Guidelines

for Identifying Children with Intellectual Disability

2007

WORKING DRAFT

CT State Department of Education

Bureau of Special Education

Connecticut State Department of Education

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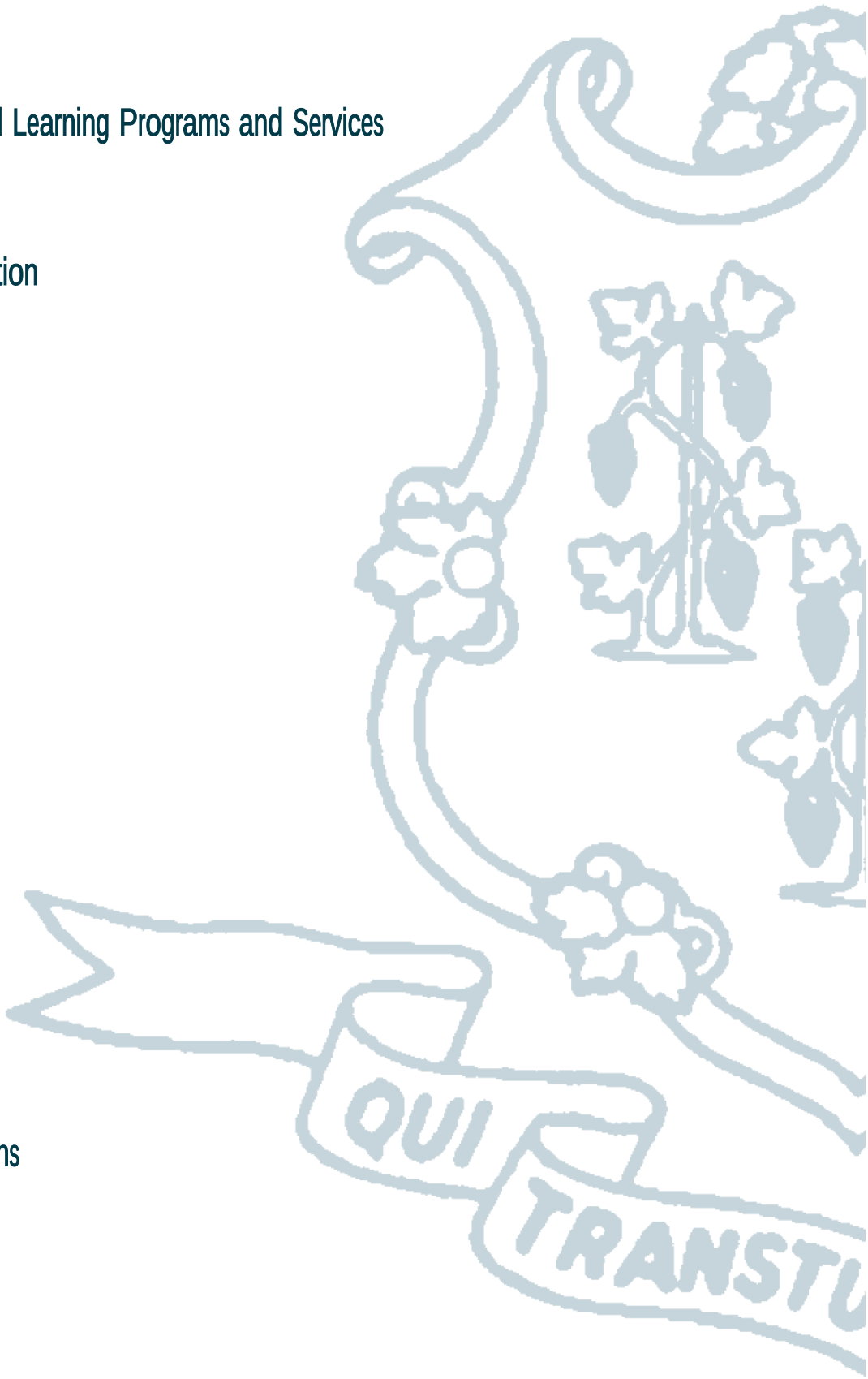

Guidelines for Identifying Children with Intellectual Disability

Connecticut State Department of Education
Division of Teaching and Learning Programs and Services
Bureau of Special Education
Revised 2007

Comments

The Connecticut State Department of Education is pleased to present this new working draft revision of the *Guidelines for Identifying Children with Intellectual Disability.* This document is intended to provide guidance for school teams to make appropriate decisions of eligibility for Connecticut students. We welcome your comments about the guidelines, specifically on the following topics:

- Sections of the guidelines that may need clarification to make them more useful to your district when making eligibility decisions
- Explanation of any special circumstances in the identification process for ID that may not be included in the working draft
- Impact of the new guidelines on eligibility procedures in your district
- Professional development that has been helpful to your district in making appropriate eligibility decisions
- Professional development that may be necessary because of the changes in eligibility decisions

Please send your comments on these topics by July 1, 2007, to perri.murdica@ct.gov.

