and in essence racially segregates peers from the majority population.

- Medical conditions: Some children struggle within the academic setting because of physical and/or medical conditions that interfere with learning. Therefore, school staff should encourage the child's family to consult with the pediatrician on these matters. School staff should check visual and auditory acuity to determine whether these skills are currently within normal limits (or being corrected and/or accommodated) before questioning an intellectual disability. In addition, there are medications that can impact

cognitive functioning, and thus the health condition may be the primary cause of underperformance. See the other health impairment disability for more information.

Students who have experienced head injuries that are not congenital, degenerative, or related to birth trauma may demonstrate learning and/or behavior problems that mimic characteristics of an intellectual disability. These students should be considered under the criteria of a traumatic brain injury (TBI). Should evidence of a TBI exist, school staff should rule in/out this educational disability as part of any intellectual disability decision-making process.

- Environmental factors: (Frequent moves, residence in economically disadvantaged neighborhoods, life stress) Poverty and family stressors are key environmental indicators of students at risk. Be careful to rule out limited exposure to vocabulary, experiences, or resources to be the primary cause of underperformance on assessment measures.

  Students who have experienced emotional issues or traumatic events, including those who have suffered abuse or neglect, frequently do not perform to their potential. These children should be allowed time to heal, and educational supports should be tailored to meet their needs. Often, these traumatic events are both acute and transient as opposed to the long-standing nature of an intellectual disability.

- Communication: Children with severe language impairments may struggle academically in all subjects. It is important to address language concerns in conjunction with cognitive ability to rule out that deficits are not purely due to communication impairments.

  Students with autism and other pervasive developmental disorders, also known as Autism Spectrum Disorders (ASD), exhibit delays in communication, social interaction, and behavior that can be misconstrued as an intellectual disability. Should evidence of ASD exist, school staff should rule in/out this educational disability as part of any intellectual disability decision-making process.

- Sensory disabilities: The term sensory disabilities refer to hearing or visual (including blindness) impairments, deafness, and deaf blindness. A child may demonstrate a sensory disorder and an intellectual disability. However, it is important to ensure the factors related to a sensory disability are not the cause of underperformance on assessment measures which could lead to misidentification of intellectual disability.

(a) A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on an individual standardized instrument to be completed with or by the child's primary caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50 percent delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and

(b) Additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program, or institutional setting.

(3) Significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:

(a) For school aged children (and as appropriate for younger children), an individual standardized instrument completed with or by the primary teacher of the child. A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50 percent delay based on chronological age can be used only if the instrument fails to provide a composite standard score.

(b) Systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:

1. Birth to six (6) years – communication, self-care, social skills, and physical development;
2. Six (6) to thirteen (13) years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure; and
3. Fourteen (14) to twenty-one (21) years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work.

(5) When discrepancies occur in adaptive ratings between settings (i.e., home and community/school), a systematic documented observation by an assessment specialist is needed to help provide clinical judgment in regards to adaptive functioning.

critical in obtaining a valid cognitive score. Refer to the TnAISF (Appendix A) when determining the most appropriate assessment.

Standard error of measure (SEM): The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her "true" score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The SEM should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and/or other supporting evidence that the other options may be an under- or overestimate of the student's ability.
- Assessment specialists that are trained in intellectual functioning provide professional judgement and documented reasons regarding why this may be used as the best estimate of ability.

Factors that should be considered in selecting a cognitive abilities instrument:

1. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different student populations (e.g., ELs). Use instruments that yield assessment results that are valid and reliable indications of the student's potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or socioeconomically disadvantaged students.
2. When intelligence test results are significantly skewed in one or more areas of the test battery's global components due to significant differences in the culturally-accepted language patterns of the student's subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.
3. Consider evidence (documented or suspected) of another disability (e.g., ADHD, emotional disturbance, autism, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
4. Be mindful that the student's subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?

- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given? For example, have language, culture, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits when considering the use of the standard error of measure.

