Procedures for Confirming Intellectual Disability

Revised
August 2011
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Introduction

In 2001, the Montgomery County School Psychologists Association (MCSPA) created a work group to develop best practice guidelines for confirming mental retardation. In 2008, the Montgomery County Public Schools (MCPS) Disproportionality Steering Committee recommended that the procedures be revised and updated. In 2009, the Maryland General Assembly passed legislation that changed the term “mental retardation” to “intellectual disability.” The associate superintendent for the Office of Special Education and Student Services charged a work group of the Joint Collaboration Committee for Psychological Services (JCCPS) to update these procedures. These revised procedures are the result of that charge and reflect the MCPS goal of promoting student achievement and educating students in the least restrictive environment to the greatest extent possible. These guidelines are intended to provide practical assistance to school personnel using the collaborative problem solving and special education decision making processes.

While the definition of “intellectual disability” is identical within the Individuals with Disabilities Education Act (IDEA) and the Code of Maryland Regulations (COMAR), IDEA continues to use the term “mental retardation.” The definition of intellectual disability as stated in IDEA and COMAR refers to general intellectual functioning, adversely affecting a student's educational performance, that:

- Is significantly subaverage;
- Exists concurrently with deficits in adaptive behavior; and
- Is manifested during the developmental period.

The MCPS criteria incorporate additional details from the American Association on Intellectual and Developmental Disabilities (AAIDD) and the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR). MCPS requires that standardized adaptive scales be completed by more than one rater and the student’s adaptive behaviors are assessed in at least one setting that is nonacademic.

The MCPS criteria for an “intellectual disability” are:

- Onset is before 18 years of age.
- Significantly subaverage intellectual functioning demonstrated on comprehensive measures of verbal and nonverbal reasoning. Significantly subaverage is defined as competencies at or below two standard deviations below the mean (e.g., standard scores at or below 70±5 when the mean = 100 and the standard deviation = 15 points). Comprehensive is defined as multiple measures of verbal and nonverbal reasoning.
- Significantly subaverage adaptive skill functioning demonstrated by normed measures of adaptive functioning at or below standard scores of 70±5 or two or more standard deviations below the mean. Subaverage skills should be identified by more than one rater and in more than one setting (including at least one nonacademic setting) (a) in one of the following areas: conceptual, practical, or social, or (b) an overall score on a standardized measure of conceptual, practical, and social skills. Different adaptive scales may label domains differently. Conceptual skills include language; functional academics such as literacy and concepts of number, money, and time; and self-direction. Practical skills
include personal care, work skills, use of money, safety, health care, travel/transportation, 
schedules/routines, and use of the telephone. Social skills include interpersonal skills, 
social responsibility, social problem solving, following rules, obeying laws, and avoiding 
being victimized.

- The above described deficits adversely affect the student’s educational performance.

Many leaders in assessment research agree that identifying intellectual disability and determining 
a student’s subsequent need for special education present some of the more difficult decisions 
made by an Individualized Education Plan (IEP) team. The IEP team must consider a number of 
possible factors that may account for the academic or behavioral difficulties, such as 
environmental and cultural factors, as well as consider issues of duration, severity, and 
pervasiveness. Before making a final eligibility decision, the team must confirm that appropriate 
interventions were tried in the general education setting and implemented with fidelity over time. 
In extreme cases (e.g., when standardized test scores cannot be obtained due to the student’s 
interfering behaviors), the psychologist’s professional judgment should be relied upon to help 
inform the eligibility decision. The determination of intellectual disability is particularly 
challenging when the identification has not been made prior to age 5 or upon school entrance. In 
addition, in view of the complexity of the identification of mild intellectual disability, it is 
incumbent upon the psychologist to consider the limitations of cognitive and adaptive assessment 
tools.

When the identification of a disability and eligibility for special education are under 
consideration by an IEP team, a two-pronged test must be answered:

1) Is there a disability?
2) Does the student require special education and related services?

Early Intervention

When a classroom teacher has implemented appropriate interventions and notices that a student 
is still not achieving academically, behaviorally, and/or socially, the teacher should consult with 
others (e.g., special educator, counselor, English for Speakers of Other Languages (ESOL) staff, 
psychologist), to identify further instructional suggestions. This consultation may occur through 
collaborative problem-solving teams prior to referral to an IEP team.