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FOREWORD

For many years, legislation in Connecticut has been directed toward making improvements in addressing appropriate services for children and adults with disabilities. In its *Position Statement on the Education of Students with Disabilities* (2001), the Connecticut State Board of Education "encourages the implementation of educational models that promote multiple instructional strategies, which encourage and accommodate students in the general environment to the maximum extent appropriate." The Connecticut State Board of Education also supports the principle that *Connecticut's Common Core of Learning* defines common goals for all students, including those students with disabilities. Connecticut's public education system takes seriously the duty to provide opportunities for all students to achieve these statewide student goals (motivation to learn, mastery of basic skills, acquisition of knowledge, competence in life skills and understanding society's values). The *Connecticut State Performance Plan* (2005) further demonstrates this position with the development of this six-year plan. The plan describes the state's performance on 20 indicators across early intervention and special education and identifies targets and strategies for improvement of outcomes for students with disabilities. The recently adopted five-year comprehensive plan for elementary, secondary, vocational career and adult education, titled *A Superior Education for Connecticut's 21st Century Learners*, demonstrates a continued commitment to address the most urgent issue of our time: high academic achievement of ALL students in reading, writing, mathematics and science. Through these initiatives, the Connecticut State Department of Education has provided continued guidance to school districts in an effort to support an appropriate education experience for all students.

It is with a continued desire to assure an appropriate education experience for all students and to ensure that appropriate identification policies, practices and procedures are in place that the *Guidelines for Identifying Children with Intellectual Disability* have been developed. The purpose of the guidelines is to provide guidance that supports the appropriate identification of students with intellectual disability while ensuring that they also receive an appropriate education in the least restrictive environment.

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RATIONALE

This document is a revision of the *Guidelines for Identifying Children with Intellectual Disability/Mental Retardation* (2000) and is intended to clarify and improve special education identification, as well as placement policies and practices for professionals serving children with intellectual disability (ID) or children suspected of having an intellectual disability in Connecticut schools. The term intellectual disability continues in this revision rather than the parallel term, mental retardation. The purpose of the original guidelines remains and is to:

- promote appropriate assessments of children suspected of having an intellectual disability;
- promote consistency across the state in the process of determining eligibility;
- foster and enhance the awareness of intellectual disability as a heterogeneous condition;
- incorporate recent developments in the professional literature and field; and
- promote "intellectual disability" as the nationally accepted nomenclature for thinking about and providing service to students with mental retardation.

In addition, the 2007 revision seeks to improve outcomes for students with intellectual disability by:

- objectively defining the intellectual disability classification and improving placement procedures and practices of children who are economically disadvantaged and of children by race/ethnicity;
- ensuring that children classified with intellectual disability receive nonbiased assessment and evaluation procedures that yield useful information for educational programming; and
- preventing inappropriate intellectual disability classification and placement decisions by race/ethnicity while, simultaneously, ensuring that children with intellectual disability are appropriately identified and provided with the necessary supports and services in the least restrictive environment.

EXECUTIVE SUMMARY

The Connecticut State Department of Education defines intellectual disability (ID) as:

> **Significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills.**

This document, *Guidelines for Identifying Children with Intellectual Disability* (2007), is a revision to an earlier State Department of Education document, titled *Guidelines for Identifying Children with Intellectual Disability/Mental Retardation* (2000), and is intended to provide current best practice criteria and procedures to assure appropriate, nonbiased assessment and identification of children with intellectual disability, ages 3-21.

These revised guidelines are sequenced to emphasize appropriate identification using nonbiased assessment procedures. A nonbiased assessment approach, as outlined in this document, is a process of gathering information and making decisions that are sensitive to cultural differences and educationally appropriate. The document begins with a description of a key feature of nonbiased assessment—a problem-solving approach that begins with early intervening services and multiple levels of prevention, and then proceeds to guide the reader sequentially through the process of referral, evaluation and eligibility determination.

These guidelines emphasize that nonbiased assessment requires the provision of appropriate instruction in preschool and/or general education classes, with ongoing parent and school collaboration from the beginning of a child's education. The guidelines proceed in discussing the use of proactive preventive measures for a child in the early stages of experiencing difficulties before a referral to special education. Critical features in the development and administration of a comprehensive, nonbiased assessment are then delineated. The guidelines provide school personnel with the appropriate and necessary steps to take to determine a child eligible as intellectually disabled as stipulated in the Individuals with Disabilities Education Improvement Act (IDEA 2004). Criteria used in this process are considered best practice in the field of educational identification. Information is also provided on determining a free appropriate public education (FAPE) in the least restrictive environment (LRE) for children with intellectual disability.

Identification Process for Intellectual Disability

1. Provision of Appropriate Instruction
   - Providing appropriate instruction that is explicit and systematic
   - Providing culturally responsive teaching/pedagogy
   - Using early intervention—early intervening services as a proactive preventative approach to addressing students' needs
2. Referral and Evaluation
   - Engaging the participation of families early in the process

- Designing and administering a comprehensive evaluation assuring the use of nonbiased assessment procedures and the requirements for evaluation in - 2 -IDEA

3. Eligibility Determination
   - Reviewing a variety of sources to inform the decision of eligibility
   - Using the Connecticut ID Eligibility Documentation form
   - Using eligibility criteria that addresses intellectual and adaptive behavior functioning, onset within the developmental period (before age 18); and adverse effect on educational performance resulting in need for special education
4. Determining the least restrictive environment
   - Developing an individualized education program (IEP) and deciding placement based on IDEA requirements for the least restrictive environment
   - Using *Points to Consider in Determining the LRE* (Appendix H) to assist in appropriate placement

Criteria for Eligibility

(adapted from Luckasson, Brothwick-Duffy, Buntinx, Coulter, Craig, Reeve, Schalock, Snell, Spitalnik, Spreat and Tasse 2002)

Each of the following criteria must be met to identify a child with an intellectual disability in Connecticut's schools.

1. A significant limitation in intellectual functioning requiring a composite or total test score of two (2.0) standard deviations below the population mean, with consideration given to the standard error of measurement (SEM), on a valid and reliable test of intellectual functioning.