A nonverbal measure of ability also MUST be administered if any of the following issues are present: if there are significantly discrepant intellectual assessment domain scores with a lower verbal index/measure compared to other index scores, or if there are language concerns (e.g., suspected language delays or English language proficiency concerns due to English not being the student's first learned language). If nonverbal assessment does not reflect significantly impaired cognitive functioning in such situations, poor performance on the comprehensive measure may be attributed to underdeveloped language skills/acquisitions or lack of vocabulary exposure that may cause teams to underestimate ability.

Standard 2(a) & 3(a): **Significantly impaired adaptive behavior (i.e., composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on an individual standardized instrument which measures two standard deviations or more below the mean; a composite age equivalent score that represents a 50 percent delay based on chronological age can be used only if the instrument fails to provide a composite standard score) to be completed with or by the child's primary caretaker.**

Adaptive behaviors should be measured with standardized, normed rating scales that comprehensively measure skills associated with three types of adaptive behavior. The scales can be completed independently by caretakers or by interview format with the parents. In the school setting, those most familiar with the student should complete the rating scales. Assessment specialists need to review the directions with those completing rating scales in

order to prevent inaccurate ratings or misunderstanding of items. It is important to review results ratings and follow up if the results appear questionable based on observations.

Significantly impaired adaptive behavior in the home or community is determined by standard scores at or below 70 (with a mean of 100, and standard deviation of 15) +/- the SEM within the specific assessment's confidence interval, which documents the likely range an individual's true score falls within.

Adaptive measures typically include scores separated by domains (e.g., composites, indexes) and provide overall global scores of adaptive behaviors. Because not all adaptive measures label their domains with the same terminology, the assessment specialists will need to review measures to see how related skill sets associated with those listed in the standard (i.e., conceptual, social, and practical domains) are broken up into the assessment-specific domain names.

As a reminder, the general conceptual, social, and practical domains can be understood by the following skills:

- Conceptual skills look at the child's language and literacy skills; money, time, number concepts; and self-direction.
- Social skills include the child's interpersonal skills, social responsibility, self-esteem, gullibility, naiveté, social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills include activities of daily living, occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

A student only needs to demonstrate significantly impaired scores on **one** of the three domains OR the overall domain (it is not required to demonstrate significant impairments on both).

Standard 2(b) & 3 (b): Systematic documented observations

Systematic documented observations are distinguished from anecdotal observations in the following ways:

- the goal is to measure specific behaviors,
- behaviors are operationally defined before being observed,
- observations are conducted with standardized procedures,
- times and places for observations are carefully selected and specified, and
- the summarizing of data collected is standardized and does not vary from one observer to another.[6]

[6] Hintze, J. M., Volpe, R. J., & Shapiro, E. S. (2008). Best Practices in the Systematic Direct Observation of Student Behavior. In A. Thomas & J. Grimes, *Best Practices in School Psychology Vol. V* (pp. 319 - 336). Bethesda, MD: National Association of School Psychologists

Observation(s) shall address age-appropriate adaptive behaviors in a systematic, organized manner. Sample systematic observation checklists can be found in Appendix G and Appendix H.

Standard 4: **When discrepancies occur in adaptive ratings between settings (i.e., home and community/school), a systematic documented observation by an assessment specialist is needed to help provide clinical judgment in regards to adaptive functioning. Observations should include areas of conceptual, social, and practical adaptive functioning.**

When there are disparities between adaptive ratings, the systematic observations in conjunction with a review of the student's developmental and medical history are important. Assessment specialists should review reported scores, be aware of potential factors that could inflate or depress scores, and explore reasons that may help explain the differences between scoring.[7] Systematic observations should include a more intense focus on areas of difference identified through home- and school-based ratings. Clinical judgement based on expertise and training should be used to help assess the validity of results and account for difference.

