



Department of
Education

Intellectual Disability Evaluation Guidance

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website ([here](#)).¹

Every educational disability has a state definition, found in the [TN Board of Education Rules and Regulations Chapter 0520-01-09](#),² and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.³

IDEA Definition of Intellectual Disability

Per 34 C.F.R. §300.8(c)(6) Intellectual Disability means *“significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.”*

Section I: Tennessee Definition

Tennessee Definition of Intellectual Disability

Intellectual disability is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

¹ <http://www.tn.gov/education/article/special-education-evaluation-eligibility>

² <https://publications.tnsosfiles.com/rules/0520/0520-01/0520-01-09.20171109.pdf>

³ Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

What does this mean?

Intellectual functioning and adaptive behavior are determined through standardized and individually administered assessments.

Intellectual Functioning

Intellectual functioning, also called intelligence or cognitive ability, refers to general mental capacity, such as learning, reasoning, problem solving, abstract thinking, judgment, academic learning (ability to learn in school via traditional teaching methods), and experiential learning (the ability to learn through experience, trial and error, and observation).⁴⁵

Adaptive Behavior

Adaptive behavior skills can be assessed in the home and school/community setting. According to the AAIDD (11th Ed., 2010) Adaptive behavior is the collection of conceptual, social, and practical skills that are learned and performed by children independently in their everyday lives. Although not a complete list, below are some of the commonly referred to adaptive behavior skills:

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

Adaptive behavior (conceptual, social, practical skills) in the home, school, day care center, residence, and/or program should be assessed.

Manifested During the Developmental Period

Typically, a child's developmental period is considered to be before 18 years of age. As a child is developing, the intellectual and adaptive behavior deficits become more apparent.

Adversely Affects a Child's Educational Performance

One of the key factors in determining whether a student demonstrates an **educational** disability under IDEA and state special education rules, is that the defined characteristics of the disability adversely affect a child's education performance. The impact of those characteristics must indicate that s/he **needs** the support of specially designed instruction or services beyond

⁴Intellectual Disability: Definition, Classification, and Systems of Supports, 11th Edition (2010). American Association of Intellectual and Developmental Disabilities

⁵ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). American Psychiatric Association

accommodations and interventions of the regular environment. When considering how to determine this, teams should consider if the student requires specially designed instruction in order to benefit from his/her education program based on identified deficits that could impact a student's performance such as the inability to communicate effectively, significantly below average academic achievement, the inability to independently navigate a school building, or the inability to take care of self-care needs without support. Therefore, how disability characteristics may adversely impact educational performance applies broadly to educational performance, and teams should consider both quantity and quality of impact in any/all related areas (e.g., academic, emotional, communication, social, etc.).

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2. It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education ("department") supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The MTSS framework is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI²), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI²-B). Within the RTI² Framework and RTI²-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see [MTSS Framework](#), [RTI² Manual](#), and [RTI²-B Manual](#)).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for EL students must include evidence-based practices for ELs.

Characteristics or Risk Factors Associated With Intellectual Disability

The following high-risk factors may indicate the presence of intellectual disability; however it is not an exhaustive list:

- Academic skill development and adaptive behavior are significantly below that of most same-age peers.
- Work samples evidence **delay across all academic areas**.
- Test scores fall consistently at or below the 10th percentile on *subtests* of TCAP tests or other standardized group achievement measures.
- It is difficult for the student to retain previously taught information.
- There is a delay in development of motor, language, and/or social milestones.
- Previous or current diagnosis or eligibility determination of developmental delays, specifically in the areas of cognitive and adaptive development.
- The student needs significantly more assistance to complete daily living tasks than same-age peers.

Background Considerations

Teams should consider factors that could influence performance and perceived ability prior to referral to assist the team in making decisions regarding evaluation needs. There are specific factors that should be ruled out as the primary cause of perceived deficits. The factors can be present alongside intellectual disability; the intention of addressing factors is to prevent teams from misidentifying disability if they were to fail to consider the impact of them on daily functioning or in planning assessments. In order to make sure all are addressed, teams should complete the [Exclusionary Factors Worksheet](#).

Exclusionary factors include:

- Lack of instruction: Information obtained during assessment indicates lack of instruction in reading and math is **not** the determinant factor in this student's inability to progress in the general education curriculum. Students who have experienced interrupted learning by having changed schools multiple times, by being absent frequently, or by having moved in or out of the country lack curricular stability. This leads to instructional gaps and limited performance on academic tasks, which in turn may lead to behavioral difficulties.
- Limited English proficiency: As with disproportionality related to race/ethnicity, disproportionality related to English learners is also of concern. When gathering information regarding how a student interacts with others and responds to differing social situations, the team should consider the role of the student's dominant social norm(s) as it impacts social relationships.