Once a child is referred to a collaborative problem solving team (i.e., Collaborative Problem-
Solving Team or Educational Management Team), the team should begin gathering information 
that will help to determine if other issues may be contributing to the child’s lack of learning. The 
problem-solving team should develop an appropriate intervention plan that addresses the child’s 
academic, behavioral, and/or social deficits. As the Documentation of Interventions form 
(MCPS Form 272-10) is completed, other issues may arise that necessitate further action or 
decisions. The team should reconvene to address these factors, modify intervention plans, and 
implement additional strategies where appropriate.
Teams should routinely investigate the possibility of instructional mismatch when students are referred. If the concern raised is behavioral in nature, the school team, in consultation with staff members who have expertise in behavior management (e.g., a special education teacher, school counselor, or school psychologist), should conduct a Functional Behavioral Assessment (FBA) and develop a written Behavior Intervention Plan (BIP) for the student based on the FBA. If the concern is academic in nature, the school team, in consultation with staff members who have expertise in instructional strategies (e.g., reading specialists or special educators), should conduct informal assessments to determine the child’s specific skill deficits and develop a written intervention plan for the student based on the assessments. All intervention plans should be implemented for a minimum period of four consecutive weeks. The school team should reconvene to consider the effectiveness of the plan, make adjustments to the intervention(s) as needed, and implement the updated plan for four additional weeks.

The prescribed interventions should be consistently employed and documented. Documentation should include graphs and/or charts so that any changes are clearly noted. Anecdotal records should be collected over a period of time. Consideration of these factors should be central to educational planning for students. If pertinent or critical data is missing or unavailable, then the problem-solving team must obtain that information, or document why that data is unattainable. If the documentation does not reflect a significant improvement in the identified problem area(s) and alternative causal factors have been ruled out (e.g., significant medical, language, and/or cultural issues; history of atypical develop or head trauma; social/emotional trauma; or high rates of truancy), the student may be referred to an IEP team for consideration of eligibility for special education due to suspicion of an intellectual disability.

Exclusionary Factors

There are many factors other than an intellectual disability that may result in a student failing to make appropriate educational progress. To identify an intellectual disability, the learning problems must not be primarily attributed to visual, hearing, or motor impairments; environmental disadvantages; specific learning disabilities; cultural differences; economic disadvantages; language differences; frequent or extended absences from school; or multiple moves from school to school. The behaviors of concern must not be primarily due to transient or situational variables, cultural or linguistic differences, or other disabling conditions. It is important for a school team to review and rule out all such factors before determining the need for formal evaluation due to a suspicion of an intellectual disability. For example:

- 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.
- Students who are learning English as a second language require approximately two to three years of exposure to English in order to acquire basic interpersonal communication skills. It may take an additional five to seven years for cognitive/academic language proficiencies to develop. It is these latter skills that are required in school for learning.
As such, second-language learners often lag behind their native English-speaking peers in academic development, even after having exited ESOL services, and may experience learning frustrations and/or behavioral difficulties.

- 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.

- 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.

- 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 may meet criteria for traumatic brain injury.

- 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.

The presence of any factors identified in this section does not eliminate the need to consider the possibility of an intellectual disability. However, if student’s difficulties are primarily related to these factors, then a diagnosis of an intellectual disability should be weighed very carefully.

**Evaluation Components**

The school psychologist addresses factors such as level of intellectual functioning, adaptive functioning across academic and nonacademic settings, and the age of onset. If subtests/tests that are not normed for the particular student or if informal diagnostic techniques are used, these should be noted in the school psychologist’s report and on the *Intellectual Disability Multidisciplinary Evaluation Form* (MCPS Form 336-66). **When assessing for an intellectual disability, the school psychologist should make every effort to obtain information from the parent(s) or guardian(s) about the student’s adaptive functioning.** The following additional tools also may help to illuminate the child’s profile: behavioral observations in the classroom over time; functional behavior analysis; and rating scales and checklists to address the presence of any symptoms of autism, attentional issues, or social/emotional issues.