In some cases it may be necessary to consider part scores. Guidance in their use is provided in a later section titled Classification Criteria for Intellectual Functioning. Other information on intellectual functioning must be obtained and considered, resulting in decisions about intellectual functioning that are based on the principle of convergent validity. Convergent validity is defined as examining a wide variety of information to determine if a consistent pattern is apparent that supports identifying a significant limitation in intellectual functioning.

2. A significant limitation in at least one of the three areas of conceptual, social and practical adaptive skills or in the composite score must be evident. Functional limitations must equate to deficits scores of at least 1.5 standard deviations below the mean on the standardized assessment tool used, taking into account the SEM.

As with intellectual functioning, different sources of adaptive behavior information must be considered across different reporters (teachers, parent, peers); multiple settings (in-school and out-of-school); and using different methods to collect information (review records, interviews, observations and assessments), which confirm or deny significant limitations in adaptive behavior. A single adaptive behavior score should never be the

sole basis for either confirming or rejecting the possible existence of a significant limitation in adaptive behavior. The principle of convergent validity also should be applied to decisions about adaptive behavior limitations.

3. Evidence of significant limitations in intellectual functioning and adaptive behavior must appear during the developmental period (before age 18). The diagnosis of an intellectual disability does not have to be determined by age 18, but evidence of significant limitations in the appropriate areas must be present before age 18.

For example, a 19-year-old high school student referred for an evaluation might be validly identified as intellectually disabled in Connecticut if substantial evidence of significant limitations in general intellectual functioning and adaptive behavior appeared before the age of 18, even though the actual diagnosis did not occur until after age 18.

4. The disability must adversely affect the student's educational performance and, as a result, the student requires special education to address his/her unique educational needs.

Once the four prior criteria are met, the Planning and Placement Team (PPT) must then determine that the child requires specialized instruction in order to receive an appropriate education.

Further Information: Intellectual Functioning and Adaptive Behavior

Intellectual functioning has been a challenge to define during the past 100 years. However, common to the various definitions are the following four statements:

- Intellectual functioning is a hypothetical construct that is inferred from behavior.
- Intellectual functioning is significantly, but imperfectly, correlated with a wide range of important outcomes including achievement, career success, health and lifestyle choices, and social responsibility.
- Intellectual functioning is related to the speed and complexity of information processing, spontaneous organization of events and experiences into human memory, and the availability of strategies to solve problems.
- Intellectual functioning is related to the *spontaneous* application of thinking and problem solving strategies as well as volitional control of their application to everyday situations.

Adaptive behavior is defined according to the most recent American Association on Mental Retardation (AAMR) manual as "the collection of conceptual, social and practical skills that have been learned by people in order to function in their daily lives" (Luckasson et al. 2002, 41). This formulation rests on recent factor and theoretical analysis that suggest three broad domains of adaptive behavior: conceptual, social and

practical (Greenspan, Switzky, and Granfield 1997; Luckusson et al. 2002). The following descriptions of each domain appeared in Luckusson et al. (2002, 42).

> Conceptual: Language (expressive and receptive), reading and writing, money concepts and self-direction
>
> Social: Interpersonal skills, responsibility, self-esteem, gullibility (vulnerability to being tricked or manipulated), naiveté, ability to follow rules, ability to obey laws, ability to avoid victimization
>
> Practical: Daily living activities (eating, mobility, toileting, dressing); instrumental activities of daily living (meal preparation, housekeeping, using public transportation, taking medication, managing money, using the telephone); occupational skills; and maintaining safe environments

The practical and social domains have obvious and well-established status as critical components of adaptive behavior. The conceptual domain represents competencies that are essential to everyday successful functioning in the larger community, neighborhood, home and school. Significant limitations in the conceptual domain can lead to serious coping disadvantages and informal recognition of adaptive behavior limitations by others. For example, adolescents who cannot apply literacy skills in everyday situations, such as finding a number in a phone directory or comparing prices between different sizes of some commodity, are at a serious disadvantage and show deficits that are readily recognized by peers and adults.

For the purposes of identification of a student with an intellectual disability, it must be determined that the student has significant limitations in both intellectual functioning and adaptive behavior. It is not sufficient nor is it an appropriate practice to identify a student with an intellectual disability based on a sole criterion.

Other Considerations

There may be reluctance by multidisciplinary teams to identify students as having a mild intellectual disability. Students with intellectual disability are frequently identified as specific learning disabled (Macmillan et al. 1996). Moreover, across the country, the prevalence of mental retardation has declined by more than 40 percent and the prevalence of learning disabilities has increased by more than 240 percent since 1977 (Reschly, Myers and Hartel 2002). Misdiagnosing children and youth into what are perceived as more acceptable categories raises ethical issues and may create long-term problems for individuals and those agencies designed to assist clients who have the particular category of disability. Many individual cases of this nature have emerged in recent years in Social Security Supplemental Security Income (SSI) eligibility cases and in other agencies making decisions about services for adults.

Careful evaluation and analysis by evaluators and thoughtful discussions by the PPT need to be held in circumstances where the child may have concomitant conditions or

disabilities. These situations create a challenge for the PPT in accurately determining the child's eligibility as intellectually disabled, another disability or multiple disabilities. Guidance is provided in the document to assist the team when this occurs.

In rare cases when a student is either very young or determined by a team well-informed about assessment practices to be either "untestable" or not appropriate for any available tests, the PPT may make a decision to forgo administration of a particular test of cognitive assessment. In these cases, there should be sufficient objective information consistent with the identification of intellectual disability, and both school personnel and parents must agree with that decision. Given the importance of a cognitive assessment for the identification of students with intellectual disabilities, it is imperative in these instances that the PPT must determine the most appropriate measure of cognitive ability. This may be a developmental assessment of the cognitive domain or other such assessment that would provide objective cognitive information to the team, ensuring an informed determination of intellectual disability as well as useful information for programming.