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

- Cultural background differences: Disproportionality is a concern in regards to intellectual disability, as it indicates there are a higher percentage of minority students identified for special education supports compared to the overall school population. Research suggests a student's race and ethnic background has a significant influence on the probability s/he will be misidentified as a student with a disability, leading to lasting negative effects. Not only does misidentification lead to unwarranted provision of services and supports, but it also limits a student's access to rigorous curricula, limits access to collaborate with academically and behaviorally capable peers, diminishes expectations by creating false impressions of a student's cognitive and/or achievement prowess, and in essence racially segregates peers from the majority population.
- Medical conditions: Some children struggle within the academic setting because of physical and/or medical conditions that interfere with learning. Therefore, school staff should encourage the child's family to consult with the pediatrician on these matters. School staff should check visual and auditory acuity to determine whether these skills are currently within normal limits (or being corrected and/or accommodated) before questioning an intellectual disability. In addition, there are medications that can impact

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

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

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

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

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

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

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

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation, the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan.

The following data from the general education intervention phase that can be used includes:

- 1) reported areas of academic difficulty,
- 2) documentation of the problem,
- 3) evidence that the problem is chronic,
- 4) medical history and/or reports documenting intellectual disability,
- 5) records or history of significant developmental delays across all learning domains,
- 6) record of modifications attempted,
- 7) school attendance and school transfer information,
- 8) multi-sensory instructional alternatives, and
- 9) continued lack of progress

Referral

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(b), a parent or the school district may refer a child for an evaluation to determine if the child is a child with disability. If a student is suspected of an educational disability at any time, s/he may be referred by the student's teacher, parent, or outside sources for an initial comprehensive evaluation based on referral concerns. **The use of RTI² strategies may not be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.** For more information on the rights to an initial evaluation, refer to [Memorandum 11-07](#) from the U.S. Department of Education Office of Special Education and Rehabilitative Services.

School districts should establish and communicate clear written referral procedures to ensure consistency throughout the district. Upon referral, all available information relative to the suspected disability, including background information, parent and/or student input, summary of interventions, current academic performance, vision and hearing screenings, relevant medical information, and any other pertinent information should be collected and must be considered by the referral team. The team, not an individual, then determines whether it is an appropriate referral (i.e., the team has reason to suspect a disability) for an initial comprehensive evaluation. The school team must obtain informed parental consent and provide written notice of the evaluation.

Parent Request for Referral and Evaluation

If a parent refers/requests their child for an evaluation, the school district must meet within a reasonable time to consider the request following the above procedures for referral.

- If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see [Appendix A](#)). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;
- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are 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 ESL 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 IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. 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.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom?
What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
 - Oral English language proficiency level
 - English language proficiency literacy level
 - Formal education experiences
 - Native language literacy skills
 - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the [English as a Second Language Program Guide](#) (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- **Multimodal:** In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.
- **Multisource:** Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.
- **Multidomain:** Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.
- **Multisetting:** Observations should occur in a variety of settings that provide an overall description of the student’s functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures for Intellectual Disability (Standards)

A comprehensive evaluation is performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) Intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities that results in significantly impaired intellectual functioning (i.e., two or more standard deviations below the mean), with consideration given to the standard error of measurement (SEM) for the test on an individually administered, standardized measure of intelligence.

For cases in which the SEM is used, there are significantly discrepant scores with a lower verbal index/measure compared to other index scores, or there are language concerns, a nonverbal measure of ability must also be administered.

- (2) Significantly impaired adaptive behavior in the home or community determined by:

- (a) A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on an individual standardized instrument to be completed with or by the child's primary caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50 percent delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and
 - (b) Additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program, or institutional setting.
- (3) Significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:
- (a) For school aged children (and as appropriate for younger children), an individual standardized instrument completed with or by the primary teacher of the child. A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50 percent delay based on chronological age can be used only if the instrument fails to provide a composite standard score.
 - (b) Systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:
 1. Birth to six (6) years – communication, self-care, social skills, and physical development;
 2. Six (6) to thirteen (13) years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure; and
 3. Fourteen (14) to twenty-one (21) years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work.
- (5) When discrepancies occur in adaptive ratings between settings (i.e., home and community/school), a systematic documented observation by an assessment specialist is needed to help provide clinical judgment in regards to adaptive functioning.

