Best Practices for the Identification of a Student with an Intellectual Disability

Division of Student Support, Academic Enrichment, and Educational Policy
Division of Early Intervention and Special Education Services

Fall 2023

MARYLAND STATE DEPARTMENT OF EDUCATION
EQUITY AND EXCELLENCE

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Abisola Ayoola (Student Member)

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Purpose

There is extensive research establishing that students of color, particularly Black/African American students, have been overrepresented in special education since the U.S. Office of Civil Rights began collecting data in 1968 (National Education Association, 2007; National Center for Learning Disabilities, 2020). Identification rates are most disproportionate for more subjective disabilities such as specific learning disability, intellectual disability, and emotional disability. Specifically, Black/African American students are twice as likely to be labeled as emotionally disturbed and three times as likely to be identified with an intellectual disability, compared to their White peers (National Education Association, 2007; National Center for Learning Disabilities, 2020).

Nationally we know that:

- Students identified as having an intellectual disability are more likely to be removed from general education to a more restrictive setting.
- Income does not fully explain the patterns of identification.
- Placement decisions exacerbate achievement gaps between students in general education and those students in more restrictive settings.
- Students in less restrictive settings have better academic and employment outcomes than students in more restrictive settings.

Furthermore, students with an intellectual disability, especially those with significant cognitive disabilities, are more likely than other students to be removed from general education. This pattern of overidentification also contributes to disproportionate placement of Black/African American students in segregated settings. While the impact is most pronounced for Black/African American students, other traditionally underserved groups, including Multilingual Learners and students living in poverty, may also be at risk for overidentification. Research conducted by Sullivan and Bal (2013) suggests that teacher or assessment biases and assessment practices may be a contributing factor to this pattern of overrepresentation.

To address these concerns, the Maryland State Department of Education (MSDE) convened a diverse group of educational professionals to review the current Maryland guidance for identifying a student with an intellectual disability to consider broader concerns such as assessment bias, disproportionate identification, and to review decision-making based on current practices locally and nationally.

In order to align with practices across the United States, the workgroup reviewed intellectual disability eligibility criteria from all 50 States. In addition to eligibility criteria, the workgroup reviewed six states (Colorado, Connecticut, Kansas, Nebraska, North Dakota, and Tennessee) and four Maryland Local Education Agencies that had guidance documents, which included eligibility guidelines, cultural considerations, assessment procedures, and best practices. These documents were reviewed, evaluated, and referenced.

Building on the recommendations from the research literature, the National Center for Learning Disabilities (2020), selected State guidance, and selected practices across Maryland, the Intellectual Disability Workgroup has developed this guidance document. This guidance document is designed to

assist school psychologists and Individualized Education Program (IEP) teams in the accurate identification of students with an intellectual disability, as well as to provide a tool for professionals to use when making important decisions about a student, which could impact their future educational experiences.

HOW TO USE THIS GUIDANCE DOCUMENT

This document is divided into several sections to assist in the understanding of the essential elements of a comprehensive assessment for intellectual disability using a research-based framework including cognitive functioning, adaptive behaviors, and academic performance. Additionally, the document will comprehensively define intellectual disability, examine the context of intellectual disability in Maryland and outline best practices for culturally responsive decision-making within the assessment process. IEP team members, educators, and related service providers are encouraged to use this document as a reference for best practices and cultural considerations when a student is suspected of having an intellectual disability.

A quality education is the catalyst to a successful life for all students and by using the guidelines in this document we all play a vital role in ensuring that the students in the State of Maryland receive what they deserve: an equitable and quality-driven education.

Workgroup Members

Candice Aston
Associate Professor, School Psychology
Towson University

Amirah Beeks-Jefferies
School Psychologist
Baltimore County Public Schools

Paige Bradford
Section Chief, Specialized Instruction
Division of Early Intervention and Special Education Services
Maryland State Department of Education

Diana Brooks
Curriculum Resource Teacher
Cedar Chapel Special School
Worcester County Public Schools

Rachael Donnelly
School Psychologist
Anne Arundel County Public Schools

Lara Huffman
Special Education Liaison
Office of Special Education
Baltimore City Public Schools

Caitlin Keller
Special Educator
Washington County Public Schools

Gregory Kurth-Ford
School Psychologist
Montgomery County Public Schools

Karla Marty
School-Age Performance Specialist
Division of Early Intervention and Special Education Services
Maryland State Department of Education

Kelly Meissner
Family Support Specialist
Division of Early Intervention and Special Education Services
Maryland State Department of Education

Stephanie Metz
School Psychologist
Baltimore City Public Schools

Rebecca Milburn-Lee
Coordinator, Psychological Services
Baltimore City Public Schools

Melissa Morris
Supervisor of Student Services
Calvert County Public Schools

Renee Neely
Comprehensive Planning Specialist
Division of Student Support, Academic Enrichment, and Educational Policy
Maryland State Department of Education

Sara Olson
School Psychologist
Allegany County Public Schools

Nancy Schmitt
Coordinator of Specialized Programs
Washington County Public Schools

Gillian Simon
Supervising School Psychologist
Cecil County Public Schools

Janet Stephanson
Supervisor of Special Education
Calvert County Public Schools

April Turner
School Psychology Supervisor
Division of Student Support, Academic Enrichment, and Educational Policy
Maryland State Department of Education

Intellectual Disability Definitions

The American Association on Intellectual and Developmental Disabilities (2021) defines an intellectual disability as "a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22" (Schalock, et al., 2021).

The Diagnostic and Statistical Manual of Mental Disorders-Text Revision (DSM-5-TR) outlines the standard classification of mental disorders used by mental health professionals in the United States. The DSM-5-TR defines an intellectual disability (Intellectual Developmental Disorder) as "a disorder with onset during the developmental period that includes both intellectual and adaptive functioning (conceptual, social, practical) deficits."

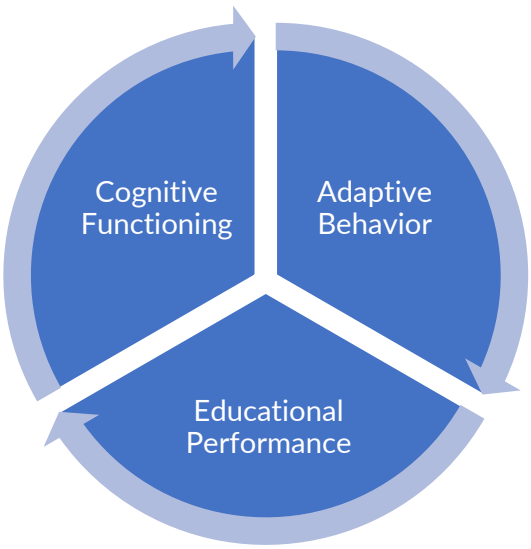
Building on these definitions and including educational performance, the Individuals with Disabilities Education Act (IDEA) defines an intellectual disability as "significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance" (IDEA, 2004, Sec. 300.8 (c) (6)).

Within Maryland, the Code of Maryland Regulations (COMAR) 13A.05.01.03 defines an intellectual disability as general intellectual functioning, adversely affecting a student's educational performance, that:

a) Is significantly subaverage;

b) Exists concurrently with deficits in adaptive behavior; and

c) Is manifested during the developmental period.



In general, intellectual disability is defined using data in the areas of cognitive functioning and adaptive behavior. Within an educational setting, deficits in cognitive functioning and adaptive behavior often have an adverse impact on education performance. Therefore, in an educational setting, intellectual disability is defined using three types of data: cognitive functioning, adaptive behavior, and academic performance.

Historical Context of Intellectual Disability

Historically, there have been several changes to terminology and policies related to Intellectual Disability. Before the Education for All Handicapped Children Act-EHA (Public Law 94-142), only one in five children with disabilities was educated in the United States. Many of these individuals lived in state institutions for persons with intellectual disabilities or mental illness (USDOE, 2023).

THE MEDICAL MODEL

In 1921, the American Association on Mental Deficiency (AAMD) published the first definition of intellectual disability and called it “mental retardation” but mental deficiency was the term used by professionals in publications such as the such as American Psychological Association's DSM until 1968 (USDOE, 2023).

RISING CONCERNS LEAD TO CHANGE

By the 1950s and 1960s, the practice to determine if a student with “mental deficiencies” could be “educated” was to rely solely on a student’s Intelligence Quotient (IQ) and if a student was deemed not “educable,” schools were not responsible to provide academic instruction (USDOE, 2023).

In 1975, PL- 94-142 assured access to public education for all children. This included mandates for a Free and Appropriate Public Education (FAPE), due process, nondiscriminatory assessment, and the requirement that an Individualized Education Program/Plan (IEP) must be developed for any student with a disability (USDOE, 2023).

POLICY SHIFTS

In 1992, an advocacy organization for people with developmental disabilities based in the United States started a campaign against the use of the word “retarded” (History of the ARC, 2021).

By 1997, alternate assessments were implemented for students who could not take the regular assessments (USDOE, 2023).

On October 5, 2010, President Obama signed federal legislation, titled “Rosa’s Law,” which replaced in federal law the terms “mental retardation” and “mentally retarded” with the terms “intellectual disability” and “individual with an intellectual disability” (USDOE, 2023).

ROSA’S LAW

Rosa's law is cited as the impetus for the change in terminology to intellectual disability.

ENSURING A QUALITY EDUCATION FOR STUDENTS WITH DISABILITIES

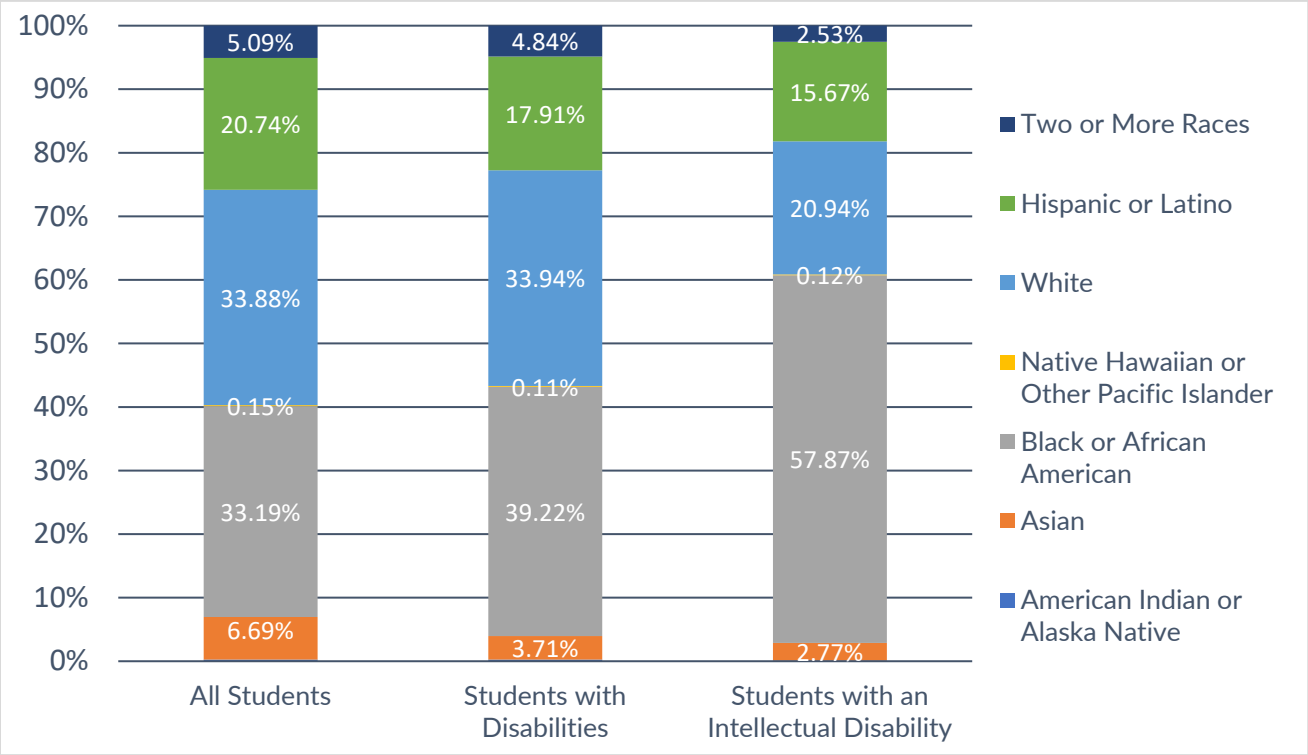
In 2022, the American Psychiatric Association amended the DSM-V-TR, to define intellectual disability as an intellectual developmental disorder. This change addresses what the disorder is called, its impact on a person’s functioning, and criteria improvements to encourage a more comprehensive assessment focusing on the impact of adaptive skills and deficits in cognitive functioning.