When determining eligibility at times of reevaluation, the PPT needs to be attentive to the age of the child at the previous evaluation to determine if a more comprehensive evaluation is needed at the time of reevaluation. The PPT also needs to consider the impact of the duration, intensity and type of services that the student has received since the last eligibility determination. A revision to a child's determination at the later stages of a child's educational career needs careful consideration.

Programming in the Least Restrictive Environment

Once a determination is made that a student has an intellectual disability and requires specialized instruction, the team develops the IEP. Decisions regarding the delivery of services must ensure that, independent of the label of intellectual disability, the child receives a free and appropriate public education (FAPE) in the least restrictive environment (LRE).

The goal for all students with intellectual disability is that, to the "maximum extent appropriate," they are educated with students who are not disabled in the general education setting, engaged in learning activities from the general education curriculum, with appropriate accommodations and modifications.

Available Forms and Other Sources of Information

Following are the forms and other information available that are referenced throughout this document to assist in appropriate nonbiased identification of a child with an intellectual disability.

Appendix A: Flowchart of Determining Eligibility
Appendix B: Intellectual Disability Eligibility Documentation form
Appendix C: Reviewed Adaptive Behavior Scales

SECTION I

OVERVIEW OF INTELLECTUAL DISABILITY

- Conceptual Definition of Intellectual Disability
- Developmental Period
- Applying Criteria Accurately and Conscientiously

SECTION I

Overview of Intellectual Disability

Conceptual Definition of Intellectual Disability

IDEA 2004 defines mental retardation 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." [34 *Code of Federal Regulations* §300.8(c)(6)]

The Connecticut State Department of Education has adopted the term *intellectual disability* as synonymous with the federal term, mental retardation, for purposes of IDEA identification. The Department defines intellectual disability as:

> **Significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills.**

Inherent in the definition adopted by the Department and supported in the professional literature is the emphasis on the dual dimensions of general intellectual functioning and adaptive behavior (Luckasson et al. 2002). The American Association on Mental Retardation (AAMR) has defined mental retardation since 1960 as significant impairments in general intellectual functioning and adaptive behavior.

Three essential characteristics of the mental retardation diagnostic construct have been recognized for more than 70 years. These are:

1. Impairment in general intellectual functioning
2. Impairment in a domain variously termed social incompetence, adaptive skills and adaptive behavior
3. Developmental onset, requiring that evidence must be available of significant limitations in intellectual functioning and adaptive behavior by age 18

The continued use of the term *intellectual disability* is supported by a consensus of Connecticut educators and parents. Intellectual disability is believed to more fully capture the essential feature of the disability, specifically, limited intellectual ability leading to or causing adaptive behavior deficits. Moreover, the term has fewer negative connotations and incorrect stereotypes than the term mental retardation. Many nations in Western Europe and in the English speaking world adopted the term intellectual disability in place of mental retardation beginning in the mid-1990s and continuing to the present. It is worth noting that AAMR adopted the term intellectual disability in its 2006 name change to American Association on Intellectual and

Developmental Disabilities. It is not unreasonable to think that the term may be more widely adopted as a result.

Developmental Period

In Connecticut, evidence of significant limitations in intellectual functioning and adaptive behavior must appear by age 18 if intellectual disability is an appropriate classification, even if the student is older than age 18 at the time of eligibility determination. On the other hand, students who do not show such limitations by age 18, but acquire significant limitations in intellectual functioning and adaptive behavior after 18 but before age 21, perhaps due to injury or disease, are NOT classified as having an intellectual disability/mental retardation.

For many decades all conceptions of intellectual disability have included the notion of developmental origin: specifically, evidence of significant limitations must appear prior to a specific age, usually 18. Critical to note, however, are terms like "appear before" or "originates." The diagnosis of intellectual disability/mental retardation does not have to be made by age 18, only that evidence of significant limitations in the appropriate areas has to be present prior to age 18. For example, a 19-year-old high school student referred for an evaluation might be validly identified with intellectual disability in Connecticut *if* substantial evidence of significant limitations in general intellectual functioning and adaptive behavior appeared before age 18 even though the actual eligibility determination did not occur until age 18 or later.

Applying Criteria Accurately and Conscientiously

Planning and Placement Teams (PPT) may be reluctant to identify mild intellectual disabilities, defined in part by performance on measures of general intellectual functioning as an IQ score in the range of 60 to 75. Today, in some school districts and states, children performing in this range of intellectual ability are identified frequently as specific learning disabled (MacMillan 1996; Reschly et al. 2002).

Failure to apply classification criteria accurately and conscientiously is a matter of professional ethics and, conceivably, possible legal sanction. Misdiagnosing children and youth into what are perceived as more acceptable categories, for example, diagnosing students as specific learning disabled (SLD) who in fact are more properly identified with mild mental retardation, may be a short-term expediency, but will often create long-term problems for the individual and the agency. For example, persons who as adults need Supplemental Social Insurance (SSI) assistance under mild mental retardation are markedly disadvantaged if their school records show a diagnosis of SLD. Many individual cases of this nature have emerged in recent years in SSI cases and in other agencies making decisions about adult services.