Observations should include areas of conceptual, social, and practical adaptive functioning;

- (a) Assessment and interpretation of evaluation results shall take into account factors that may affect test performance, including:
 - 1. Limited English proficiency;
 - 2. Cultural factors;
 - 3. Medical conditions that impact school performance;
 - 4. Environmental factors; and
 - 5. Communication, sensory, or motor disabilities.Difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning or home and school adaptive behavior.

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

- (7) Documentation, including observation and/or assessment of how intellectual disability adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Evaluation Procedure Guidance

Standard 1: Intellectual Functioning

Intellectual functioning is typically measured by a standardized individually administered assessment of cognitive ability. There are alternate measures (e.g., developmental measures, developmental profiles) for children who are not able to perform on traditional assessment measures. Significantly impaired intellectual functioning is defined as two deviations [i.e., the standard score of the normed test results for the child fall at or below a Standard Score (SS) of 70 (with a mean score of 100, and standard deviation of 15)] +/- the standard error of measure within the specific assessment's confidence interval, which documents the likely range an individual's true score falls within.

The intellectual functioning evaluation must be conducted by someone with appropriate licensure and training (e.g., school psychologist, licensed psychologist, licensed psychological examiner who is under the direct supervision of a licensed psychologist, licensed senior psychological examiner). Best practice dictates that no one cognitive measure should be used for all assessments. The correct instrument selection must result from a comprehensive review of information obtained from multiple sources prior to evaluation. This practice is

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

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

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

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

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

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

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

- Are the assessment results consistent over time?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In defining and assessing intellectual disability, the AAIDD³ stresses that additional factors must be taken into account, such as the community environment typical of the individual's peers and cultures. The assessment team should consider linguistic diversity and cultural differences in the way people communicate, move and behave. Assessment and interpretation of evaluation results shall take into account factors that may affect test performance. The assessment specialist should indicate when and why results should be interpreted with caution. In addition, if the evaluation results indicate further assessments are needed to rule out factor influences, the team should discuss the need and if warranted, seek parental consent for the additional assessments. Refer to the TnAISF ([Appendix A](#)) and the Exclusion Factors Worksheet ([Appendix I](#)) to make sure all areas have been appropriately addressed.

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

The AAIDD³ adds a qualifier that there is evidence of a disability during the developmental period, which in the U.S. is defined as before the age of 18. Therefore, developmental history,

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

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

Information regarding developmental history can be captured through interview of developmental questionnaires. In some cases, it is advisable to seek further medical information to help document concerns and differentiate potential disabilities.

Standard 7: Documentation, including observation and/or assessment, of how intellectual disability adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas)

Documentation of adverse effect(s) in the learning environment is an essential component of determining the appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide extensive documentation of the prevention and intervention efforts, as well as the data indicating that these efforts in the general education setting are not adequate support for a student's needs. Documentation may include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

Required Intellectual Disability Evaluation Participants

Information shall be gathered from the following persons in the evaluation of intellectual disability:

- (1) The parent;
- (2) The child's general education classroom teacher(s);
- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) Other professional personnel (e.g., speech language pathologist, occupational therapist, physical therapist).

Evaluation Participants Guidance

Below are examples of information participants may contribute to the evaluation.

- (1) Parent(s) or legal guardian(s):
 - developmental & background history
 - social/behavioral development
 - current concerns

- other relevant interview information
- adaptive rating scales

(2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher):

- observational information
- academic skills
- adaptive ratings
- work samples
- RTI² progress monitoring data, if appropriate
- behavioral intervention data, if appropriate
- other relevant quantitative and/or qualitative data

(3) The student's special education teacher(s) (e.g., IEP development teacher/case manager):

- observational information
- rating scales
- work samples
- pre-vocational checklists
- transitional checklists/questionnaires/interviews
- vocational checklists/questionnaires/interviews
- other relevant quantitative data
- other relevant qualitative data

(4) A school psychologist, senior psychological examiner, clinical or counseling psychologist, or psychological examiner (under the direct supervision of a licensed psychologist):

- direct assessments (e.g., cognitive, achievement)
- school record review
- review of outside providers' input
- systematic observations (adaptive behavior) in multiple settings with peer comparisons
- interviews
- rating scales
- other relevant quantitative data
- other relevant qualitative data