Students with Intellectual Disabilities

MARYLAND PERSPECTIVE

Consistent with national data, Black/African American students in Maryland are identified with an intellectual disability at a disproportionately higher rate when compared to other student groups (Table 1). Additionally, Black/African American students are also overrepresented among students participating in instruction and assessment aligned with alternate academic achievement standards.

Table 1



From: Maryland Early Intervention and Special Education Services Census and Related Tables, October 1, 2021, Tables 10 and 11

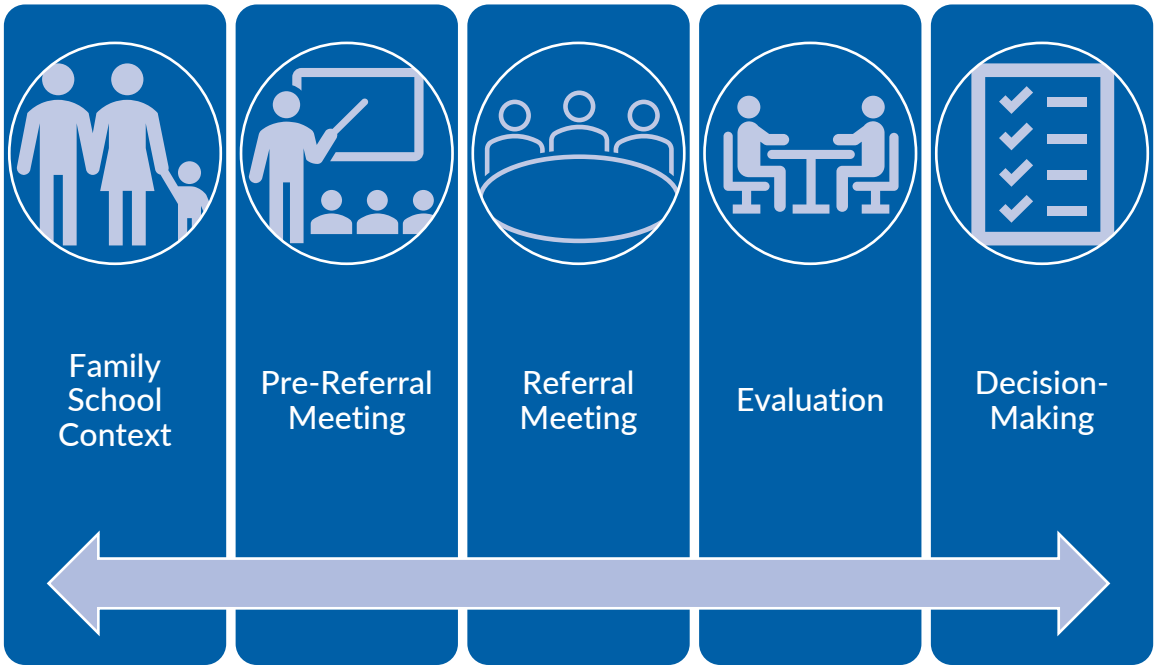
Across the three bar graphs (all students, students with disabilities, students with an intellectual disability) on Table 1, the percentage of Black/African American students with a disability who are identified as having Intellectual Disability (57.87%) is greater than the percentage of Black/African American students within the overall student population (33.19%) and the percentage of Black/African American students with disabilities (39.22%). Conversely, the percentage of Hispanic or Latino students and White students who are identified as having an intellectual disability is less than their percentage in the overall student population.

As mentioned previously, this data is consistent with national trends and exemplifies the need for action to examine assessment practices and procedures for students who are being evaluated for an intellectual disability.

Framework for Identifying Students with Intellectual Disabilities

The National Center for Learning Disabilities (2020) outlines policy and practice recommendations to address significant disproportionality in special education including improvements to eligibility processes, cultural considerations, and strengthening educator preparation and supports.

The following clinical decision-making framework developed by Aston and colleagues (2022) aligns with best practices for assessment and evaluation while encouraging practitioners to consider any potential biases that may emerge throughout the evaluation process. This framework also serves to further root out potential biases that may emerge throughout the evaluation process by providing practitioners with a practical resource to examine their practices at various stages to ensure they are in alignment with culturally fair assessment practices.



It is important to note that, within this framework, the examination of one's practices is not limited to the actual evaluation process but should be initiated with families at the pre-referral stage. This framework will serve as a guide throughout this document emphasizing the importance of comprehensive and equitable assessment practices. The framework is also included in its entirety in Appendix A.

WISCONSIN DEPARTMENT OF EDUCATION

The Wisconsin department of public instruction employs a similar framework focusing on addressing bias in comprehensive special education evaluations and examining vulnerable decision points within family school context, pre-referral meetings, evaluation, and data interpretation.

https://dpi.wi.gov/sped/ccr-ieps/comp-eval/addressing-bias#Dispro%20Rep

Family-School Context

Families are active members of their child's educational team. They have information, insights, and perspectives about their child that school staff may not know including behaviors at home and in the community. For example, families may be able to share student strengths related to self-care, problem-solving and social interaction. IDEA (2004) requires parental involvement at all stages, but not all parents are aware of the special education process and may need some guidance and support.

"Parents provide important insights into the psychology, behaviors, and activities of their children with intellectual disabilities."

(Grove, et al., 2022. P.1)

ACTIVE PARTICIPATION AND COMMUNICATION

At all stages of this process, teams should be sensitive and respectful of the emotional nature and impact of sharing the assessment findings and other eligibility information with parents. When a child is having difficulty accessing the general educational curriculum, school teams are required to notify the family to discuss these concerns. Families are expected to participate in discussions when their child is suspected of having a disability. The main barriers for families are poor communication, inadequate support and coordination, a lack of information and lack of child or family centeredness (Ryan & Quinlan, 2017). To ensure parent involvement in the special education identification process, staff must explain this process and opportunities for meaningful parent participation.

Guidance from the Research Literature (Tournier, et al., 2021)

- Genuine partnership includes shared decision-making, common goals and mutual respect, trust, and honesty (Tournier, et al., 2021).
- Successful family engagement and involvement requires cooperation between family and professionals (Keen, 2007).
- Family choice, expertise and knowledge should be prioritized. Families should not face undue pressure from professionals (Knox, 2000).

DATA REVIEW

When planning for the initial evaluation or reevaluation, the multi-disciplinary team must review the existing data on the child. This data should include evaluations and information provided by the child's parents. While there are no specific requirements of what that information should be, the following are some examples of data about their child that parents and families can supply that will be helpful in planning for educational supports:

- Family dynamics

- Strengths and needs
- Educational history including access to preschool
- School attendance
- Impact of culture on behaviors
- Student abilities in non-school settings
- Any other relevant information provided by outside evaluations
- Family history (consideration given to language and other factors that may inhibit gathering this information; interview format should be adapted accordingly)

ASSESSMENT RESULTS

Teams are encouraged to meet with the family to discuss the assessment results related to cognitive functioning prior to the eligibility meeting. In most situations, this will be the school psychologist or another member of the team who can interpret the assessment results. As referenced above, families may need time to process the results to actively participate in the eligibility meeting.

CONFIDENTIALITY

The fact that a student is experiencing difficulties in school is a matter of strict confidentiality. Only those individuals directly engaged with the student and his or her education should have access to an individual student's information. The information includes test results, intelligence scores, family background, and mental health concerns (IDEA, 2004).

CONSIDERATIONS FOR THE FAMILY AND SCHOOL CONTEXT WITHIN A CULTURALLY RESPONSIVE FRAMEWORK (ASTON, 2022)

- What is the quality of the current school and previous schools the child attended? (Teacher quality, school funding, class size, school climate, etc.)
- Does the team have a cultural understanding of the student, family, and the surrounding community?
- What outside resources are available to the family and the school to support behavior and academic challenges?
- Are school-wide practices for behavior and social emotional learning consistent with cultural strengths of the families?
- Are disproportionate trends evident regarding special education placement for certain student groups?

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Essential elements of the family-school context are highlighted in the resources developed by school districts across Massachusetts including communication, participation, and culturally responsive practices.

https://www.doe.mass.edu/sfs/familyeng/tip-sheet.pdf

Integrated Multi-Tiered System of Supports

When schools have a strong integrated tiered system of supports (ITSS), the foundation is laid for addressing the diverse needs of a variety of learners including students with intellectual disabilities. An effective tiered framework employs evidence-based screening, standards aligned curricula, team-based collaborative planning, and a strong evidence-based instructional approach that is based on universal design for learning (UDL) principles and differentiated instruction (DI) to address the individual characteristics of all students. Table 2 depicts the Maryland model for integrated Multi-Tiered System of Supports. It outlines essential elements at each tier of the system.

Table 2

Tier 1 Core Instruction
• Universal screening for ALL students • Formative and summative assessment • Explicit teaching of behavior expectations • Lessons designed with Universal Design for Learning frameworks
Tier 2 Supplemental Instruction
• Input from specialists • Diagnostic assessment • Integration of behavior and academic data • Monthly or bi-monthly progress monitoring • More intensive instruction • Family involvement
Tier 3 Intensive Intervention
• Designed to remedy error patterns • Weekly or daily progess monitoring • Integrates comprehensive behavior supports • Family involvement • Individual student planning

In “advanced” tiers of instruction and interventions: (1) assessment occurs on a more frequent basis; (2) instruction supplements core instruction and is designed for student groups based on their learning deficits; and (3) collaborative teams review data to inform changes to interventions and supports. All

students have access to more intensive instruction when they are at risk of failure or are performing below benchmark targets. Entry and exit decisions are based on student performance and growth or lack of growth in the curriculum. Refer to Technical Assistance Bulletin 19-01, *Improving Outcomes for Students with Disabilities: Curriculum, Instruction, and Assessments* for additional information.