Standard 5: **Assessment and interpretation of evaluation results shall take into account factors that may affect test performance, including: English limited proficiency, cultural factors, medical conditions, environmental factors, communication, sensory, or motor disabilities.**

In defining and assessing intellectual disability, the AAIDD[3] stresses that additional factors must be taken into account, such as the community environment typical of the individual's peers and cultures. The assessment team should consider linguistic diversity and cultural differences in the way people communicate, move and behave. Assessment and interpretation of evaluation results shall take into account factors that may affect test performance. The assessment specialist should indicate when and why results should be interpreted with caution. In addition, if the evaluation results indicate further assessments are needed to rule out factor influences, the team should discuss the need and if warranted, seek parental consent for the additional assessments. Refer to the TnAISF (Appendix A) and the Exclusion Factors Worksheet (Appendix I) to make sure all areas have been appropriately addressed.

Standard 6: **Developmental history, which indicates delays in cognitive/intellectual abilities (intellectual impairment), manifested during the developmental period (birth to 18) as documented in background information and history and a current demonstration of delays is present in the child's natural (home and school) environment.**

The AAIDD[3] adds a qualifier that there is evidence of a disability during the developmental period, which in the U.S. is defined as before the age of 18. Therefore, developmental history,

[7] AAIDD, (2010) Intellectual Disability: Definition, Classification and Systems Support, 11th Ed.

- other relevant interview information
- adaptive rating scales

(2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher):
    - observational information
    - academic skills
    - adaptive ratings
    - work samples
    - RTI^2 progress monitoring data, if appropriate
    - behavioral intervention data, if appropriate
    - other relevant quantitative and/or qualitative data

(3) The student's special education teacher(s) (e.g., IEP development teacher/case manager):
    - observational information
    - rating scales
    - work samples
    - pre-vocational checklists
    - transitional checklists/questionnaires/interviews
    - vocational checklists/questionnaires/interviews
    - other relevant quantitative data
    - other relevant qualitative data

(4) A school psychologist, senior psychological examiner, clinical or counseling psychologist, or psychological examiner (under the direct supervision of a licensed psychologist):
    - direct assessments (e.g., cognitive, achievement)
    - school record review
    - review of outside providers' input
    - systematic observations (adaptive behavior) in multiple settings with peer comparisons
    - interviews
    - rating scales
    - other relevant quantitative data
    - other relevant qualitative data

(5) Other professional personnel (e.g., mental health service providers, behavior specialist, licensed physician, physician's assistant, licensed nurse practitioner, and/or school social workers), as indicated:
    - direct assessment (e.g., language evaluation, motor evaluation)
    - functional behavior assessments/behavior intervention plans

Appendix A: TN Assessment Instrument Selection Form

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name_____ School_____ Date____/____/_____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

CONSIDERATIONS FOR ASSESSMENT

THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM

LANGUAGE	❑	Dominant, first-acquired language spoken in the home is other than English
	❑	Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
ECONOMIC	❑	Residence in a depressed economic area and/or homeless
	❑	Low family income (qualifies or could qualify for free/reduced lunch)
	❑	Necessary employment or home responsibilities interfere with learning
ACHIEVEMENT	❑	Student peer group devalues academic achievement
	❑	Consistently poor grades with little motivation to succeed
SCHOOL	❑	Irregular attendance (excessive absences during current or most recent grading period)
	❑	Attends low-performing school
	❑	Transience in elementary school (at least 3 moves)
	❑	Limited opportunities for exposure to developmental experiences for which the student may be ready
ENVIRONMENT	❑	Limited experiences outside the home
	❑	Family unable to provide enrichment materials and/or experiences
	❑	Geographic isolation
	❑	No school-related extra-curricular learning activities in student's area of strength/interest
OTHER	❑	Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability)
	❑	Member of a group that is typically over- or underrepresented in the disability category

OTHER CONSIDERATIONS FOR ASSESSMENT

__ May have problems writing answers due to age, training, language, or fine motor skills
__ May have attention deficits or focusing/concentration problems
__ Student's scores may be impacted by assessment ceiling and basal effects
__ Gifted evaluations: high ability displayed in focused area: _____
__ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions
__ Is extremely shy or introverted when around strangers or classmates
__ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s)
__ May have another deficit or disability that interferes with educational performance or assessment

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure:	Assessment Category/Measure:	Assessment Category/Measure:
_____	_____	_____

Appendix B: Assessments

This list may not be comprehensive or include all acceptable available measures. These are the most recent versions of these measures at the time this document was created (Spring 2017). The determination of which measure is used in an evaluation is at the discretion of the assessment specialist.