(5) Other professional personnel (e.g., mental health service providers, behavior specialist, licensed physician, physician's assistant, licensed nurse practitioner, and/or school social workers), as indicated:

- direct assessment (e.g., language evaluation, motor evaluation)
- functional behavior assessments/behavior intervention plans

- rating scales
- observations in multiple settings with peer comparisons
- medical information
- clinical information
- other relevant quantitative data
- other relevant qualitative data

Components of Evaluation Report

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based and outside providers)
- Relevant developmental & background history (e.g., developmental milestones, family history and interactions)
- School history (e.g., attendance, grades, curriculum based assessments, statewide achievement, disciplinary/conduct info, intervention history)
- Medical history
- Assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- Current assessment results and interpretations
 - observations
 - cognitive assessment
 - adaptive behaviors
 - achievement assessment (if completed)
 - language evaluation (if completed)
 - motor evaluation (if completed)
- Tennessee’s intellectual disability definition
- Educational impact statement: review of factors impacting educational performance such as academic skills, ability to access the general education core curriculum
- Summary
- Recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability **and** (2) the team decides whether the identified disability adversely

impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
 - **Prong 1:** Do the evaluation results support the presence of an educational disability?
 - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
 - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
 - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
 - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Exclusionary Factors

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

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

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in

his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.

- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).
- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Special Considerations for Intellectual Disability

This research suggests that the IEP team should consider an updated cognitive assessment be completed in the first re-evaluation after the age of nine years in order to provide more reliability to the score. Furthermore⁸, if there is inconsistency between the score obtained after nine years of age and the previous assessment, the IEP team should consider another cognitive assessment at the next triennial re-evaluation.

The IEP team should consider (among other factors):

1. Do all data available suggest that the cognitive measure is accurate?
2. Will additional testing likely impact identification for eligibility?
 - a. Does the team suspect another disability?
 - b. Does the team have concerns with the accuracy of the current disability?
 - c. Is there data available to suggest that the cognitive score is not accurate?

⁸ Schalke, D., et al. (2013). Stability and change in intelligence from age 12 to age 52: Results from the Luxembourg MAGRIP study. *Developmental Psychology*, 49, 1529-1543.

Appendix A: TN Assessment Instrument Selection Form

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

Student's Name _____ School _____ Date ____/____/____

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

CONSIDERATIONS FOR ASSESSMENT			
THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM	LANGUAGE	<input type="checkbox"/> Dominant, first-acquired language spoken in the home is other than English <input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)	
	ECONOMIC	<input type="checkbox"/> Residence in a depressed economic area and/or homeless <input type="checkbox"/> Low family income (qualifies or could qualify for free/reduced lunch) <input type="checkbox"/> Necessary employment or home responsibilities interfere with learning	
	ACHIEVEMENT	<input type="checkbox"/> Student peer group devalues academic achievement <input type="checkbox"/> Consistently poor grades with little motivation to succeed	
	SCHOOL	<input type="checkbox"/> Irregular attendance (excessive absences during current or most recent grading period) <input type="checkbox"/> Attends low-performing school <input type="checkbox"/> Transience in elementary school (at least 3 moves) <input type="checkbox"/> Limited opportunities for exposure to developmental experiences for which the student may be ready	
	ENVIRONMENT	<input type="checkbox"/> Limited experiences outside the home <input type="checkbox"/> Family unable to provide enrichment materials and/or experiences <input type="checkbox"/> Geographic isolation <input type="checkbox"/> No school-related extra-curricular learning activities in student's area of strength/interest	
	OTHER	<input type="checkbox"/> Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability) <input type="checkbox"/> Member of a group that is typically over- or underrepresented in the disability category	
	OTHER CONSIDERATIONS FOR ASSESSMENT		
	<input type="checkbox"/> May have problems writing answers due to age, training, language, or fine motor skills <input type="checkbox"/> May have attention deficits or focusing/concentration problems <input type="checkbox"/> Student's scores may be impacted by assessment ceiling and basal effects <input type="checkbox"/> Gifted evaluations: high ability displayed in focused area: _____ <input type="checkbox"/> Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions <input type="checkbox"/> Is extremely shy or introverted when around strangers or classmates <input type="checkbox"/> Entered kindergarten early or was grade skipped ____ year(s) in ____ grade(s) <input type="checkbox"/> May have another deficit or disability that interferes with educational performance or assessment		