ANCHORAGE SCHOOL DISTRICT

In Anchorage, Alaska, school staff worked together to support students using a multi-tiered system of supports. Their multi-tiered system emphasizes collaboration, positive relationships, and powerful instruction to champion student success across core instruction, supplemental instruction, and intensive instruction.

https://www.asdk12.org/MTSS

CONSIDERATIONS WITHIN A CULTURALLY RESPONSIVE FRAMEWORK (ASTON, 2022)

Pre-Referral Meeting

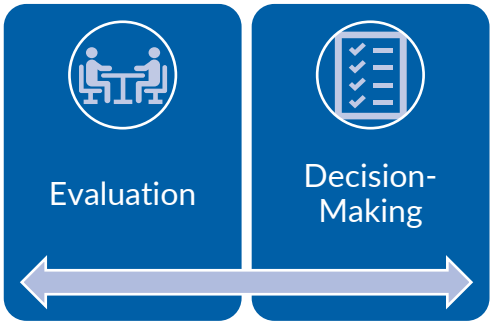
- How is racial and cultural match of the student and the teacher(s) considered leading up to the referral?
- What is the cultural identity of the school staff member, student, and referral source?
- What interventions have been successful?
- What factors may have impacted treatment effectiveness?
- Was the intervention selection supported by deep reflection of the cultural identity of the student?
- Were any of the interventions culturally grounded?

Referral Meeting

- Is there a way that services can be provided to this student without having to "qualify for services through state criteria"?
- Did the parent/guardian have a clear understanding of the implications of special education eligibility and demonstrate awareness of their parental safeguards?
- Who is not at the meeting that needs to be there to help the team gain a more holistic view of the student?
- How can the parent be involved during the assessment process? Was sufficient data presented to warrant a formal psychological evaluation?
- Were there any cultural influences discussed that could be related to the presentation of academic or social emotional difficulty?

Evaluation and Decision Making

STUDENTS WITH AN INTELLECTUAL DISABILITY MAY EXHIBIT:

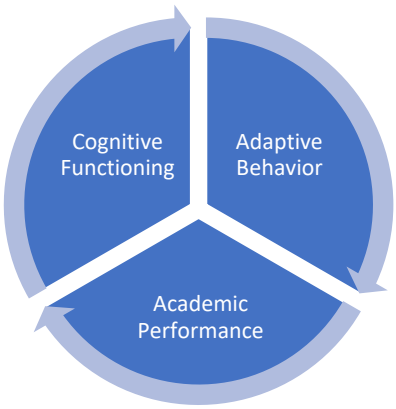


- Slow cognitive processing time that requires repeated and direct instruction
- Difficulty in the sequential processing of information requiring the student to remember things in sequence (counting, the alphabet, etc.)
- Difficulty comprehending abstract concepts such as math concepts, emotions, "thinking outside the box," etc.
- A delay in development due to a lag in reaching childhood growth milestones
- Academic skill development that is significantly below that of most same-age peers
- Difficulty putting together component parts that require the analysis and application of information
- Difficulty demonstrating problem-solving skills when new skills or information are presented in a traditional academic format
- Individualized methods of accessing information and demonstrating knowledge in alternative ways (tactile, visual, auditory, and multi-sensory) that may not be appropriate for the task
- Adaptive skills (money, scheduling, communication, social relationships, daily living skills) that are significantly below expectations of that of most same-age peers
- Difficulty understanding new information whether presented in an academic, social, or community setting
- Difficulty with communication and social skills in school and the community
- Difficulty retaining previously taught skills, maintaining new skills, and generalizing skills to new environments

(Virginia Department of Education, 2014; Colorado Department of Education, 2013)

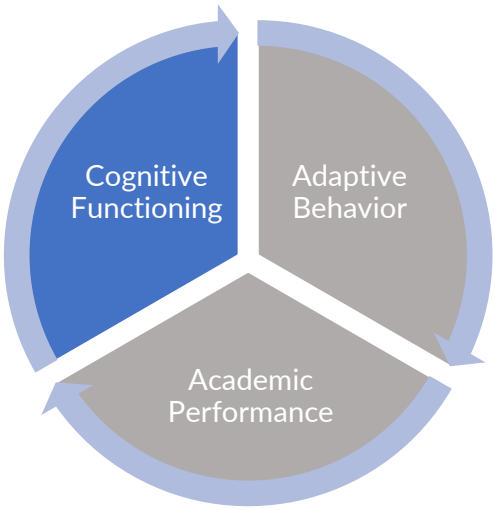
ASSESSMENT

In general, intellectual disability is defined using data in the areas of cognitive functioning and adaptive behavior. Within an educational setting, deficits in cognitive functioning and adaptive behavior often have an impact on education performance. Therefore, in an educational setting, intellectual disability is defined using three types of data: **cognitive functioning, adaptive behavior, and academic performance.**



Cognitive Functioning

An assessment of cognitive functioning is required to identify a student with an intellectual disability (IDEA, 2004).



Cognitive functioning, also called intellectual functioning or cognitive ability, refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience.

Critical components within the frame of cognitive functioning include verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy.

Deficits in cognitive functioning, such as difficulty with problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, as measured by clinical assessment, or individualized, standardized intelligence testing, may indicate an intellectual disability.

In general, individuals with an intellectual disability have cognitive scores of approximately **two standard deviations** or more below the population mean, considering the standard error of measurement of the specific, individually administered instrument used.

(Floyd, et.al, 2021; Schalock, et.al, 2021).

MEASURING COGNITIVE PERFORMANCE

School psychologists adhere to the legal and ethical standards of practice and are uniquely trained in the central principles of cognitive assessment including administration, cultural considerations, and data interpretation (National Association School Psychology Association, 2020). Within their practice, school psychologists employ a multimethod, multisource, and multi-setting approach to cognitive assessment that is informed by contextual influences.

Cognitive functioning is usually measured using a standardized assessment. Using standardized procedures assures that the individual's performance on a cognitive measure can be appropriately compared to the normative sample. Tests may require that certain directions be read verbatim, that testing occurs in a quiet environment, or that limits be given to repetitions of directions or requests for elaboration to answers. The examiner, appropriately qualified per the test manual's criteria, must be aware of such procedures prior to administration to support reliability and validity. Deviations from standardized procedures (i.e., students needing breaks, another person in the room, use of a reward system) need to be noted and the impact of such deviations considered.

Experiences of trauma, food insecurity, and sleep inconsistencies may impact cognitive functioning temporarily or longstanding. Additionally, people with difficulties in cognitive functioning may be more likely to experience trauma compared to people without cognitive difficulties. Examiners should be mindful that factors related to trauma, food insecurity and sleep inconsistencies could impact an individual's ability to validly participate in a cognitive evaluation due to the examinee's mental state and ability to focus.

Full Scale Scores

The full scale/global index of an intelligence test is considered to be the most reliable and valid score obtained within a validly administered test (Bergeron and Floyd, 2013). Attempts to use index scores/part scores in place of this global score for intellectual disability are not recommended as scores have lower reliability and do not measure general intelligence in as comprehensive a manner as the global score (Bergan, 2013). All students, including those with an intellectual disability, have commonly been shown to have variation among index and subscale scores. Subscale score variation *alone* should not preclude a student from eligibility as a student with an intellectual disability.

HISTORICAL CONSIDERATIONS OF ASSESSMENT BIAS

While an assessment of cognitive functioning is required to identify students with an intellectual disability, it is also important to highlight the historical racial context of standardized cognitive assessments. Specifically, cognitive assessments have historically been used to claim that African American students were intellectually and racially inferior to those of European descent and to defend school segregation along racial lines (Graves & Mitchell, 2011; Shealey, McHatton, & Wilson, 2011). Many of the assessments that school psychologists use have undergone revisions throughout the years. However, with few exceptions (e.g., the Cognitive Assessment System [Naglieri & Das, 1997] and the Kaufman Assessment Battery for Children, 2nd ed.), modern-day IQ tests have not changed substantially in terms of their conceptual approach or alignment with advances in cognitive science (Washington, Malone, Briggs & Reed, 2016). Understanding these historical aspects helps us in present day to ensure that we provide equitable practices to reduce bias and inequitable outcomes and

ASSESSMENT CONSIDERATIONS FOR CULTURALLY DIVERSE STUDENTS

Increasing the adoption of culturally sensitive assessment practices for marginalized students has been a growing area of concern within the school psychology field. Research has documented that students from culturally and linguistically diverse backgrounds are more likely to be disproportionately represented within the special education system (Skiba, et. al, 2008). While disproportionality has been linked to a myriad of systematic inequities within the education system, nondiscriminatory assessment practices can be used to promote cultural fairness.

Nondiscriminatory assessment (Ortiz, 2002) refers to, "The use and application of a comprehensive, systematic framework comprising a broad range of methods and procedures is critical to engaging in best practices in nondiscriminatory assessment (p. 663)."

Suggested guidance regarding the promotion of culturally sensitive and nondiscriminatory assessment are provided below:

- Be mindful of possible dispositional influences that can impact test performance for diverse student populations (e.g., stereotype threat, performance anxiety).
- Reexamine assessment tools, consider using assessment tools with less verbal loading or have been determined by research to contain less cultural bias.
- Review test manual for norming information.

Remember nonverbal tests are not necessarily exempt from cultural biases. A list of common cognitive assessment tools is included in Appendix B.

COLORADO DEPARTMENT OF EDUCATION

Nonbiased assessment is not a particular test or instrument, but rather a process of gathering information about an individual through a problem-solving approach that considers the influence of culture and language.

https://www.cde.state.co.us/cdesped/guideliensfordeterminationeligibility_id_md

CONSIDERATIONS FOR ASSESSING MULTILINGUAL LEARNERS

It should be noted that significant concerns have been raised over the validity of intellectual assessment with students from bilingual or bicultural environments. The concern has been that many of the more typically administered measures of intelligence fail to fairly assess intellectual functioning for multilingual learners (Flanagan, Ortiz and Alfonso, 2013).

When assessing multilingual learners, it is important to understand the process of second language acquisition and the characteristics exhibited by multilingual learners at each stage of language development to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the assessors to make accurate diagnostic judgments.

According to the Standards for Educational and Psychological Testing, "For all test takers, any test that employs language is, in part, a measure of their language skills." (American Educational Research Association, 2014). Therefore, consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Additionally, the school psychologist should consider how long the student has lived in the US, their ability to use their primary language, and how long they have received education in English. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered. In addition, the assessment tools found in Appendix C may be helpful when evaluating multilingual learners.

RHODE ISLAND DEPARTMENT OF EDUCATION

In 2019, the Rhode Island Department of Education developed a practitioner brief to better understand the needs of multilingual learners. This practitioner brief further emphasizes the essential elements for assessing multilingual learners including second language acquisition, cultural considerations, and assessment practices.

https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/OSCAS/English-Learner-Pages/uploads-2020-21/Identifying-MLLs-with-Disabilities-Nov-2019.pdf?ver=2021-03-02-143625-717

ASSESSMENT MODIFICATIONS

There are times when modifications to standardized procedures may be necessary, though the examiner needs to consider if such modifications may result in scores that are invalid or not useful and should not be reported. There are also times when modifications may impact scores, but the examiner still finds some use in this modified administration. For example, allowing an examinee to select items through eye-gaze as opposed to pointing given motor limitations is a modification to test administration but may provide a general sense of skills that could not be obtained if the examinee were not given credit on such items due to these limitations. Some common considerations for assessment modifications are listed below.