Measures of Intellectual Functioning	
Comprehensive Test of Nonverbal Intelligence – Second Edition	Universal Nonverbal Intelligence Test – Second Edition
Differential Abilities Scales – Second Edition	Wechsler Adult Intelligence Scale – Fourth Edition
Kaufman Assessment Battery for Children – Second Edition	Wechsler Intelligence Scale for Children – Fifth Edition
Leiter International Performance Scale - Third Edition	Wechsler Nonverbal Scale of Ability
Raven's Standard Progressive Matrices	Wechsler Preschool & Primary Scale of Intelligence – Fourth Edition
Reynolds Intellectual Assessment Scales – Second Edition	Woodcock Johnson Tests of Cognitive Abilities – Fourth Edition
Stanford Binet – Fifth Edition	Primary Test of Nonverbal Intelligence
Test of Nonverbal Intelligence – Fourth Edition	

Measures of Adaptive Behavior	
AAMR Adaptive Behavior Scale - Second Edition	Bayley Scales of Infant & Toddler Development – Third Edition, Adaptive Behavior Domain
Adaptive Behavior Assessment System – Third Edition	Developmental Assessment of Young Children – Second Edition, Adaptive Behavior Domain
Adaptive Behavior Evaluation Scale – Second Edition	Scales of Independent Behavior – Revised
Adaptive Behavior Diagnostic Scale	Vineland Adaptive Behavior Scales – Third Edition

Functional Academics: The student performs at the following levels.

Reading:
___Has average reading skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Math:
___Has average math skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Writing:
___Has average writing skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Appendix F: Adaptive Skill-Based Checklist for Home (11 years and older)

Student Name: _____ Date: _____

Parent: _____

Please check any item below if it is of concern (√). Please mark a (+) if this is a strength for the student. Leave blank if it is an average skill.

Communication:
___Speaks in full sentences
___Stays on topic in conversations
___Describes a realistic long-range goal and how s/he will accomplish it
___Able to relate a story or event in order
___Vocabulary seems age-appropriate

Self-Care:
___Independently gets out of bed and dressed on time
___Takes care of personal hygiene, including bathing, brushing teeth, combing hair

Daily Living:
___Prepares simple foods
___Helps with simple household chores
___Uses simple appliances (toaster, can opener)
___Uses a microwave
___Able to make his/her bed
___Able to sort, wash, and fold clothes
___Makes phone calls to others

Social Skills:
___Meets with friends regularly
___Has one or more close friend(s)
___Enjoys the company of other children
___Chooses not to say embarrassing things in public
___Keeps comfortable distance when talking to others
___Participates in extracurricular activity (e.g., sports, church-related, music)

Community Use:
___Orders own meal at a restaurant
___Pays for purchases with money
___Carries money safely
___Understands different denomination of bills
___Tells time accurately
___Has a part-time job (e.g., babysitting, mowing lawns)
___Uses a calendar
___Has a driver's license

Self-Direction:
___Follows through with tasks
___Able to complete homework independently
___Keeps working on a task even when difficult
___Asks for help when needed
___Completes tasks in a reasonable amount of time
___Controls anger when denied his/her own way
___Apologizes when appropriate

Health and Safety:
___Respects personal space of others
___Follows safety rules when playing outside
___Shows caution around dangerous activities
___Knows what to do in case of illness or injury
___Takes necessary medication as prescribed