SECTION COMPLETED BY ASSESSMENT PERSONNEL

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

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

Appendix B: Assessments

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

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

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

Appendix C: Adaptive Functioning Skills in School (5 to 10-year-old students)

Child's Name: _____

Date: _____

Teacher: _____

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

Communication

- Speaks in full sentences
- Follows instructions involving an object and an action (ex. Go get the apples from the table)
- Listens to a story for five minutes
- Vocabulary seems appropriate for age
- Able to engage in back-and-forth conversation
- Length and content of verbal interactions seem age appropriate
- Asks simple questions
- Written communication skills are age appropriate

Self-Care

- Takes care of personal needs (e.g., toileting and washing hands)
- Ties shoes
- Maintains neat and clean personal appearance

Social Skills

- Uses names of others
- Plays with siblings and/or same-age peers
- Has one or more close friend(s)
- Enjoys the company of other children
- Is not overly dependent on adults
- Shows sympathy for others when they are sad or upset
- Uses words to express own emotions
- Chooses not to say embarrassing things in public

Home/School Living

- Shows respect for others' belongings
- Picks up toys/belongings when asked
- Changes easily from one activity to another
- Keeps track of personal belongings
- Uses acceptable table manners

Community Use

- Demonstrates understanding of the function of money
- States value of coins

- Obeys people in authority
- Understands the function of a clock
- States current day of the week when asked

Self-Direction

- Follows daily routines
- Completes tasks in a reasonable amount of time
- Controls anger when denied his/her own way
- Apologizes when appropriate
- Keeps working on a task even when it is difficult
- Asks for help when needed

Health and Safety

- Respects personal space of others
- Follows safety rules when playing outside
- Shows caution around dangerous activities
- Tells adult when injured or sick

Play and Leisure

- Plays with toys and other objects alone or with others
- Shows interest in the activity of others
- Follows rules in a game without reminders
- Tries a new activity to learn something new
- Invites peers to join activities
- Shares toys and possessions when asked
- Plays cooperatively with others
- Uses things for make-believe activities

Physical Development

- Walks independently
- Picks up small objects with hand
- Kicks a ball
- Runs smoothly with changes in speed and direction
- Walks up and down stairs
- Draws shapes

Functional Academics: The student performs at the following levels.

Reading:

- Has average reading skills (at grade level)
- Is below peers (one to two grade levels below)
- Is somewhat below peers (two to three grade levels below)
- Is significantly below peers (three or more grade levels below)

Math:

- Has average math skills (at grade level)
- Is below peers (one to two grade levels below)
- Is somewhat below peers (two to three grade levels below)
- Is significantly below peers (three or more grade levels below)

Writing:

- Has average writing skills (at grade level)
- Is below peers (one to two grade levels below)
- Is somewhat below peers (two to three grade levels below)
- Is significantly below peers (three or more grade levels below)

Appendix D: Adaptive Functioning at School (11 years and older)

Student Name: _____

Date: _____

Teacher: _____

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

Communication:

- Speaks in full sentences
- Stays on topic in conversations
- Describes a realistic long-range goal and how s/he will accomplish it
- Able to relate a story or event in order
- Vocabulary seems age-appropriate
- Verbal communication skills are age appropriate
- Written communication skills are age appropriate
- Listening comprehension skills are age appropriate

Self-Care:

- Takes care of personal hygiene, including bathing, brushing teeth, combing hair

Social Skills:

- Meets with friends regularly
- Has one or more close friend(s)
- Enjoys the company of other children
- Chooses not to say embarrassing things in public
- Keeps comfortable distance when talking to others

Community Use:

- Tells time accurately
- Uses a calendar

Self-Direction:

- Follows through with tasks
- Able to complete homework independently
- Able to complete school work in class independently
- Keeps working on a task even when difficult
- Asks for help when needed
- Completes tasks in a reasonable amount of time
- Controls anger when denied his/her own way
- Apologizes when appropriate
- Able to organize and plan tasks

Play and Leisure:

- Shows interest in the activity of peers
- Able to join groups
- Plays simple games that require keeping scores
- Participates in extracurricular activity (e.g., sports, church-related, music)

Functional Academics: The student performs at the following levels.