SECTION II

PREREQUISTES TO APPROPRIATE IDENTIFICATION

- Effective Instruction
- Culturally Responsive Teaching/Pedagogy
- Early Intervention—Early Intervening Services

SECTION II

Prerequisites to Appropriate Identification

Appropriate identification of children with intellectual disability involves more than a special education evaluation. It begins in general education with effective instruction that uses scientifically based curriculum, culturally responsive teaching and early intervening services to meet academic and behavior needs of the child in the general education setting.

Effective Instruction

Children are entering our schools with more complex educational, medical and social needs than ever before. In its Position Statement on the Education of Students with Disabilities (2001), the Connecticut State Board of Education expressed the following belief:

> "… all students are unique and are influenced by cultural, linguistic, intellectual, psychological, medical, social and economic factors. These factors create a need for a varied educational environment that provides for, and accommodates, each child's strengths and areas of needed improvement. The Board also believes that a unified and coordinated continuum of educational opportunities and supports, designed to address individual needs, serves and benefits all students. The Board encourages the implementation of educational models that promote multiple instructional strategies, which encourage and accommodate students in the general environment to the maximum extent appropriate**.** It is the responsibility and obligation of educators to design and provide teaching strategies, methods and materials that are suitable for each individual learner. As appropriate a continuum of these strategies should be implemented before a child is referred to special education."

Prior to any identification process, students suspected of having an intellectual disability should be extended the same opportunity to receive an appropriate education as their non-disabled peers; this includes explicitly taught and effective instruction. The practice of lowering standards without evidence of attempts at providing effective explicit instruction in the general education curriculum can lead to negative outcomes such as inappropriate identification and overrepresentation of particular racial and ethnic groups within disability categories, including the category of intellectual disability (see Appendix E, Understanding Disproportionality).

Instruction must first be explicit to be effective. Explicit instruction has been defined in various ways by researchers. Hall (2002) defines explicit instruction as a systematic instructional approach that includes a set of delivery and design procedures derived from effective schools research merged with behavior analysis. There are two essential components to well-designed systematic and explicit instruction: (a) visible delivery features such as group instruction with a

high level of teacher and student interactions, and (b) the less observable, instructional design principles and assumptions that make up the content and strategies to be taught.

Birsh, 1999, citing a 1988 study by Winograd and Hare, stated that Direct instruction that is both planned and controlled by the teacher has proven to be a useful way to teach academic skills to students with disabilities.

The following are critical components of explicit and systematic instruction:

Explicit Instruction

- Explicit means students are not expected to infer knowledge and care is taken to direct students' attention to what is being taught (Connecticut Blueprint for Reading Achievement 2000).
- Explicit instruction ensures students' attention is drawn to important features of an example or demonstration (National Reading Panel 2000).

Systematic Instruction

- Skills are taught in a planned, logically progressive sequence according to individual needs.
- Lessons focus on clearly defined objectives that are stated in terms of what students will do.
- Multiple practice activities are scheduled purposefully to help students master and retain new skills.
- Students work on carefully designed tasks that give them opportunities to apply what they have been taught.
- Assessments are designed and used in a timely fashion to monitor skill acquisition as well as students' ability to apply new skills, to retain them over time, and to use them independently (National Reading Panel 2000).

Effective instruction and improved student outcomes begin with the teacher. Researchers Jere Brophy and Thomas Good (1986, 370), upon review of numerous studies about teacher impact on student achievement, concluded that "the myth that teachers do not make a difference in student learning has been refuted." More recent studies note that the individual classroom teacher has an even greater effect on student achievement than originally thought (Sanders and Horn 1994; Wright, Horn and Sanders 1997). Douglas Reeves (2006) cites an earlier study by Rosenthal and Jacobson (1968) that hypothesizes the "Pygmalion Effect," supporting the notion once again that when teachers expect more, they get more. However, high expectations alone are not enough. High expectations must be accompanied by effective, explicit instruction in relevant curricular domains.

Improved student outcomes for *all* students, those with and without disabilities, is the keystone of the No Child Left Behind (NCLB) Act of 2001. The Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) upholds this expectation for students with disabilities,

by embracing the specific language used in NCLB regarding the necessity for highly qualified personnel, scientifically based instruction, and student assessment.

IDEA 2004 states that a child must not be determined to be a child with a disability if the determinant factor for that determination is:

- lack of appropriate instruction in reading, including the essential components of reading instruction as defined in section 1209(3) of the Elementary and Secondary Education Act (ESEA);
- lack of appropriate instruction in math; or
- limited English proficiency.

The essential components of appropriate reading instruction are identified in NCLB as:

- phonemic awareness
- phonics
- vocabulary development
- reading fluency, including oral reading skills
- reading comprehension

Some professionals and researchers have defined highly effective instruction as simply instruction that places about 80-85 percent of *all* students on trajectories to meet established benchmarks, such as passing state tests at specific ages or grades.

Other researchers have defined effective instruction in various ways. A study conducted at Midcontinent Research for Education and Learning (McRel), examined years of research on instruction to synthesize and make useful to the public. Robert J. Marzano (2002) published those results after examining the strategies to determine those that had a high probability of enhancing student achievement for all students in all subject areas at all grade levels. Marzano's study revealed nine categories of strategies that have a strong effect on student achievement:

1. Identifying similarities and differences
2. Summarizing and note taking
3. Reinforcing effort and providing recognition
4. Homework and practice
5. Nonlinguistic representations
6. Cooperative learning
7. Setting objectives and providing feedback
8. Generating and testing hypotheses and questions
9. Cues and advance organizers

Douglas Reeves (2002, 19) cites that it is a holistic accountability system, "a continuous cycle in which research informs professional practice and professional practice yields evidence of its

impact on student achievement," that makes the difference in student achievement. In practice, this is a system of reviewing and analyzing student data and changing instruction as appropriate. While his work is far-reaching, extending beyond the scope of this document, Reeves also indicates that a connection between standards, curriculum and accountability is a critical feature of improved student achievement, an intended outcome of highly effective instruction.