Play and Leisure:
___Shows interest in the activity of peers
___Able to join groups

Appendix H: Observation Form: ID/FD Narrative

Student's Name: _____ Date of Observation: _____
Grade: _____ Observer's Name: _____
School: _____ Class: _____

Levels of Support:

Intermittent	Limited	Extensive	Pervasive
❖ Full participation ❖ As needed support ❖ Independent skills with consistent performance	❖ Moderate participation (more than 50% of the time) ❖ Some support ❖ May require verbal prompts ❖ Inconsistent performance	❖ Moderate participation (less than 50% of the time) ❖ A lot of support (daily and regular) ❖ Requires physical prompts/cues ❖ Partial performance	❖ No participation ❖ Full support ❖ Physical assistance (hand over hand) ❖ Unable to perform

Daily Living/Independent Living Skills (e.g., basic hygiene, making choices, following a schedule, seeking assistance, self-advocacy, transitions, and using materials)
Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Social Interpersonal Skills (e.g., peer interactions, cooperation, taking turns, play skills, requesting, initiation conversation or play, problem solving, recognizing and responding to social cues, emotional regulation, and following directions)
Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Communication Skills: Forms of communication (e.g., gestures, cues, facial expressions, spoken language, and assistive technology); functional communication (e.g., requesting help, expressing feelings, initiatives/responses, gaining attention, protests/rejection, comments, uses of behavior to communicate, expressing wants and needs, making choices)
Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Appendix J: Assessment Documentation Form

School System_____ School_____ Grade_____
Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
▪ significantly impaired intellectual functioning, existing concurrently with adaptive behavior deficits and manifested during the child's developmental period that adversely affect his/her educational performance	❑ Yes	❑ No
2. Evaluation Procedures		
• significantly impaired intellectual functioning, which is ≥ 2 standard deviations below the mean on an individually administered, standardized measure of intelligence	❑ Yes	❑ No
○ intelligence test instrument(s) selected that are sensitive to cultural, linguistic or sensory factors	❑ Yes	❑ No
○ test interpretation that takes into account SEM	❑ Yes	❑ No
• adaptive home behavior composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning ≥ 2 standard deviations below mean of an individually-administered, standardized instrument	❑ Yes	❑ No
• additional documentation with systematic observations, impressions, developmental history was obtained for home adaptive behavior	❑ Yes	❑ No
• significantly impaired adaptive behavior determined by systematic observations in the child's educational setting which compares & addresses age-appropriate adaptive behaviors for child's chronological age	❑ Yes	❑ No
• additional adaptive school behavior composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning ≥ 2 standard deviations below mean of an individually-administered, standardized instrument	❑ Yes	❑ No
• Systematic documented observations by an appropriate specialist, which compare the child's adaptive behaviors with other children of his/her chronological age group	❑ Yes	❑ No
• When discrepancies occur in adaptive ratings between settings (i.e., home and community/school), a systematic documented observation by an assessment specialist is needed to help provide clinical judgment in regards to adaptive functioning. Observations should include areas of conceptual, social, and practical adaptive functioning;	❑ Yes	❑ No
• intelligence and adaptive behavior evaluation results interpretation addresses and makes a determination that the student's performance on the test is not due to the following factors and is *not the primary reason* for significantly impaired scores on measures of intelligence or adaptive behavior.		
○ limited English proficiency	❑ Yes	❑ No
○ cultural background and differences	❑ Yes	❑ No
○ medical conditions that impact school performance	❑ Yes	❑ No
○ socioeconomic status	❑ Yes	❑ No
○ communication, sensory, or motor abilities	❑ Yes	❑ No
• history indicates delays in cognitive abilities (intellectual impairment) manifested during the developmental period (birth through 18)	❑ Yes	❑ No

• documentation (observation and/or assessment) of how Intellectual Disability adversely impacts educational performance	❑ Yes	❑ No

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

_____ _____/_____/_____
Signature of Assessment Team Member Role Date

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