Testing the Limits

Testing the limits is a method by which an examiner uses a standardized measure but makes modifications or procedures to see how an examinee's performance changes given such modifications. For example, allowing an examinee extra time to persist through a timed task, rephrasing or repeating directions that would otherwise not be permitted, or allowing the testing of later items after discontinuation criteria had been met. Testing the limits should be done after the assessment has been given in a standardized manner, as doing such before standardized administration would invalidate scores. Testing the limits may allow insight into useful modifications and accommodations within other settings.

Motor Functioning

Established motor difficulties should be considered when selecting an appropriate cognitive measure. An examinee would need to have motor skills sufficient to participate in the task. A measure with less motor demands or without timed demands may be preferable in such situations. It should also be noted that motor difficulties may be present as secondary to intellectual disability, therefore, motor difficulties alone may not invalidate administration.

Visual Impairment

The examinee's level of sight (which should be established/clarified prior to administration) and the possible limited exposure to things that sighted children encounter on a regular basis (for example the question of what color the sky is may be easier for a sighted child than for a child with a visual impairment) should be considered. Modifications may be used, such as enlarging pictures, however, the impact of such modifications on standardized scores should be considered. Evaluation of children with visual impairments would be best done in consultation with a teacher for the visually impaired as well as the school nurse to assist in interpreting vision data.

Deaf and Hard of Hearing

The examinee's level of hearing (which should be established/clarified prior to administration) and the possible limited exposure to things that hearing children encounter on a regular basis (for example would the question of "what animal says quack?" be easier for a hearing child than for a deaf/hard of hearing child) should be considered. Modifications may be used, such as using an American Sign Language interpreter or cued language.

Evaluation of children who are deaf/hard of hearing would be best done in consultation with a teacher for the deaf/hard of hearing as well as with the school nurse and speech/language pathologist to assist in interpreting hearing data.

Communication

Students who require communication aids/devices for instruction and assessment per the IEP must always have access to Augmentative or Alternative Communication (AAC). This involves team discussions and collaborative problem-solving to develop a plan based on each AAC user's individual needs, abilities, and priorities. Three important topics to discuss are how individuals will communicate during test sessions, how test examiners will document the ways that assessments are administered, and how this may affect standardization. Teams may also need to discuss limiting access to certain features when the use of such may invalidate a subtest such as predictive text, word prediction, etc.

Overall, the examiner must always consider what the test is attempting to measure, if the modification still allows for the measurement of this skill, and if this modification changes the difficulty of the task. When making modifications, examiners should consider cautioning such scores, reporting confidence interval ranges in place of scores, and/or describing observed skills. Attempts should be made to consider multiple data points (for example teacher/parent reports, developmental/medical history, rating scales, observations) to corroborate data.

CONSIDERATION OF ADDITIONAL DATA

Triangulation of data from multiple sources should always occur (observations, interviews, developmental/medical history, historical data, past assessments, etc.) and inconsistencies may result in the need to seek out additional testing or data sources. The examiner should consider an examinee's vision, hearing, motor deficits, behavior/attention/motivation, language, and cultural considerations when choosing cognitive measures and the need for additional measures.

If the examiner does not have confidence in obtained results to answer the referral question (perhaps due to breaches in standardization, interfering behaviors during testing, a normative sample population inconsistent with the student, etc.) additional cognitive assessment may be useful provided that additional testing is able to reduce/mitigate confounding variables.

Additional formal or informal testing may be helpful if initial assessment has been impacted by factors other than the examinee's cognitive ability. For example, if a traditional cognitive assessment were to be given, and during that assessment the examiner noted concerns for language impairment and difficulties understanding task directions, it may be appropriate to follow this administration with a nonverbal cognitive measure to reduce the impact of a suspected or established language impairment.

Additional testing should be considered for spoiled tests and tests that the examiner feels did not sufficiently measure the skills that the test proports to measure due to variables other than the skill. Examiners should triangulate data as a validity check. Conducting a second cognitive assessment in the absence of concerns for assessment reliability and validity and in the presence of supporting triangulated data is not necessary for evaluating cognitive skills in intellectual disability identification.

Indirect Measures of Cognitive Skills

When students are unable to complete a standardized cognitive assessment or standardized assessment is inappropriate, one should consider a developmental approach to collect data and information. A developmental approach considers the student's communication (intention, symbol use, vocabulary, complexity, social action, comprehension, reactive behaviors, direct behaviors, gestures, vocalization, speech, and sign language) as well as observable cognitive behaviors such as imitation, object knowledge, perception, discrimination, object permanence, spatial knowledge, symbolic representation, and sequencing.

ELIGIBILITY CRITERIA: COGNITIVE FUNCTIONING

Eligibility determination for intellectual disability should, as with other disability categories, be determined by an informed and duly constituted IEP team.

Direct Measure of Cognitive Functioning

Evaluations for intellectual disability should utilize direct measures of cognitive ability (i.e., standardized individual measure). When direct measures of intelligence are unable to be validly obtained for initial determination of intellectual disability, an indirect measure such as a rating scale may be considered.

Data Interpretation

The school psychologist should interpret cognitive data and provide recommendations regarding intellectual disability criteria and eligibility. The school psychologist should also consider measurement error, the limitations of the test used (including reliability, validity, floor/ceiling effects, etc.), testing behavior, cultural considerations, and any deviations from standardization. Obtained cognitive scores should be triangulated in consideration of other data sources (developmental history, historical data, observations, etc.).

Significantly Subaverage Cognitive Skills

For intellectual disability within in the context of COMAR 13A.05.01.03 and IDEA Sec. 300.8 (c) (6), "significantly subaverage cognitive skills" are defined as two standard deviations below the mean (i.e., standard score of 70 ± 5) when considering standard scores with a mean of 100 and a standard deviation of 15. Confidence intervals should be provided.

Re-Evaluation for Continued Eligibility

During the reevaluation process for intellectual disability, IEP teams must determine if sufficient historical and present data is available to confirm continued eligibility. If such data is present the team may not find that an updated cognitive evaluation to be necessary. If such data is questionable (perhaps the child is seen as performing above expectations of intellectual disability or perhaps it is thought that prior testing was not representative) cognitive skills can be investigated through comprehensive cognitive testing which may include brief/abbreviated measures or indirect measures.

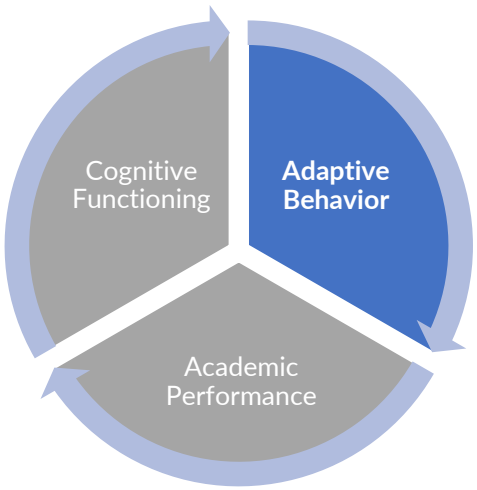
Adaptive Behavior

Adaptive behavior is the collection of conceptual, social, and practical skills learned and performed by people in their everyday lives (Schalock et al., 2021). Though not an exhaustive list, below are some of the common skills that make up adaptive behavior:

Conceptual skills: language and literacy; money, time, and number concepts; and self-direction.

Social skills: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.

Practical skills: activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.



Adaptive behaviors are learned behaviors that reflect an individual's social and practical competence to meet the demands of everyday living. As environments change, people must learn new skills in order to continue to meet the environmental demands. Making a phone (or video) call is an example of adaptive behavior that changed over time. The skills needed to make a call today are very different from the skills that were required 20 years ago.

MEASURING ADAPTIVE SKILLS PERFORMANCE

An adaptive skills assessment is based on multiple sources of data (rating scales, interviews, checklists, observations, etc.) that considers a child's social, linguistic, and cultural background. Adaptive behaviors should be measured by utilizing up to date, standardized, normed rating scales that comprehensively measure skills associated with the three domains of adaptive behavior. Additional ways to find supportive evidence of adaptive needs may also include direct assessments that focus on adaptive tasks completed by a clinician during structured observations. The child's skills are compared to matched peers (age, gender, socio-cultural environment). When adaptive behavior is significantly below expectations, it is considered a deficit.

Significantly impaired adaptive behavior is determined by a standardized domain and/or overall score at or below 70±5 (with a mean of 100, and a standard deviation of 15) on an adaptive behavior assessment.

ADAPTIVE SKILLS AT HOME AND SCHOOL

The expectation when conducting an adaptive assessment is to gather ratings from both the home and school settings. Clinicians should make diligent efforts to include parent/caregiver's ratings as they are an integral part of the team (Stanborough, 2022).

Adaptive Behaviors in the Home or Community Setting

The parent/caregiver rating scales can be completed independently or by interview format.

- When completing the parent/caregiver adaptive assessment, an interview format is best practice to aid with accurate data collection and the opportunity to clarify any information. The instrument should be consistent with the instrument given to the teacher so that a direct comparison in performance may be made.
- Additional documentation, when appropriate, can be obtained from systematic documented observations, interviews, and developmental history provided by the family.
- Ensure parents/caregivers understand how to complete rating scales with fidelity if expected to complete independently.
- When the clinician suspects that the parent/caregiver has language difficulties, reading deficits, cognitive impairments, and/or cultural differences, consider how that may impact standard scores. This may include difficulty understanding material and ability to accurately report on their child's ability. In these cases, complete your rating scales in an interview format rather than asking the parent/caregiver to complete the rating scale independently.
- The interview and rating scales should be completed in the parent's dominant language. If scales used are not published in the parent/caregiver's dominant language, the clinician should consider using an interpreter to best assess the student's adaptive abilities.

FLORIDA DEPARTMENT OF EDUCATION

The Florida Department of Education developed a technical assistance bulletin that highlights the importance of parental input as it relates to measuring adaptive behavior as outlined in the adaptive behaviors in the home or community section.

https://info.fldoe.org/docushare/dsweb/Get/Document-2580/04-69tap.pdf

Adaptive Behavior in the School, Daycare Center, or Program Setting

In the school setting, the form must be completed by someone who meets the standardization criteria (for example, a teacher familiar with the student's everyday school behavior and has had frequent daily contact with them for several months).

- For school-aged children, a standardized instrument should be completed by the primary teacher who meets the instrument's requirement.
- When completing the teacher adaptive form, it is best practice to do a follow-up interview with the teacher to clarify any information. Complementary measures should be given to the parent and teacher so that a direct comparison in performance across settings can be made.

OBSERVATIONS

Observations should address age-appropriate adaptive behaviors. Systematic documented observations by the school psychologist or other professional, which compare the child with other children of his/her chronological age group are recommended. The best practice would be for the school psychologist to

observe the student in more than one educational setting (cafeteria, library, gym, classroom, playground, etc.). The observations should be conducted to determine differences in the student's adaptive behavior skills across a variety of environments and across areas of conceptual, social, and practical adaptive functioning (Reschly et al., 2002).

Adaptive behaviors to be observed in each domain by age range include: communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics and leisure (Schalock et al., 2021).

When discrepancies occur in adaptive ratings between settings (home and school), a systematic checklist by the school psychologist is beneficial to help provide clinical judgment regarding adaptive functioning. Checklists should include areas of conceptual, social, and practical adaptive functioning, in two or more settings. A list of most common adaptive behavior assessment tools is included in Appendix D.