Due to the complexity of the diagnosis of mild intellectual disability, it is incumbent upon the school psychologist to consider the limitations of intellectual and adaptive assessment tools. For example, when assessing second language learners or students with interrupted education with
tests that have not been normed on these populations, the examiner should note any limitations on the validity and generalizability of the test findings before concluding that the student meets the criteria for identifying an intellectual disability. The school psychologist submits all assessment data and the completed psychological assessment report for review by another MCPS psychologist.

Other assessors may address domains unique to their professional disciplines, when deemed appropriate by the Screening IEP team. For example, a speech and language assessment may be necessary to help determine whether learning issues are primarily due to impairment in one domain (i.e., language) rather than due to delays in multiple domains more typically associated with an intellectual disability. The special educator addresses factors related to academic achievement. Educational assessors should attempt to use standardized measures to document academic achievement (e.g., reading, writing, and mathematics; academic readiness skills; etc.), and rate of progress. Each examiner is encouraged to consult with teachers, and other specialists, as appropriate.

Components of Intellectual Disability Multidisciplinary Form

The school psychologist shares his/her written findings with the IEP team regarding the presence of an intellectual disability and relevance to an educational disability and assists the team in completing the Intellectual Disability Multidisciplinary Evaluation Form (MCPS Form 336-66).

Section A: Previously Identified Educational Disability—This section lists the disabilities with which the student is currently identified. Some of these conditions may coexist with an intellectual disability. Although other disabilities that may have been identified in prior evaluations should be noted in the psychological report, only educational disabilities identified at the time of the current evaluation should be listed on this form.

Section B: Assessment Data—This section should include the most recent intellectual assessment, measures of adaptive skills, and academic abilities, as well as any relevant supplemental data.

Section C: Characteristics of Intellectual Disability—In this section, the school psychologist focuses on the specific conditions for determining intellectual disability eligibility. The school psychologist addresses the following information: age of onset before 18 years of age, significantly subaverage intellectual functioning, and significantly subaverage adaptive functioning.

Section D: Previously diagnosed medical and/or psychiatric conditions which support or refute a diagnosis of Intellectual Disability when available—This section includes information such as Down Syndrome or other genetic anomalies, as well as any other condition that supports the diagnosis of an intellectual disability. It may also include diagnoses of traumatic brain injury that might refute a diagnosis of intellectual disability.
Section E: Confirmation—In this section, the school psychologist officially confirms or rules out the presence of an intellectual disability based on the information documented in previous sections. The school psychologist and the IEP team also must determine the presence/absence of adverse educational impact. Evidence of adverse impact on educational performance may include, but not be limited to, present and past grades, achievement test scores, interpersonal relationships with peers and adults across multiple settings, curriculum-based measures, retention/promotion decisions, degree of engagement in learning and functioning in the classroom. The behaviors must be (or be expected to be) long standing, and occur regularly and often enough to consistently interfere with the student’s learning process to a marked degree. All of the data are evaluated in terms of the student’s age, cultural background, curriculum, educational setting, instructional environment, social and family stressors, and medical/developmental history. The school psychologist confirms the presence of an intellectual disability through his/her signature.

NOTE: If the school psychologist does not certify the presence of an intellectual disability, the student is referred either to the Collaborative Problem Solving (CPS) team or Educational Management Team (EMT) for further interventions, or to an IEP team for consideration of a disability other than an intellectual disability.

Reevaluation Procedures

Children already identified with an intellectual disability:

- The reevaluation planning meeting should include the psychologist.
- The IEP team must determine whether there is a well established, consistent, and valid cognitive/adaptive profile. If there have been at least two prior assessments with cognitive and adaptive scores within the range of an intellectual disability, then the IEP team may determine that formal, standardized cognitive assessments are not necessary. Informal adaptive data and/or nonstandardized psychological measures with scores or outcomes within the range of an intellectual disability may be sufficient. When there have not been at least two prior assessments, comprehensive, multidisciplinary evaluations are warranted. Adaptive measures should be completed across two environments with two different raters and across practical, conceptual, and communication domains.
- The IEP team should determine the need for additional assessments (e.g., educational, speech or language).
- The IEP team must complete all recommended assessments, develop written reports, and hold a reevaluation determination team meeting within 90 calendar days of the reevaluation planning team meeting.
- If new assessment data was gathered, the Intellectual Disability Multidisciplinary Evaluation Form (MCPS Form 336-66) should be completed at the reevaluation determination IEP team meeting to confirm or rule out an intellectual disability identification. If no new data was deemed necessary to reconfirm eligibility, the Intellectual Disability Multidisciplinary Evaluation Form should be completed at the reevaluation determination IEP meeting.
Children identified with another disability, but the IEP team suspects intellectual disability