Reading:

- Has average reading skills (at grade level)
- Is below peers (one to two grade levels below)
- Is somewhat below peers (two to three grade levels below)
- Is significantly below peers (three or more grade levels below)

Math:

- Has average math skills (at grade level)
- Is below peers (one to two grade levels below)
- Is somewhat below peers (two to three grade levels below)
- Is significantly below peers (three or more grade levels below)

Writing:

- Has average writing skills (at grade level)
- Is below peers (one to two grade levels below)
- Is somewhat below peers (two to three grade levels below)
- Is significantly below peers (three or more grade levels below)

Appendix E: Adaptive Functioning Skills in the Home (5 to 10-year-old students)

Child's Name: _____

Date: _____

Parent: _____

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

Communication

- Speaks in full sentences
- Follows instructions involving an object and an action (e.g., Go get the apples from the table)
- Listens to a story for five minutes
- Vocabulary seems appropriate for age
- Able to engage in back-and-forth conversation
- Length and content of verbal interactions seem age-appropriate
- Asks simple questions

Self-Care

- Dresses him/herself, including fasteners
- Takes care of personal needs (ex. toileting and washing hands)
- Ties shoes
- Wears appropriate clothing for weather conditions
- Personal appearance is neat and clean
- Buckles own seat belt

Social Skills

- Uses names of others
- Plays with siblings and/or same-age peers
- Has one or more close friend(s)
- Enjoys the company of other children
- Not overly dependent on adults
- Shows sympathy for others when they are sad or upset
- Uses words to express own emotions
- Chooses not to say embarrassing things in public

Home/School Living

- Shows respect for others' belongings
- Picks up toys/belongings when asked
- Changes easily from one activity to another
- Keeps track of personal belongings
- Uses acceptable table manners

Community Use

- Demonstrates understanding of the function of money
- States value of coins
- Obeys people in authority
- Understands the function of a clock
- States current day of the week when asked

Self-Direction

- Follows daily routines
- Completes tasks in a reasonable amount of time
- Controls anger when denied his/her own way
- Apologizes when appropriate
- Keeps working on a task even when it is difficult
- Asks for help when needed

Health and Safety

- Respects personal space of others
- Follows safety rules when playing outside
- Shows caution around dangerous activities
- Tells adult when injured or sick

Play and Leisure

- Plays with toys and other objects alone or with others
- Shows interest in the activity of others
- Follows rules in a game without reminders
- Tries a new activity to learn something new
- Invites peers to join activities
- Shares toys and possessions when asked
- Plays cooperatively with others
- Uses things for make-believe activities

Physical Development

- Walks independently
- Picks up small objects with hand
- Kicks a ball
- Runs smoothly with changes in speed and direction
- Walks up and down stairs
- Draws shapes

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

Student Name: _____

Date: _____

Parent: _____

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

Communication:

- Speaks in full sentences
- Stays on topic in conversations
- Describes a realistic long-range goal and how s/he will accomplish it
- Able to relate a story or event in order
- Vocabulary seems age-appropriate

Self-Care:

- Independently gets out of bed and dressed on time
- Takes care of personal hygiene, including bathing, brushing teeth, combing hair

Daily Living:

- Prepares simple foods
- Helps with simple household chores
- Uses simple appliances (toaster, can opener)
- Uses a microwave
- Able to make his/her bed
- Able to sort, wash, and fold clothes
- Makes phone calls to others

Social Skills:

- Meets with friends regularly
- Has one or more close friend(s)
- Enjoys the company of other children
- Chooses not to say embarrassing things in public
- Keeps comfortable distance when talking to others

- Participates in extracurricular activity (e.g., sports, church-related, music)

Community Use:

- Orders own meal at a restaurant
- Pays for purchases with money
- Carries money safely
- Understands different denomination of bills
- Tells time accurately
- Has a part-time job (e.g., babysitting, mowing lawns)
- Uses a calendar
- Has a driver's license

Self-Direction:

- Follows through with tasks
- Able to complete homework independently
- Keeps working on a task even when difficult
- Asks for help when needed
- Completes tasks in a reasonable amount of time
- Controls anger when denied his/her own way
- Apologizes when appropriate

Health and Safety:

- Respects personal space of others
- Follows safety rules when playing outside
- Shows caution around dangerous activities
- Knows what to do in case of illness or injury
- Takes necessary medication as prescribed

Play and Leisure:

- Shows interest in the activity of peers
- Able to join groups

Appendix G: Observation Form: ID/FD Checklist Format

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

Levels of Support:

Intermittent	Limited	Extensive	Pervasive
<ul style="list-style-type: none"> ❖ Full participation ❖ As needed support ❖ Independent skills with consistent performance 	<ul style="list-style-type: none"> ❖ Moderate participation (more than 50% of the time) ❖ Some support ❖ May require verbal prompts ❖ Inconsistent performance 	<ul style="list-style-type: none"> ❖ Moderate participation (less than 50% of the time) ❖ A lot of support (daily and regular) ❖ Requires physical prompts/cues ❖ Partial performance 	<ul style="list-style-type: none"> ❖ No participation ❖ Full support ❖ Physical assistance (hand over hand) ❖ Unable to perform

Directions: If skill is observed, then mark with a √. Add comments as appropriate.