INTERVIEWS

Practitioners should consider reviewing specific skills through student interviews and activities. It may be beneficial for the clinician to probe more in-depth questions on the individual ratings and ask for examples of specific skills during an interview with the rater. Reasons for discrepant scores could include specific instruction on adaptive skills, teachers comparing children to other students with disabilities as opposed to typically developing peers, not understanding how to complete the rating scales, etc.

USE OF CLINICAL JUDGMENT

Finally, making assessment decisions about the appropriateness of measurements and data sources or eligibility determination is not always clear or easy, especially in adaptive behavior. Remember there will be instances requiring clinical judgment by the examiner. Clinical and professional judgment is rooted in the professional experience of the individual assessor (this may also require consultation with an experienced colleague).

FACTORS THAT MAY REQUIRE THE USE OF CLINICAL JUDGEMENT

- The individual's physical condition and mental health
- When reviewing multiple data sources
- Relevant contexts or environments
- Sociocultural considerations
- Opportunities or experiences and participation or interactions [take into consideration whether a child has had the opportunity to learn, practice and perform the skill in their community]

(Schalock et al., 2021)

ADDITIONAL CONSIDERATIONS FOR COMPREHENSIVE ASSESSMENT OF ADAPTIVE BEHAVIORS

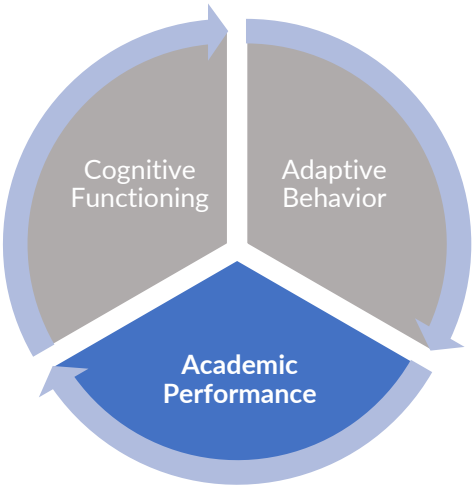
- Was the environment molded to meet the child's needs (Ex. Parents gave them Velcro shoes)?
- If you change the environment, would the student still be able to demonstrate the skill (Ex. If there is a change to the bus schedule, would the students know what to do?)?

- Was there a lack of exposure (Ex. The student was never allowed to use the stove or microwave)?
- Were they enrolled in a program that explicitly taught adaptive skills?

Remember to focus on developing a holistic view of the child rather than simply the scores.

Academic Performance

Students who are being evaluated for an intellectual disability have a vast spectrum of strengths across academic, adaptive, social, and cognitive levels, as well as in their response to intervention (RTI). To gain a full understanding of the strengths of the student (as well as the instructional needs) a strengths-based portfolio of formal and informal measures is recommended.



Components on a strengths-based assessment include:

Multi-domain: interdisciplinary teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, formal/informal academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.

Multi-modal: an extensive review of existing records, anecdotal records, structured or unstructured interviews, formal assessments, observations (more than one setting, more than one activity), work samples/class performances, and rate of learning as a comparison of their peers.

Multi-source: information pertaining to the student should be gathered from parents/caregivers, teachers, community agencies, medical/mental health professionals, and the student themself.

Multi-setting: observations should occur in a variety of settings that provide an overall description of the child's functioning across environments (classroom, hallway, cafeteria, recess, activities (whole group instruction, small group instruction, independent work), and time. Teams should have a "360-degree view" of the student.

Evidence of adverse effects on educational performance is demonstrated through formal measures, records, interviews, and/or observations that indicate the child's level of educational performance is significantly below age-based norms or state-approved grade level standards.

Further evidence of adverse academic impact may come from: (a) an evaluation of the school's general education curriculum and supplemental materials, (b) confirmation that the child received instruction provided by highly qualified teachers using appropriate general education curriculum and supplemental materials, and (c) records of intervention and progress monitoring indicating appropriate instructional adjustments based on child data.

ELIGIBILITY

In conjunction with significant deficits in cognitive functioning and adaptive behaviors, a student may have an intellectual disability when an assessment indicates an adverse impact on academic achievement either as indicated by scores 2.0 or more standard deviations below the mean in formal measures of written language, reading, and math, or a body of evidence on informal measures when it is determined that

reliable and valid assessment results are not possible due to the student's functional level (Colorado Department of Education, 2013).

MEASURES OF ACADEMIC PERFORMANCE

Scores from standardized tests are represented as a standard score indicating how well a child performed on an assessment. Academic assessment scores can either be norm-referenced (compared to same age peers as above average, average, or below average) or criterion-referenced (assessing a child's performance on a specific task): A list of commonly used academic assessment measures are included in Appendix D and Appendix E.

Norm-Referenced

Norm-referenced test developers calculate the statistical average based on the performance of students tested in the norming process of test development. That score is assigned a value. Different performance levels are calculated based on the differences in student scores from the statistical average and are expressed as standard deviations. When selecting a formal measure of assessment, examiners need to review the norms for proper representation of the population for which the assessment is being administered.

Criterion-Referenced

Criterion-referenced tests compare a person's knowledge or skills against a predetermined goal, standard, or other criterion (for example grade or age expectations). These tests often use scores to categorize students (such as proficient, advanced, or basic). Criterion-referenced scores are not determined based on the performance of other students.

If an assessment is determined to be invalid based on a student's performance or access, an additional or alternative measure should be conducted to provide reliable data to support the student's strength and needs. Additionally, examiners should administer appropriate subtests that measure essential skills in a way that sets the student up for success within the assessment protocols (ex. measure the student's knowledge vs. the student's ability to problem solve/process language; timed tests vs. non-timed tests; assessing complex written language skills).

ASSESSMENT CONSIDERATIONS ACROSS DOMAINS

Reading

Evidence of an adverse impact in reading should show that the child's previous reading instruction and curriculum included explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills), and reading comprehension strategies.

Math

Evidence of an adverse impact in math should show that the child's previous math instruction and curriculum included explicit and systematic instruction in math calculation and problem solving to build procedural fluency and conceptual understanding.

Spoken Language

If the child being evaluated is a Multilingual Learner, the assessment results should show evidence that the child was provided with appropriate accommodations and interventions. Consider things such as proficiency in English and in the child's native language, amount of time in the country, level of education in the child's native country, etc. Also consider whether the child's rate of learning is different from those of similar background and educational experience.

Writing

Evidence of an adverse impact in writing shows that the child's previous writing instruction and curriculum included explicit and systematic instruction in writing skills, knowledge/processes/planning and revising, and in foundational skills such as handwriting, spelling, and sentence construction.

ADDITIONAL CONSIDERATIONS

Non-biased Assessment Procedures

Various cultures may hold unique views regarding the level of functioning and skills expected of children at certain ages. Remember, non-biased assessment is not a particular test or instrument, but rather a process of gathering information about an individual through a problem-solving approach that considers the influence of culture and language.

Primary Spoken Language or Communication System

Evaluation of culturally and linguistically diverse students should be conducted in the student's dominant spoken language or alternative communication system. All student information should be interpreted in the context of school expectations with consideration given to the student's socio-cultural background and the home and neighborhood setting in which he/she is functioning. The use of evaluations printed in the student's native language is preferred. It is more valid and reliable to use an evaluator who is fluent in the student's dominant language than to use an interpreter.

Potential Confounding Factors

Experiences of trauma, food insecurity, and sleep inconsistencies may impact academic performance. Additionally, behavioral compliance including following directions and attending to the task may impact student performance. Some students may display decreased frustration tolerance and are more likely to display negative behaviors when faced with a challenging task. Examiners should be mindful that these factors may impact the student's ability to validly participate in an academic assessment.

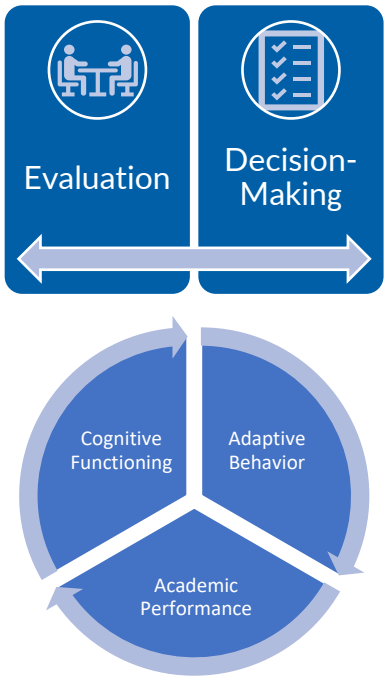
GUIDING QUESTIONS

Does the student have access to adequate instruction?

- Progress monitoring data displayed on charts or graphs show a low rate of growth in educational performance despite provision of increasingly intense, explicit instructional interventions.
- Progress monitoring data of increasingly customized and individually tailored instruction and intervention indicates that the child needs specially designed instruction to access the general curriculum.
- The interventions needed to obtain an adequate level of performance or adequate learning rate are too demanding to be implemented with integrity without special education and related services.
- Despite implementation of intensive interventions, which include purposeful instructional design and delivery, prioritized content, protected time and grouping, and performance monitoring, the child does not make sufficient progress to meet age or state-approved grade-level standards in one or more areas.

Intellectual Disability Eligibility Guidance

DOES THE CHILD EXHIBIT AN EXCEPTIONALITY?



The team must consider information and have data to support each of the following indicators:

Cognitive Functioning:

Information relating to subaverage general intellectual functioning (Full Scale Score <70±5) that is significantly below the mean on an individually administered, standardized, norm-referenced test of intellectual ability, with consideration given to cultural or linguistic differences.

Adaptive Behaviors:

Information related to deficits in adaptive behavior demonstrated by standardized measures, records, interviews, and/or observations indicate significant deficits (Standard Score of <70±5) in at least one adaptive behavior areas, such as conceptual skills, social skills, and practical skills, or the overall score with consideration given to cultural or linguistic differences.

Developmental Context:

Information related to initial occurrence during the developmental period demonstrated by measures, records and/or interviews that indicate deficits in adaptive behavior and low intellectual functioning were manifested during the developmental period and that adaptive behavior deficits have occurred over an extended period of time.

Academic Performance:

Evidence of adverse effects on educational performance demonstrated through measures, records, interviews, and/or observations that indicate the child's level of educational performance has been significantly (Standard Score of <70±5) below age or state-approved grade level standards for an extended period of time. Additionally, performance is significantly below age or state-approved grade level standards when measured on benchmark assessments, curricular objectives, or state assessments. Measures of academic achievement also indicate significant delays across subject areas, with consideration given to cultural or linguistic differences.

DOES THE CHILD REQUIRE SPECIALLY DESIGNED INSTRUCTION AND RELATED SERVICES?

The team must consider information and have data to support each of the following categories:

- Despite modifications in instruction, curriculum and environment, the child's rate of learning is significantly less than peers.
- Despite modifications in instruction, curriculum and environment, the child's educational performance in various age-appropriate environments is significantly below age or state-approved grade level standards.

- Despite modifications in instruction, curriculum and environment, child's adaptive behavior skills in various age-appropriate environments are significantly delayed from peers.
- Despite modifications of instruction, curriculum, and environment, the child does not make sufficient progress to meet age or state-approved grade-level standards across curricular areas.

CULTURAL CONSIDERATIONS

Aston and colleagues (2022) developed the following guiding questions to provide practitioners with the opportunity to consider how their biases may be impacting the evaluation and decision-making process.