Instructors at Vanderbilt University's Peabody College of Education and Human Development, identify high-quality instruction by indicating that it implies the effective use of curriculum and instructional procedures that have been validated through rigorous research. These instructional procedures are referred to in a variety of ways, including such terms as scientifically based practices, evidence-based instruction, and research-validated instruction (IRIS STAR Legacy Module).

Wiggins and McTigue (2006, 27) have developed a model of nine principles illuminating the process of learning. Principle number nine refers to *instruction*, maintaining that "instruction is most effective when it is personalized—when we sufficiently honor learners' interest, curiosity, strengths, contributions, and prior knowledge, making learners feel that they are an important part of something larger than themselves."

Culturally Responsive Teaching/Pedagogy

A critical piece of effective instruction and part of IDEA 2004 requirements is consideration of the diversity of the student population and providing teaching/pedagogy that recognizes and takes into consideration cultural differences within the classroom.

Gay (2000, 29) is cited by several sources as defining culturally responsive teaching as "using the cultural knowledge, prior experiences, and performance styles of diverse students to make learning more appropriate and effective for them; it teaches to and through the strengths of the students." Culturally responsive teaching:

- acknowledges students' cultural heritage as it affects their dispositions, attitudes, and approaches to learning, and recognizes that it contains content worthy to be included in the curriculum;
- builds meaning between students' home and school experiences as well as "school stuff" and the students' lived realities;
- uses of a wide variety of instructional strategies;
- teaches an appreciation of the students' own cultural heritage as well as that of others; and
- incorporates multicultural information, resources, and materials in all subjects and skills routinely taught in schools (Gay 2000).

Nieto (1999, 69) addressed the responses to what she calls "cultural discontinuities" that lead to school failure. One of these discontinuities is in curriculum and instruction. Nieto argues that, in spite of promising research, a serious problem of perception remains as "culturally responsive

pedagogy sometimes is based on the static view of culture that may even verge on the stereotypically." Attempts to be culturally responsive may be applied or implemented in ways that defeat the purpose and the "result is that entire cultures are identified by a rigid set of characteristics." The complex nature of culture and the fact that culture is affected by other cultures need to be considered in planning culturally responsive pedagogy. Nieto further states, "any approach to meaning and effective pedagogy needs to take into account how students' languages, cultures, and other differences exist within, and are influenced by, mainstream U.S. culture as well as by other cultures with which they come into contact." Nieto (1999, 70) warns that "it is therefore necessary to look beyond cultural responsiveness alone to help explain student academic success" in light of the impact of "structural inequalities…with which so many students, especially those who live in poverty, contend on a daily basis."

Given (a) the focus on student achievement for students with and without disabilities, (b) the research that supports effective practices that are culturally responsive, and (c) the knowledge that the teacher can affect student learning, it is the role of educators and paramount to student success that initial provision of appropriate and effective instruction to all students is provided within the context of the general education curriculum.

Effective instruction that is culturally responsive can easily be integrated into the conceptualization and the delivery of early intervening services and nonbiased assessment.

Early Intervention-Early Intervening (EI-EI) Services

A proactive preventative approach to address the needs of students is the most effective means of ensuring that students receive appropriate academic and behavioral supports and to identifying appropriate referrals to determine eligibility for special education and related services. It also is a *necessary* first step in the process to reduce assessment bias and to ensure that students suspected of having an intellectual disability are provided appropriate interventions and instruction prior to a referral to determine eligibility for special education and related services. This is especially important for students who may be having significant difficulty due to a lack of appropriate instruction, rather than an intellectual disability.

Although early intervention is sometimes referred to in the literature as focusing on students in kindergarten through Grade 3, early intervention is appropriate for students from preschool through high school. The term is used to indicate the need to identify and address concerns regarding a student's academic skills or behavior early in the development of an emerging difficulty, before the need for more intensive supports.

For example, a high school student may experience a drop in grades that may be related to academic difficulties or changes in home life. The school should have a process in place to identify the focus area of improvement and determine appropriate interventions before the student's failing his or her courses, which could lead to a decision to drop out of school. In this example, early intervention is implemented with an older student for prevention purposes.

All schools should have a data-driven process in place to monitor student progress and support teachers with instructional options in order to meet students' needs. An effective process includes a collaborative approach that involves strategic decision making and ongoing progress monitoring. This ensures that all students have access to and are provided with a continuum of instructional supports and interventions prior to consideration of referral for special education evaluation.

IDEA 2004 regulations strengthen the language of the use of early intervening services.

> In implementing coordinated, early intervening services in section 34 CFR §300.226 (b) (1) and (2), a local educational agency may carry out activities that include…
>
> – professional development (which may be provided by entities other than local educational agencies) for teachers and other school staff to enable such personnel to deliver scientifically based academic instruction and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software; and
> – providing educational and behavioral evaluations, services, and supports, including scientifically based literacy instruction

Prevention and early intervention are most effective when incorporated into a system of multiple tiers of academic and behavioral intervention that stress scientifically based instruction and empirically validated behavioral interventions.