Daily Living/Independent Living Skills

- | | | | |
|--|---------------------------|------------------------|---------------------|
| ___ Can make transitions | ___ Personal care/hygiene | ___ Prepares materials | ___ Keeps schedules |
| ___ Uses materials safely | ___ Seeks assistance | ___ Self-advocates | ___ Makes choices |
| ___ Dressing/Undressing skills appropriately | ___ Eating/drinking | ___ Toileting | ___ Uses materials |

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Social Interpersonal Skills

- | | | | |
|-----------------------------|------------------------------|------------------------|---------------------------------|
| ___ Appropriate play skills | ___ Interacts with peers | ___ Follows directions | ___ Takes turns |
| ___ Cooperates | ___ Shows concern for others | ___ Shows appreciation | ___ Makes requests |
| ___ Displays self-esteem | ___ Shows social judgment | ___ Problem solves | ___ Initiates with adults/peers |

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Communication Skills:

- | | | | |
|------------------------|---------------------------|-------------------------------|-------------------------------------|
| ___ Initiates/Responds | ___ Follows direction | ___ Uses gestures | ___ Understands social cues |
| ___ Requests help | ___ Expresses feelings | ___ Makes comments | ___ Protests/rejects appropriately |
| ___ Makes choices | ___ Expresses wants/needs | ___ Uses assistive technology | ___ Gains attention of peers/adults |

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Academic Skills

- | | | | |
|--------------------------------|------------------------|--------------------------------|--------------------------------|
| ___ Responds to teacher | ___ Manages time | ___ Able to attend | ___ Retains concepts |
| ___ Uses survival words | ___ Applies skills | ___ Follows a schedule | ___ Uses a calendar |
| ___ Shows science knowledge | ___ Handles money | ___ Displays life skills | ___ Shows math skills |
| ___ Shows basic reading skills | ___ Has/Uses materials | ___ Shows basic writing skills | ___ Shows basic reading skills |

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Recreation & Leisure Skills

- | | | | |
|----------------------------|----------------------------------|---|-------------------------|
| ___ Aware of own interests | ___ Takes turns | ___ Follows safety rules | ___ Accesses activities |
| ___ Initiates activities | ___ Chooses preferred activities | ___ Mastery of steps/directions for increased participation | |

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Community Participation

- | | | |
|--------------------------------|-----------------------------------|---|
| ___ Follows safety rules | ___ Participates in school drills | ___ Chooses socially appropriate activities |
| ___ Demonstrates travel skills | ___ Gets around school building | ___ Has knowledge to access community resources |

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Work and Work-related Skills

Accepts directions Works well with others Initiates tasks Completes tasks
 Works independently Displays developing job skills Follows schedules Aware of support needs

Estimated Level of Support:

Intermittent Limited Extensive Pervasive

Comments:

Additional Comments:

Appendix H: Observation Form: ID/FD Narrative

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

Levels of Support:

Intermittent	Limited	Extensive	Pervasive
<ul style="list-style-type: none"> ❖ Full participation ❖ As needed support ❖ Independent skills with consistent performance 	<ul style="list-style-type: none"> ❖ Moderate participation (more than 50% of the time) ❖ Some support ❖ May require verbal prompts ❖ Inconsistent performance 	<ul style="list-style-type: none"> ❖ Moderate participation (less than 50% of the time) ❖ A lot of support (daily and regular) ❖ Requires physical prompts/cues ❖ Partial performance 	<ul style="list-style-type: none"> ❖ No participation ❖ Full support ❖ Physical assistance (hand over hand) ❖ Unable to perform

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

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

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

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

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

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Academic Skills (e.g., basic reading, writing, money, math, science, geography, social studies; using calendars/schedules, managing time, survival words, vocabulary, retaining concepts, rate of learning, application of skills/concepts, and attention span)

Estimated Level of Support:

Intermittent Limited Extensive Pervasive

Comments:

Recreation & Leisure Skills (e.g., taking turns, following safety rules, individual and group activities, mastery of steps/directions for increased participation, awareness of interests, accessing activities, and choosing/initiating activities)

Estimated Level of Support:

Intermittent Limited Extensive Pervasive

Comments:

Community Participation (e.g., choosing socially appropriate activities, knowledge of and ability to access community resources, travel skills & safety)

Estimated Level of Support:

Intermittent Limited Extensive Pervasive

Comments:

Work and Work-related Skills (e.g., accepting direction, working with others, independent work habits, knowledge of support needs, schedules, job options, developing job skills, and completing tasks)

Estimated Level of Support:

Intermittent Limited Extensive Pervasive

Comments:

Appendix I: Exclusionary Factors Worksheet

Each factor must be ruled out as the primary reason for the student's inability to progress in the general education curriculum, and for obtained cognitive and adaptive scores.	Yes	No
<i>There is documentation of information gathered through assessment that would exclude the following as the determinant factor for this student's perform significantly below normal on evaluation measures.</i>		
1. Lack of instruction in reading and math		
Does information obtained during assessment indicate lack of instruction in reading and math is not the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
• Is there a language other than English spoken by this student?		
• Is there a language other than English spoken in the student's home?		
• Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English?		
3. Cultural Background Differences or Socio-economic Status		
• The Tennessee <i>Assessment Instrument Selection Form</i> (TnAISF) has been completed.		
• Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background differences?		
4. Medical Conditions That Impact School Performance		
• Does the student have a medical history and/or school history of medical or health-related difficulties?		
• If yes, would the student's health-related difficulties cause the student to have difficulty accessing general education curriculum?		
• Are there school records of illness or health-related conditions that would negatively impact the student's ability to progress in the general education curriculum?		
5. Communication, Sensory or Motor Impairments		
• Are the student's measured skills on the cognitive assessment consistently in the significantly deficient range across the assessment battery (language and visual/motor skills are equally deficient)?		
• Are the student's measured skills of home adaptive behavior consistently in the significantly deficient range across the adaptive area domains (skills in communication, functional daily life skills, and motor skills are in the deficient or near-deficient range)? – (ID Only)		
• Are the student's observed behaviors in the classroom and school setting consistent with significantly deficient cognitive (ID and FD) and adaptive (ID only) or academic (FD only) functioning?		
• Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is not the cause or <u>primary reason</u> for the student's deficient scores obtained on cognitive and adaptive (ID) or achievement (FD) skills measures?		

Appendix J: Assessment Documentation Form

School System _____
 Student _____

School _____
 Date of Birth ___/___/___

Grade _____
 Age _____

1. Definition		
<ul style="list-style-type: none"> ▪ significantly impaired intellectual functioning, existing concurrently with adaptive behavior deficits and manifested during the child's developmental period that adversely affect his/her educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> • significantly impaired intellectual functioning, which is ≥ 2 standard deviations below the mean on an individually administered, standardized measure of intelligence 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ intelligence test instrument(s) selected that are sensitive to cultural, linguistic or sensory factors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ test interpretation that takes into account SEM 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • adaptive home behavior composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning ≥ 2 standard deviations below mean of an individually-administered, standardized instrument 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • additional documentation with systematic observations, impressions, developmental history was obtained for home adaptive behavior 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • significantly impaired adaptive behavior determined by systematic observations in the child's educational setting which compares & addresses age-appropriate adaptive behaviors for child's chronological age 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • additional adaptive school behavior composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning ≥ 2 standard deviations below mean of an individually-administered, standardized instrument 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Systematic documented observations by an appropriate specialist, which compare the child's adaptive behaviors with other children of his/her chronological age group 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • When discrepancies occur in adaptive ratings between settings (i.e., home and community/school), a systematic documented observation by an assessment specialist is needed to help provide clinical judgment in regards to adaptive functioning. Observations should include areas of conceptual, social, and practical adaptive functioning; 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • intelligence and adaptive behavior evaluation results interpretation addresses and makes a determination that the student's performance on the test is not due to the following factors and is <i>not the primary reason</i> for significantly impaired scores on measures of intelligence or adaptive behavior. 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ limited English proficiency 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ cultural background and differences 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ medical conditions that impact school performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ socioeconomic status 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ communication, sensory, or motor abilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • history indicates delays in cognitive abilities (intellectual impairment) manifested during the developmental period (birth through 18) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