Evaluation

- Have I interviewed parents, student, or cultural broker to determine if there are cultural factors that better explain the student's academic or behavioral functioning?
- Based on the information from parents, teacher, and student, have I decided a time to test the student that is optional for the student's motivation?
- Were cultural considerations a factor for instrument selection?
- Have I reviewed available psychometric evidence from the publisher for the selected assessment tool?
- How will I be accountable for my own bias? Does my race and cultural understanding impact how I interpret or score student performance?

Decision Meeting

- Did I advocate for the best interest of the student?
- How can expected outcomes of teachers and other school staff impact the eligibility decision?
- Was the parent/guardian involved in the decision-making process?
- Are adequate resources and services recommended to maximize student success?
- Are recommended services comparable to support that would be offered to a student of a different cultural background?
- Are any of the interventions recommended culturally relevant?
- Are there any gaps in training and preparedness for school team members to effectively engage with the identified student regarding cultural competency?

Determinant Factors

Sensory impairments, medical or health conditions, cultural differences, or a lack of instruction may not be the basis for identification of an intellectual disability.

A child **shall not** be identified to be a child with a disability if the determinant factor(s) for such identification is lack of instruction, limited English proficiency, medical conditions, cultural factors, irregular school attendance, and transience (IDEA, 2004).

Lack of Instruction:

A child must not be determined to be a child with an exceptionality if the determinant factor is lack of appropriate instruction in math or reading, including the essential components of reading instruction (IDEA, 2004).

Limited English Proficiency:

A child must not be determined eligible if the determinant factor is limited English proficiency.

Medical Conditions Including Vision and/or Hearing Concerns:

A child must not be found eligible if the determinant factor is a medical condition or a vision or hearing concern, except in specific circumstances when the student is being considered for eligibility under a category of blind/visually impaired, deaf/hard-of-hearing, or deafblind.

Cultural Factors:

A child must not be determined eligible if the determinant factor is a cultural difference that can be directly attributed to the delay in academic skill acquisition.

Irregular School Attendance:

A child must not be determined eligible if the determinant factor is irregular school attendance.

Socio-economic Status:

A child must not be found eligible if the determinant factor is socio-economic status, residing in a depressed economic area, transience due to migrant employment of the family, or dialectal differences acting as a barrier to learning.

Transience:

A child must not be found eligible if the determinant factor is transience in elementary school, causing limited or interrupted instruction.

Special Consideration:

For a child three to five years old, who is not yet enrolled in kindergarten, teams should consider “appropriate instruction” as the child’s participation in appropriate activities. This evidence may come from interviews with family and other caregivers and through observation in the child’s natural environment that indicates whether the child has been exposed to activities appropriate for his/her age.

Disability Does Not Determine Placement

For all students, including students with an intellectual disability, decisions around placement start from the essential principle of Least Restrictive Environment–the student is educated in the general education setting in the school they would attend if not disabled unless the IEP cannot be implemented in that setting. Participation in general education is an evidence-based practice that offers numerous benefits, including access to the rigorous curriculum and rich interactions, as well as peer models of appropriate academic and social behavior. Students participating in general education with appropriate support and specially designed instruction receive academic, social, and behavioral benefits.

The decision that a student has an intellectual disability does not dictate a particular placement. As for any student with a disability, the setting in which services will be delivered is determined only after the team has developed the goals and objectives and selected appropriate accommodations and supplementary aids, as well as special education and related services.

The fact that the student requires adaptations to curriculum materials is not, in and of itself, a reason to remove the student from the general education setting for part, or all, of the day. For many students, modified materials can and should be implemented in the context of general education classes. Adapted materials and individualized instruction (which may include but is not limited to pre-teaching and re-teaching of key concepts and vocabulary, multi-model presentation of information, extra opportunities for repetition and practice, the use of visual supports, and other strategies) enable the students to access and progress in the grade-level content. Instruction on grade-level, below-grade level, and functional IEP goals is embedded in on-going classroom activities, provided individually or in small group contexts within the classroom, and/or delivered in targeted pull-out sessions, as is appropriate for the individual student. Before deciding that a student should be removed from the general education setting for part or all of the day, the team carefully considers alternatives. Many of the supports and strategies that are provided in separate settings can be implemented in the general education setting.

Summary

In Fall 2022, MSDE convened a diverse group of educational professionals to review the current Maryland guidance for identifying a student with an intellectual disability to consider broader concerns such as assessment bias, disproportionate identification, and to review decision-making based on current practices locally and nationally.

Addressing the overrepresentation of students of color identified with an intellectual disability requires a multi-faceted solution. Within the identification process, school psychologists, special educators, and general educators should collaborate to develop a holistic view of the student's strengths and weaknesses while considering the impact of cultural factors.

Building on the research on the importance of parent involvement and engagement, it is recommended that IEP teams are intentional and purposeful in designing ways in which parents can share their expertise and knowledge. Parents have a depth of information regarding student behaviors outside of school which are essential for understanding strengths and weaknesses in the classroom setting.

The MSDE Intellectual Disability Workgroup reviewed the research, best practices, and policies from several states to develop a framework for the identification of a student with an intellectual disability. In an educational setting, intellectual disability is defined using three types of data: cognitive functioning, adaptive behavior, and academic performance.

In the area of cognitive functioning, school psychologists should utilize standardized cognitive performance measures with consideration of measurement error, cultural bias, and composition of the normative sample. Additionally, school psychologists should consider the impact of interfering student behaviors which may necessitate modifications to the standardized administration or the use of an indirect cognitive measure. It is recommended that "significantly subaverage cognitive skills" are defined as two standard deviations below the mean (i.e., standard score of 70 ± 5) when considering standard scores with a mean of 100 and a standard deviation of 15. Furthermore, best practice encourages school psychologists to triangulate standardized cognitive scores with additional data such as developmental history, historical data, and observations.

In the area of adaptive behavior, school psychologists and school staff are encouraged to consider the student's strengths and weaknesses across three domains: conceptual skills, social skills, and practical skills. Standardized measures of adaptive behaviors should be triangulated with observations and student/parent interviews. It is recommended that significantly impaired adaptive behavior is determined by a standardized score that is at or below 70±5. Consideration should be given to factors that may impact teacher or parent ratings including language difficulties, narrow frame of reference, reading deficits, and cultural differences.

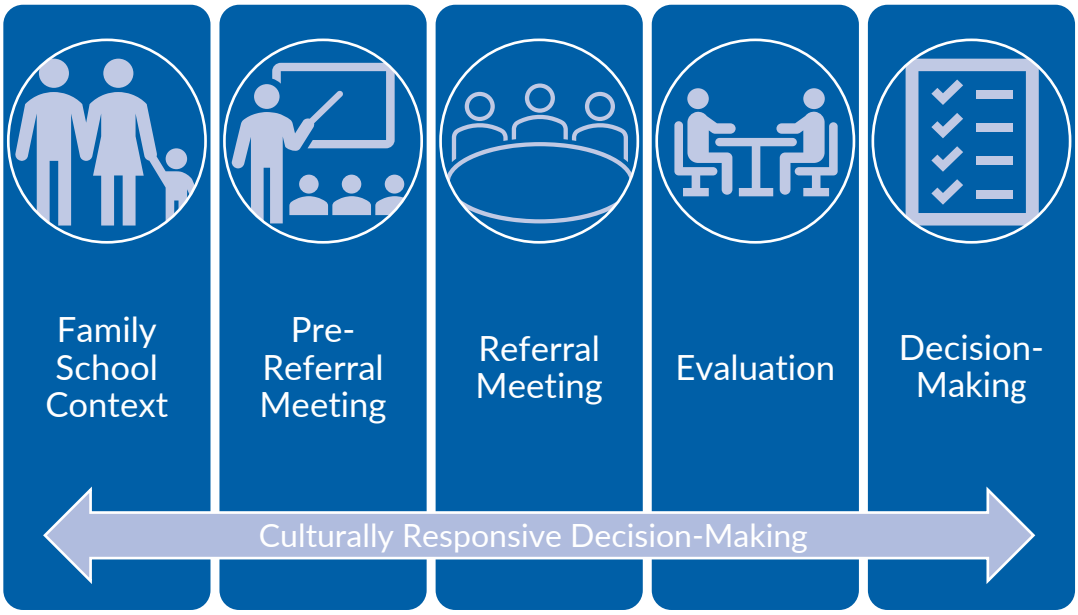
In the area of academic performance, special educators should consider developing a strengths-based portfolio which includes data from across different settings including multiple domains and multiple sources. In conjunction with significant deficits in cognitive functioning and adaptive behaviors, it is recommended that a student may have an intellectual disability when an assessment indicates an adverse impact on academic achievement either as indicated by scores 2.0 or more standard deviations below the mean in formal measures of written language, reading, and math, or a body of evidence on informal measures. Special educators should consider the impact of confounding factors such as food insecurity, experiences of trauma, interfering behaviors, and sleep inconsistencies.

In order to support the implementation of the best practices and guidance outlined in this document, MSDE will provide ongoing technical assistance and professional learning opportunities to school psychologists and IEP teams across the state. Additionally, the Division of Early Intervention and Special Education Services will develop a checklist which incorporates these recommendations to be used within the IEP process to ensure compliance with the use of equitable assessment practices.

Appendix A

CULTURALLY RESPONSIVE DECISION-MAKING

This expanded framework developed by Aston and colleagues (2022) can be used as an additional tool to guide the practitioner's evaluation process. This decision-making guide highlights opportunities for practitioners to pause and consider how their personal biases may be impacting their practices at various stages of the assessment process.



FAMILY AND SCHOOL CONTEXT

- What is the quality of the current school and previous schools the child attended? (Teacher quality, school funding, class size, school climate, etc.)
- Does the school team have a cultural understanding of the student, family, and the surrounding community?
- What outside resources are available to the family and the school to support behavior and academic challenges?
- Are school-wide practices for behavior and social emotional learning consistent with cultural strengths of the families?
- Are disproportionate trends evident regarding special education placement for certain student groups?

PRE-REFERRAL MEETING

- How is racial and cultural match of the student and the teacher(s) considered leading up to the referral?
- What is the cultural identity of the school staff member, student, and referral source?
- What interventions have been successful?

- What factors may have impacted treatment effectiveness?
- Was the intervention selection supported by deep reflection of the cultural identity of the student?
- Were any of the interventions culturally grounded?

REFERRAL MEETING

- Is there a way that services can be provided to this student without having to "qualify for services through state criteria"?
- Did the parent/guardian have a clear understanding of the implications of special education eligibility and demonstrate awareness of their parental safeguards?
- Who is not at the meeting that needs to be there to help the team gain a more holistic view of the student?
- How can the parent be involved during the assessment process? Was sufficient data presented to warrant a formal psychological evaluation?
- Were there any cultural influences discussed that could be related to the presentation of academic or social emotional difficulty?

EVALUATION

- Have I interviewed parent(s), student, or cultural broker to determine if there are cultural factors that better explain the student's academic or behavioral functioning?
- Based on the information from parents, teacher, and student, have I decided a time to test the student that is optional for the student's motivation?
- Were cultural considerations a factor for instrument selection?
- Have I reviewed available psychometric evidence from the publisher for the selected assessment tool?
- How will I be accountable for my own bias? Does my race and cultural understanding impact how I interpret or score student performance?