Primary/universal prevention and intervention begins with universal screening and early intervention procedures for *all* students to provide effective instruction and behavioral supports that will meet the academic and behavioral needs of most children (e.g., scientifically based core curriculum, schoolwide positive behavior support). With effective universal practices in place, most students (about 80-90 percent) will not require additional support. If less than 80 percent of the school's population is responding to universal practices, then the universal practices need to be improved. If the general education context is not effective in meeting the needs of most students, more students will perform at low levels, which may lead to increased numbers of inappropriate referrals and special education identification.

However, students who do not respond to effective primary/universal prevention and intervention (i.e., effective general education context) will require additional support. Secondary/targeted prevention and intervention incorporates universal procedures with additional targeted interventions for about 5-15 percent of the school population that doesn't require individualized support but needs support beyond universal practices (e.g., small group tutoring, check and connect, or social skills instruction). Prevention at this level is necessary to reduce the number of students who may need intensive support.

Tertiary/intensive prevention and intervention involves individualized academic and behavioral interventions with frequent progress monitoring and formative evaluation. Students who require individualized interventions at this level (typically 1-5 percent of the school population) have more intensive needs that require a more focused team-based approach for determining what supports the student needs to be successful. Figure 1 illustrates a three-tiered system of early intervening services to address academic and behavioral concerns prior to a referral to special education.

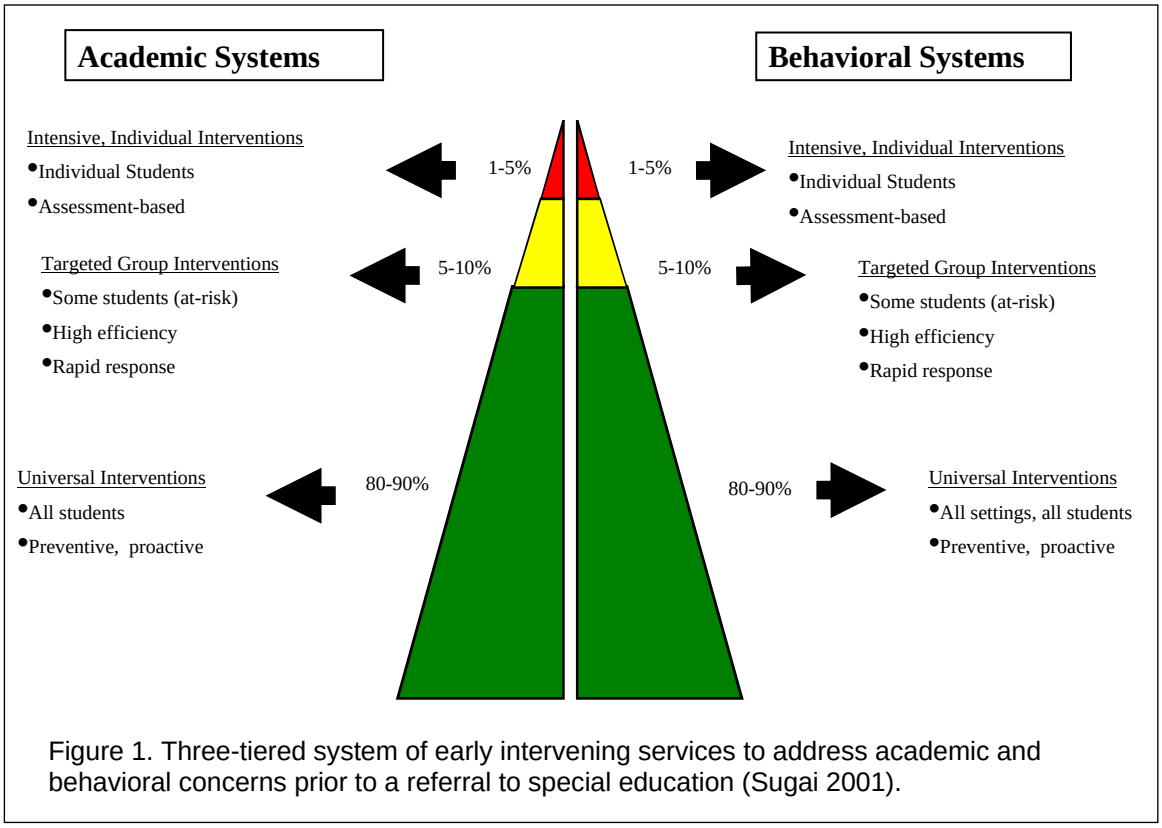


Figure 1. Three-tiered system of early intervening services to address academic and behavioral concerns prior to a referral to special education (Sugai 2001).

A high-quality early intervention process uses "best practices" to ensure the development and implementation integrity of effective interventions that are matched to the level and intensity of student need.

Best practices in early intervention include the following:

- A comprehensive review of the student's attendance, academic history, (e.g., report cards, curriculum exposure), school history, health history, health record (e.g., vision, hearing and current health status), experiential background, cultural issues, and language proficiency

- Observations in a variety of settings
- Developing a comprehensive plan of action that includes clearly stated goals, a reasonable timeline, specific assignment of responsibilities, progress monitoring and a decision-making process to determine if the plan is successful or requires changes, or the development of a new plan to meet the student's needs
- Curriculum-based assessments
- Ongoing assessment to document growth and to provide a basis for instructional decisions

The promise of an effective early intervention system to ensure appropriate referrals to special education is lost if interventions are not linked to student needs, implemented with fidelity, and evaluated to determine the effectiveness of the intervention. Improved academic and behavior outcomes are associated with interventions that incorporate quality indicators (Flugum and Reschly 1994; Flugum and Tilly 2002; Tilly, Reschly and Grimes 1999). Incorporated in this document is a sample checklist to assist school personnel with intervention design, implementation integrity, and intervention evaluation (see Appendix F, Checklist for Intervention Quality Indicators).