- Prior to the reevaluation planning meeting, if concurrent cognitive and adaptive limitations are present, the school IEP team should develop an appropriate intervention plan to address these limitations. Special education supports should be implemented.
- The IEP team should meet to discuss progress on meeting IEP goals. If the student has made only limited progress, the team will gather and update data to present at a reevaluation planning IEP meeting. The IEP team may develop diagnostic questions and determine the need for further assessments.
- If diagnostic questions include the suspicion of an intellectual disability and if further assessments are needed, then the IEP team must obtain authorization.
- The school psychologist should administer a comprehensive psychological assessment. The psychologist should review the assessment with another MCPS psychologist prior to the reevaluation determination IEP team meeting.
- Complete all assessments and hold a reevaluation determination IEP team meeting within 90 calendar days of written referral by the school or parent.
- The Intellectual Disability Multidisciplinary Evaluation Form (MCPS Form 336-66) should be completed during the Reevaluation Determination IEP team meeting.
Appendix A

Intellectual Disability
Multidisciplinary Evaluation Form
### Intellectual Disability

Multidisciplinary Evaluation Form—CONFIDENTIAL
Office of Special Education and Student Services
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Attach this supplement to the evaluation IEP team meeting notes when Intellectual Disability is suspected.
Student Name ___________________________ Student ID Number _____________ Date ______/_____/_____

#### A. Previously Identified Educational Disability (Check as many as are confirmed.)

- [ ] Intellectual Disability
- [ ] Hard of Hearing
- [ ] Deaf
- [ ] Speech/Language Impairment
- [ ] Visual Impairment
- [ ] Emotional Disability
- [ ] Orthopedic Impairment
- [ ] Other Health Impairment
- [ ] Specific Learning Disability
- [ ] Multiple Disabilities
- [ ] Deaf/Blindness
- [ ] Traumatic Brain Injury
- [ ] Autism
- [ ] Developmental Delay

#### B. Assessment Data

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<th>Test</th>
<th>Intellectual Ability Levels (Test Name &amp; Scores)</th>
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<th>Test</th>
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Additional data used to compare rate of learning to chronological age:

__________________________

#### C. Characteristics of Intellectual Disability

The psychologist must certify that the student demonstrates the following: (all criteria MUST be met for Intellectual Disability to be confirmed)

- Is the age of onset before age 18?  
  - Yes [ ] No [ ]
- Does the student exhibit significantly subaverage intellectual functioning, demonstrated by comprehensive measures of verbal and nonverbal reasoning competencies at or below two standard deviations below average? The standard error of measurement? Other formal/Informal measures may be used to clarify intellectual strengths/weaknesses. Additionally, the psychologist should support/refute the validity of test data when necessary.
  - Yes [ ] No [ ]

**NOTE**: If a discrepancy between verbal and nonverbal scores is statistically significant (.05 level), according to the test manual of instrument utilized, a composite score cannot be considered a valid measure of a student's intellectual potential or justification for a diagnosis of Intellectual Disability. In the event of such a discrepancy, the higher score should be considered as the best measure of the student's intellectual potential.

- Are the scores on the assessment instrument(s) two or more standard deviations below the mean on multiple measures of verbal and nonverbal reasoning, including the use of adaptations when necessary due to severe physical disability, speech, hearing, or vision impairment?  
  - Yes [ ] No [ ]

- Does the student exhibit significantly subaverage adaptive functioning in areas not excluded by documented vision, hearing, medical, or physical disability, or cultural or religious factors? Two or more informants, who know the student well, report:
  - (a) Significant limitations in the level of adaptive functioning (i.e., practical, social and/or conceptual skills), and
  - (b) Limitations are apparent in both academic and nonacademic settings.
  - Yes [ ] No [ ]

Check each area of adaptive functioning rated as significantly sub-average by one or more raters:

- [ ] Practical Skills
- [ ] Social Skills
- [ ] Conceptual Skills

Please note any special circumstances that may compromise the validity of accurate adaptive skill measurement (e.g., physical limitations).