DECISION MEETING

- Did I advocate for the best interest of the student?
- How can expected outcomes of teachers and other school staff impact the eligibility decision?
- Was the parent/guardian involved in the decision-making process?
- Are adequate resources and services recommended to maximize student success?
- Are recommended services comparable to support that would be offered to a student of a different cultural background?
- Are any of the interventions recommended culturally relevant?
- Are there any gaps in training and preparedness for school team members to effectively engage with the identified student regarding cultural competency?

Appendix B

COGNITIVE ASSESSMENT TOOLS

This chart lists many of the formal measures of cognitive functioning that are commonly used. Each tool has a description of the recommended age range, the structure of the test, languages the assessment is available in, and considerations for culturally and linguistically diverse students. Availability of an individual assessment varies by local education agency.

Broadband Measures of Intelligence

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Cognitive Assessment System-Second edition (CAS-2)	5:0 to 18:11	Measure based on the PASS (Planning, Attention, Simultaneous, and Successive) theory.	English Spanish	Validity evidence reported in the Interpretive and Technical Manual demonstrates the test's value for assessing diverse groups of children.
Cognitive Assessment of Young Children (CAYC)	2 months to 5:11	Using a structured, play-based approach, the CAYC provides a comprehensive assessment of cognitive and developmental abilities.	English	--------
Comprehensive Test of Nonverbal Intelligence-Second Edition (C-TONI-2)	6:0 to 89:11	Norm-referenced intelligence test using nonverbal formats. Measure general intelligence of children and adults who might be adversely affected by subtle or overt impairments involving language or motor abilities.	English	Assessment can be used for adults and children whose scores may be influenced by language or motor difficulties. Psychometrics are adequate although like many assessments there are significant discrepancies by ethnicity.

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Developmental Assessment of Young Children Second Edition (DAY-C-2)	Birth to 5:11	Assessment used to identify children with possible delays in across different domains: Cognition, Communication, Social-Emotional Development, Physical Development, and Adaptive Behavior – reflects an area mandated for assessment and intervention for young children in IDEA.	English	-----
Differential Ability Scales-Second Edition (DAS-2)	2:6 to 17:11	Measures specific and narrow domain of human cognition. Useful tool for identifying and understanding the cognitive strengths and weaknesses of individuals (verbal, nonverbal reasoning, and spatial abilities).	English Spanish Sign Language	A nonverbal composite score can be derived for an individual of any age where the verbal demands are too taxing to obtain standardized results or when testing an individual with limited English proficiency.

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Kaufman Assessment Battery for Children-Second Edition **(KABC-2)**	3:0 to 18:11	Dual theoretical model: Cattell-Horn-Carroll model or Luria model. Cases where the Luria model (MPI) would be preferred include, but are not limited to, the following: a child from a bilingual background; a child whose non-mainstream cultural background may have affected knowledge acquisition and verbal development; a child with known or suspected language disorders, whether expressive, receptive, or mixed receptive-expressive; a child with known or suspected autism; a child who is deaf, or hard of hearing.	English Spanish	Research has found this measure to fairly assess children of diverse backgrounds with small score differences between ethnic groups (Scheiber, 2016). The K-ABC II yields a Nonverbal Scale (NVI) which is useful as a measure of general intellectual ability with English Language Learners (ELLs) and is considered a “language reduced” measure as it minimizes expressive language.
Leiter International Performance Scale-Third Edition (Leiter-3	3:0 to 75:11	Measures nonverbal cognitive, attentional and neuro-psychological abilities and targets "typical" and "atypical" children, adolescents, and adults.	English	Completely nonverbal assessment that can be a useful tool for individuals that are cognitively delayed, non-English speaking, hearing impaired, speech impaired, or on the autism spectrum.

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Reynolds Intellectual Assessment Scales-Second Edition (RIAS-2)	3:0 to 94:11	Includes a two-subtest Verbal Intelligence Index (VIX), a two-subtest Nonverbal Intelligence Index (NIX), and a Composite Intelligence Index (CIX), created by combining the VIX and NIX scores. The CIX assesses overall general intelligence (*g*), including the ability to reason, solve problems, and learn.	English Spanish Danish	Research has indicated that the subtest scores showed strict invariance, but g's variance was not the same across groups. Specifically, the White group exhibited a higher mean (d = 0.60) and almost twice the variability in g as the Black/African American group did. (Beaujean & McGlaughlin, 2014)
Stanford Binet-Fifth Edition (SB-V)	2:0 to 85:11	Measure of five factors of cognitive ability: fluid reasoning, knowledge, quantitative reasoning, visual-spatial processing, and working memory.	English	Nonverbal IQ score can be used to assess students from culturally and linguistically diverse backgrounds. Research has also found the SBV to measure cognitive skills comparatively across groups of Black/African American and White (Dale et al., 2014).
Test of Nonverbal Intelligence-Fourth Edition (TONI-4)	6:0 to 89:11	Measures intelligence, aptitude, abstract reasoning, and problem solving.	Provides instructions in Spanish, French, German, Chinese, Vietnamese, Korean, and Tagalog .	Simple oral instructions only require test-takers to answer with meaningful gestures such as pointing, nodding, or blinking which reduces the likelihood that scores are impacted by educational, cultural, or experiential factors.

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Universal Nonverbal Intelligence Test (UNIT-2)	5:0 to 21:11	Measures general intelligence and three foundational cognitive abilities (memory, fluid reasoning, and quantitative reasoning).	English	Administration and response format is entirely nonverbal, making it useful for assessing students regardless of English proficiency, hearing, cultural background, or language skills.
Wechsler Abbreviated Scale of Intelligence-Second Edition (WASI-2)	6:0 to 90:11	Brief measure of verbal, nonverbal, and general cognitive ability. Provides the following index scores: Verbal Comprehension Index, Perceptual Reasoning Index, and Full-Scale Intelligence Quotient scores.	English Spanish	
Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V)	6:0 to 16:11	Intelligence test that measures a child's intellectual ability across 5 cognitive domains: Verbal Comprehension Index (VCI), Visual Spatial Index (VSI), Fluid Reasoning Index (FRI), Working Memory Index (WMI), and the Processing Speed Index (PSI).	English Spanish	Research has indicated that Picture Span and Figure Weights, were not invariant by race, which indicates that measures of Fluid Reasoning and Working Memory operate differently for Black/African-American and White students (Graves et al.,2021).

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Weschler Intelligence Scale for Children Integrated-Fifth Edition (WISC-V Integrated)	6:0 to 16:11	Measures understanding of an individual's cognitive abilities and processes. Provides adapted versions of WISC-V subtests that minimize linguistic demand.	English	Allows a measure of verbal comprehension that minimizes expressive demands. The Multiple-Choice Verbal Comprehension Index (MCVCI) is a composite derived using scores from the multiple-choice adaptations of Similarities and Vocabulary, the subtests that are used to derive the WISC‑V Verbal Comprehension Index (VCI).
Wechsler Nonverbal Scale of Ability (WNV)	4:0 to 21:11	Measures of nonverbal intelligence in fluid reasoning and visualization, nonverbal memory attention and cognitive interference.	English French Spanish Chinese German Dutch	Useful measure nonverbal measure of ability for individuals who are neither English-language nor Spanish-language proficient or have other language considerations.
Wechsler Preschool and Primary Scale of Intelligence-Fourth Edition **(WPPSI-IV)**	2:6 to 7:7	Measure of cognitive development for preschoolers and young children that measures working memory, verbal comprehension, and visual spatial abilities and provides an overall measurement of cognitive skills.	English	Research has found Differential Item Functioning (DIF) on the matrix reasoning and information subtest for diverse student groups (Rice, V, 2018)

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Woodcock-Johnson Test of Cognitive Abilities (WJ-IV Cog)	2:0 to 90:11	Assessment that aligns with contemporary Cattell-Horn-Carroll (CHC) theory. The WJ-IV COG is organized into 18 tests for measuring general intellectual ability, broad and narrow cognitive abilities.	English	Research has suggested that language abilities appear to have a significant influence on cognitive test performance, whereas test characteristics do not influence performance, after accounting for language abilities. Implications for practice include the assessment of expressive and receptive language abilities of EL students prior to administering, scoring, and interpreting cognitive test scores (Cormier et al., 2022)

Appendix C

COGNITIVE ASSESSMENT MEASURES FOR MULTILINGUAL LEARNERS

This chart lists many of the formal cognitive assessment measures for multi-lingual learners that are commonly used. Each tool has a description of the recommended age range, the structure of the test, languages the assessment is available in, and considerations for culturally and linguistically diverse students. Availability of an individual assessment varies by local education agency and, often, by school.

Cognitive Assessment Measures for Multilingual Learners

Assessment	Age	Structure of Test	Available Languages	Considerations for use with Culturally and Linguistically Diverse Students
Batería -IV Cognitive	2:0 to 90+	The Batería IV Woodcock-Muñoz (Batería IV™) provides a sound assessment of cognitive abilities and academic skills with updated norms and content that reflects current Spanish linguistic conventions and culture.	Spanish	This assessment reports on a variety of scores that utilize the same Cattell Horn Carroll (CHC) framework as the WJ-IV, providing the same use and flexibility that examiners need to accurately evaluate learning problems for Spanish speaking children and adults.
Wechsler Intelligence Scale for Children-Fifth Edition-Spanish	6:0 to 16:11	Adapted from the proven and reliable WISC-V, the WISC-V Spanish provides a culturally and linguistically valid test of cognitive ability in Spanish for use with Spanish-speaking children.	Spanish	Updated normative sample standardized on 2,200 children aged 6:0–16:11 whose primary language is Spanish and who have attended schools in the U.S. for less than five consecutive years.
Bilingual Verbal Ability Tests **(BVAT-NU)**	5:0 to adult	An assessment to help in developing entry and exit criteria in bilingual education, to facilitate appropriate program placement and planning, and to assess a bilingual student's academic readiness. Provides a Bilingual Verbal Ability	English, French, Korean, Turkish, Japanese, Russian, Hindi, Vietnamese, Portuguese, German,	Provides a measure of a student's language skills in both English and their native language.

Assessment	Age	Structure of Test	Available Languages	Considerations for use with Culturally and Linguistically Diverse Students
		score and English Proficiency score for each subtest.	Italian, Hmong Polish	
Culture-Language Interpretive Matrix (CLIM)	Grades K-12	While this is not an assessment, this can be a useful tool in assessing impact of language on a students' score when concerns regarding English Language proficiency are evident.	English	This tool helps to determine the probability that linguistic differences could be a factor in overall scores obtained through standardized testing.

Appendix D

ADAPTIVE BEHAVIOR MEASURES

This chart lists many of the Adaptive Behavior Assessment tools that are commonly used. Each tool has a description of the recommended student age range, the structure of the test, languages the assessment is available in, and considerations for culturally and linguistically diverse students. Availability of an individual assessment varies by local education agency and, often, by school.

Adaptive Behavior Measures

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Vineland Adaptive Behavior Scales	Birth to 90:11+	A measure of personal and social skills needed for everyday living. Recommended for the rater to know the child well.	English Spanish	Triangulation of data across parent, teacher, observation, and interview
Adapted Behavior Assessment System (ABAS)	Birth to 89:11	A complete assessment of adaptive skills functioning. Assesses all 10 specific adaptive skills areas specified in the DSM-IV. Recommended for the rater to be familiar with the child.	English Spanish	Triangulation of data across parent, teacher, observation, and interview
Diagnostic Adaptive Behavior Scale	4:0 to 21:11	Provides a comprehensive standardized assessment of adaptive behavior. The respondent should know the individual very well and have had the opportunity to observe her/him on a daily or weekly basis, preferably in a variety of settings, and over an extended period of time.	English	Interview-based assessment which may allow for modifications for cultural elements

Assessment	Age	Structure of Test	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Adaptive Behavior Evaluation Scale – Revised (ABES-R)	4:0 to 12:11	Provides a measure of adaptive behaviors which are necessary for success in both educational and home settings and are not measured by academic skills testing.	English	Triangulation of data across parent, teacher, observation, and interview

Appendix E

FORMAL MEASURES FOR ACADEMIC PERFORMANCE IN READING, WRITTEN LANGUAGE, AND MATHEMATICS

This chart lists many of the formal measures for academic performance in the areas of Reading, Written Language, and Mathematics that are commonly used. Each tool has a description of the recommended student age range, the structure of the test, languages the assessment is available in, and considerations for culturally and linguistically diverse students. Availability of an individual assessment varies by local education agency and, often, by the school.

Formal Measures for Academic Performance in Reading, Written Language, and Mathematics

Name	Age	Description	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Brigance Inventory of Early Development Standardized (IED)	Birth to 7:11	The IED Standardized provides a variety of normative scores (standard scores, percentiles, and age equivalents), which can be used for benchmarking, standardized reporting, and supporting identification of special needs. The IED Standardized contains 55 norm-referenced assessments, which allow educators to compare a child's performance to that of a nationally representative sample of children the same age.	English	
Kaufman Test of Educational Achievement (KTEA)	4:6 to 25:11	An individually administered, norm-referenced instrument that measures academic achievement.	English	This assessment should only be administered to students who are proficient in English, according to the manual.
Test of Early Mathematics Ability (TEMA)	3:0 to 8:11	An individually administered, norm-referenced instrument that is useful for monitoring progress, screening readiness, and informing instruction in mathematics.	English	

Name	Age	Description	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Test of Early Reading Ability (TERA)	4:0 to 8:11	An individually administered, norm-referenced instrument that assesses early developing reading skills.	English	
Test of Written Language (TOWL)	9:0 to 17:11	Assesses the conventional, linguistic, and conceptual aspects of students' writing.	English	
Wechsler Individual Achievement Test (WIAT)	4:0 to 50:11	An individually norm-referenced administered achievement test, with paper-and-pencil or online administration, that assesses listening comprehension, oral expression, written expression, reading comprehension, oral reading, math fluency, and early reading skills.	English	
Woodcock-Johnson Test of Achievement (WJ-R)	2:0 to 90+	An individually administered, norm-referenced instrument that is useful for screening, diagnosing, and monitoring progress in reading, writing, and mathematics achievement areas.	English- the Batería is the Spanish equivalent to the Woodcock-Johnson Assessment battery	

Appendix F

INFORMAL MEASURES FOR ACADEMIC ACHIEVEMENT IN PRE-ACADEMIC SKILLS

This chart lists many of the informal measures for academic achievement in pre-academic skills that are commonly used. Each tool has a description of the recommended age range, the structure of the test, languages the assessment is available in, and considerations for culturally and linguistically diverse students. Availability of an individual assessment varies by local education agency and, often, by school.

Internal Measures for Academic Achievement in Pre-Academic Skills

Name	Ages	Description	Available Languages	Considerations for Culturally and Linguistically Diverse Students
Developmental Assessment for Individuals with Severe Disabilities (DASH)	6 months through adulthood	A criterion referenced assessment that measures developmental skills in five areas: Sensory-Motor, Language, Social-Emotional, Activities of Daily Living, Academics/Pre-academics.	English	This is an observation or interview format which can be completed by having a parent/caregiver or a teacher respond to questions about a student or by observing the behaviors directly.
Curriculum-Based Assessments	PreK-12	Assessment that aligns with content being taught and may focus on a specific skill or concept.	English	These assessments are created and defined by the teacher based on what is being taught. Considerations should be made for students who may not have foundational experiences for components of the assessment.
Summative Assessments	PreK-12	An assessment given at the end of a unit that is compared to a benchmark to measure student growth or knowledge.	English	These assessments may be created and defined by the teacher based on what is being taught. Considerations should be made for students who may not have foundational experiences for components of the assessment.

Appendix G

The Maryland State Department of Education has developed the checklist, below, to be used by Individual Education Program (IEP) teams as they are determining a student eligible for special education and related services as a student with an Intellectual Disability. The checklist walks the IEP team through a holistic view of the child and is in alignment with the IDEA and COMAR definitions of Intellectual Disability.

IEP teams must complete this checklist in its entirety for both initial eligibility and reevaluation meetings. Documentation of evidence should include a summary of assessment findings in the areas of cognitive skills, adaptive skills, and educational performance. The school psychologist must attest to significant sub average scores in all three areas and that the age of onset is prior to 18. IEP teams should use this checklist to ensure sound decision-making when determining eligibility and that the completed and signed form be stored in the student's electronic IEP folder and student file.

IEP Team Documentation of Intellectual Disability

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____

Student ID: _____ Meeting Date: _____

Indicate Current or Past Special Education Eligibility

□ Developmental Delay	□ Specific Learning Disability	□ Blind/ Visually Impaired	□ Orthopedic Impairment	□ Intellectual Disability
□ Speech & Language Impairment	□ Emotional Disability	□ Deaf/Hearing Impaired	□ Multiple Disabilities	□ Autism
□ Emotional Disability	□ Other Health Impairment	□ Deaf/Blind	□ Traumatic Brain Injury	□ Initial Evaluation

DEFINITION: According to IDEA, intellectual disability means general intellectual functioning adversely affecting a student's educational performance, that: (a) is significantly subaverage; (b) exists concurrently with deficits in adaptive behavior; and (c) is manifested during the developmental period.

1. **Does the student demonstrate "significantly subaverage cognitive skills"?**

For Intellectual Disability within in the context of COMAR 13A.05.01.03 and IDEA Sec. 300.8 (c) (6), "significantly subaverage cognitive skills" are defined as two standard deviations or more below the mean (i.e., standard score of 70 ± 5) when considering standard scores with a mean of 100 and a standard deviation of 15. Confidence intervals should be provided. **Although one should not be bound narrowly to the 65-75 IQ score range, the diagnosis would not be appropriate for those with substantially higher IQ scores.**

Cognitive Assessment Name	Evaluation Date	Scores/ Results

2. **Does the student demonstrate deficits in adaptive functioning in comparison to his/her age, gender, and socio-culturally matched peers in ONE or more area that are two or more standard deviations below the mean?**

Examples of the domains are as follows:

a) Conceptual - memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgment in novel situations.

b) Social - awareness of others' thoughts, feelings, and experiences; empathy; interpersonal communication skills; friendship abilities; and social judgment.

c) Practical - learning and self-management across life settings including personal care, job responsibilities, money management, recreation, self-management of behavior, school, and work task organization.

Adaptive Assessment Name	Evaluation Date	Scores/ Results

3. **Does the student demonstrate deficits in educational performance as shown across multiple formal and informal sources with formal sources?**

Educational Assessment Name	Evaluation Date	Scores/ Results

4. Characteristics of an Intellectual Disability:

The school 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 □
- Are the scores on the assessment instrument(s) two or more standard deviations below the mean on **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? It is recommended that 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:

□ Daily Living Skills	□ Social Skills	□ Communication Skills

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

5. **Conclusion of the IEP Team: Are special education services and specialized instruction required under the disability category of intellectual disability?**

   Yes □ No □

In what areas are IEP goals required?

Signature	Title
	Administrator or Designee
	School Psychologist
	Special Educator
	General Education Classroom Teacher
	Parent/Guardian
	Other:
	Other:
	Other:
	Other:
	Other:
	Other:

If this report does NOT reflect a team member's conclusion, the team member must indicate the reason(s) and their conclusion. Parents are not required to submit a separate dissent.

Name: _____

Signature: _____

Reason(s) and conclusion _____

_____

_____

_____

Copies of dissenting opinions must be placed in the student's Confidential File and uploaded to the online IEP folder.

Appendix H

FREQUENTLY ASKED QUESTIONS

Can I just use a cognitive assessment for eligibility?

No, all criteria must be met (adaptive and cognitive) demonstrating a deficit of 2.0 or more Standard Deviations below the mean or norm in cognition and adaptive behavior.

Are intellectual disability, developmental disability, and developmental delay the same?

No. Developmental disabilities is an umbrella term that includes intellectual disability, but also other disabilities that are apparent during childhood. Developmental disabilities are severe and chronic disabilities that can be cognitive, physical, or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical, such as cerebral palsy or epilepsy. Some individuals have a condition that includes a physical and intellectual disability, for example Down's Syndrome or fetal alcohol syndrome. Intellectual disability encompasses the "cognitive" component of the definition, that is, a disability that is broadly related to thought and cognition.

A developmental delay refers to a child ages three through seven who has not gained the developmental skills expected of him or her, compared to others of the same age. The child has been assessed and evaluated as having a 25% or greater delay in adaptive, cognitive, communicative, emotional, physical, or social development, atypical development, or behavior and/or a diagnosed physical or mental condition. Because intellectual and other developmental disabilities are often comorbid, professionals often work with people who have all three types.

What if the student speaks a language other than English?

Considerations for children speaking a language other than English are both cultural and linguistic. As mentioned, any formal and/or standardized assessments should be conducted in the language most prevalent in the child's life. Additionally, conversations with family and/or community members may give useful age-appropriate comparative information for a culture/language group.

It is important for school personnel to learn about and explore issues of child development, attitudes regarding disability and schools and family involvement related to the cultures and ethnicities of students. This knowledge will be beneficial throughout the assessment process and probable placement of and services to the student.

DOES A STUDENT WITH AN INTELLECTUAL DISABILITY AUTOMATICALLY QUALIFY FOR PARTICIPATION IN ALTERNATE ASSESSMENTS?

No, having an intellectual disability does not automatically mean the student will qualify for instruction and assessments aligned with alternate academic achievement standards. Students with an intellectual disability do have a cognitive disability but not necessarily a **most significant** cognitive disability. Students with an intellectual disability are equally as likely to participate in the general assessments as they are to qualify to participate in the alternate assessments. Students with an intellectual disability may meet all requirements to earn a Maryland High School Diploma (earned credits, assessment proficiency, and service learning). Students who participate in instruction and assessments aligned with alternate academic achievement standards will not; they will exit school with a Certificate of Program Completion. Students with the most significant cognitive disabilities who qualify to participate in instruction and assessments aligned with alternate academic achievement standards primarily have one of three disabilities: Autism, Intellectual Disability, or Multiple Disabilities.

If the IEP team determines that a student is a student with an intellectual disability, does the student have to change school placement or enter a self-contained classroom?

No. Decisions about disability determination are separate from decisions about placement. To the maximum extent appropriate, students with disabilities must be educated with their non-disabled peers and only removed for instruction in separate settings if the student is unable to make progress on the goals identified in the IEP in the general education classroom even with supplementary aids, services, and specially designed instruction. Although the curriculum may be substantially modified for students with an intellectual disability, including those with the most significant cognitive disabilities, teachers can adapt the lesson for meaningful participation and learning in the general education classroom. For additional information and for support options for commonly identified barriers, see the December 2022 MSDE document, *Guidance for IEP Teams Working with Students with Significant Cognitive Disabilities: Assessment, Instruction and Placement* .

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