CONTINUED
D. Previously diagnosed medical and/or psychiatric conditions which support/refute the diagnosis of Intellectual Disability.
Please list, including date of diagnosis & evaluating examiner.

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E. Confirmation
- The school psychologist states that the student exhibits significantly subaverage intellectual functioning, concurrent with deficits in adaptive behavior, and that these deficits manifested themselves during the development period? Yes ☐ No ☐
- The school psychologist states that these deficits adversely affect the child's educational performance? Yes ☐ No ☐

Signature of MCPS School Psychologist

If the answer to either question is "No," the special education process stops here if no other educational disability is suspected. If another educational disability is suspected, the student is referred back to the IEP team for further intervention and/or additional assessments.

F. Conclusion of the IEP Team
- Are Special Education Services warranted? Yes ☐ No ☐
- Areas in which goals are required.
  -
  -
  -
  -

G. Signatures of IEP Team Members: The team decision reflects my opinion.

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NOTE: Dissenting team members must attach a separate statement presenting his/her conclusions. When there is a dissenting opinion, send a copy of the dissenting opinion, along with a copy of this completed form, to the Director of Psychological Services.
APPENDIX B

FREQUENTLY ASKED QUESTIONS
Frequently Asked Questions

1. Does a student with significantly subaverage cognitive and adaptive scores and low average or better achievement scores meet the intellectual disability criteria?

The definition says nothing specifically about achievement scores. However the educational achievement of individuals with an intellectual disability also is subaverage. If the achievement scores are stronger, then there may be reason to question the validity of either the cognitive, adaptive, and/or achievement scores.

2. Can a co-occurring diagnosis of speech/language impairment exist with intellectual disability?

Typically no but there may be a rare exception to this rule. If all scores are consistent, it is reasonable to assume that a student’s language impairment is a function of the intellectual disability. There may be cases, however, where a speech-language impairment may co-occur with intellectual disability. In these cases, the speech-language skills are impaired above and beyond what would be expected, given the child’s intellectual impairment.

3. Why was the IQ criterion for an intellectual disability changed to include scores in the range of 70–75?

The change in criteria was made by AAIDD (American Association on Intellectual and Developmental Disabilities) and DSM-IV-TR as early as 1992. The criteria for significantly subaverage functioning remain the same. Students should exhibit significantly subaverage cognitive ability, which is considered to be two or more standard deviations below the mean. The cutoff of 70–75 is consistent with established test norms by taking into account the standard error of measurement. Please refer to the AAIDD website for details: [http://www.aaidd.org](http://www.aaidd.org).

4. Would psychosis be an exclusionary criterion for an intellectual disability?

They are not mutually exclusive conditions and can coexist. One must look at prior levels of functioning in order to help make this determination.

5. If the student’s teacher is unable to provide ratings, can observations by the examiner be substituted for a teacher’s adaptive scale?

No. Formal adaptive scales should be completed by at least two or more informants who know the student well, including at least one who knows the student outside of a structured academic environment. Good professional judgment is expected in choosing these informants. Direct observations can be very useful, but should not substitute for standardized measures.

6. What should be done when the teacher has not known the student for long?

If the rater has not known the child for the requisite amount of time, then it is important for the psychologist to secure a rater who knows the student well.
7. Do parents sign the *Intellectual Disability Evaluation Form*? Can parents write dissenting opinions to the decisions made by the team?

Parents are members of the IEP team and can sign the form, if they wish. Whether or not they sign the form does not affect their due process rights. Any member of the team can write a dissenting opinion.

8. Are ESOL students excluded from the process?

No. Language or cultural issues do not, in and of themselves, preclude a finding of an intellectual disability. It can be challenging for evaluation teams to differentiate students with an intellectual disability from students who are bilingual and have recently arrived in the United States with little or no previous school experience. Unless there is significant evidence of a moderate to severe disability that warrants immediate referral to an IEP team, it is essential that school problem-solving teams consistently implement interventions over a period of time, and document the student’s response to interventions prior to referring the student to the IEP team.