As barriers are being removed, district personnel have the opportunity to unify resources and services to address the needs of *all* students. School district personnel are encouraged to break away from the old service paradigms and create new unified models of service delivery. For example special educators might be very involved in intervention programs involving K-2 children who are at risk for learning problems. Similarly, general education resource specialists (e.g., reading and math specialists, Title I personnel) may include children with and without disabilities in the same instructional group when the learning needs of the children are similar.

SECTION III

EVALUATION PROCESS

- Referral to Determine Eligibility for Special Education and Related Services
- Nonbiased Assessment
- Influence of Attitudes and Perceptions in Assessment and Identification
- Determining Need for Evaluation
- The Role of Families in the Evaluation Process
- Design of a Comprehensive Evaluation

SECTION III

Evaluation Process

The evaluation process begins when the child is referred to the Planning and Placement Team (PPT) to determine eligibility for special education and related services. At this time the team discusses past activities and determines the need for evaluations. When determining appropriate evaluations to use, many considerations must be taken into account to assure that nonbiased and appropriate techniques are applied to the identification process.

Referral to Determine Eligibility for Special Education and Related Services

School staff should ensure that the recommendations in general education are followed before a referral to determine eligibility for special education and related services is reviewed by the PPT. Students should not be referred simply because they need academic assistance. Schools should have appropriate alternative programs and interventions that provide a continuum of educational opportunities to students as part of the general education program.

When the early intervention team suspects that an intellectual disability may be causing the student difficulties, and alternatives within general education have demonstrated insufficient results, the student should be referred to the PPT for consideration of an evaluation.

Nonbiased Assessment

"Assessment is a process of collecting data for the purpose of making decisions about individuals or groups and this decision-making role is the reason that assessment touches so many people's lives" (Salvia, Ysseldyke and Bolt 2007).

As in most states, Connecticut is faced with the challenge of ensuring that students with disabilities are appropriately identified and that minority students are not overrepresented in special education. As a result of the 2002 Connecticut litigation in *P.J. et al. vs. State of Connecticut, State Board of Education, et al.,* further emphasis has been placed on the appropriate identification of students with intellectual disability (see Appendix G, Synopsis of the Settlement Agreement - *P.J. et al. vs. State of Connecticut, State Board of Education, et al.*). To ensure appropriate identification of individuals with intellectual disability, nonbiased assessment procedures should be used. 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 begins with early intervening services.

The National Research Council Panel Report on minority students in special and gifted education (Donovan and Cross 2002) concluded that prevention and early identification-early intervention (EI-EI) are the most effective strategies to prevent minority overrepresentation in high incidence disability categories such as intellectual disability (or mental retardation), learning disabilities and emotional/behavioral disorders.

Methods of prevention and EI-EI are most effective when incorporated into a system of multiple tiers of academic and behavioral interventions that stress scientifically based instruction and empirically validated behavioral interventions. The multiple tiers are a conceptual model of assessment and services incorporating general and special education efforts to match the amount of resources needed with the intensity of the concern.

Primary prevention and intervention begins with universal screening and EI-EI procedures for *all* students to provide effective instruction and behavioral supports that will meet the academic and behavioral needs of most children. Secondary prevention and intervention incorporates universal procedures with additional support provided to those students who do not respond to universal prevention. Tertiary prevention and intervention incorporates the application of intensive interventions and frequent progress monitoring with formative evaluation and application of effective instructional design principles. While these levels of prevention identify critical components of each, emphasis should be placed on the thoroughness of interventions and the integrity of implementation to achieve the greatest outcomes (see Appendix F: Checklist for Intervention Quality Indicators).

Nonbiased assessment also encompasses choosing assessment procedures and tools appropriate to the population being assessed. The following practices are critical components of nonbiased assessment:

- Evaluation of bilingual students is conducted in the student's dominant spoken language or alternative communication system. The stage of language development in first and second languages should be considered. In cases in which language competencies are not sufficient in either language, the evaluation should rely more on nonverbal measures if inferences are to be made about intellectual functioning. IDEA 2004 adds that assessments be provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally and functionally, unless it is not feasible to so provide or administer.
- All student information is interpreted in the context of school expectations with consideration given to the student's sociocultural background and the home and neighborhood setting in which he or she is functioning. Evaluations must differentiate between low performance due to cultural differences versus low performance due to learning and behaviorial deficits.
- Use of interpreters should be a last rather than a first choice. The use of evaluations printed in the student's native language is preferred. Using a native speaking evaluator is more appropriate than the use of an interpreter. Recognition is given to the fact that the difficulty level of a test item often changes when it is translated into a different language. If interpreters are used, they should be trained so that the test administration is conducted in a manner that approximates standardization procedures as closely as possible.

- Analysis of results must take into account the degree to which the student's cultural background and experiences are consistent with the test items.

In addition to the above practices, IDEA 2004 regulations have specific requirements when evaluating students. Some requirements are:

- Materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills.
- A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the child, including information provided by the parent, and information related to enabling the child to be involved in and progress in the general curriculum (or for a preschool child, to participate in appropriate activities), that may assist in determining whether the child is a child with a disability under 34 CFR §300.308 and the content of the child's IEP.
- The public agency uses technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report.
- No single procedure is used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.
- In evaluating each child with a disability under 34 CFR §§300.301 through 300.305, inclusive, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.
- The public agency uses assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child.

(See Appendix D, Evaluation and Determination of Eligibility-IDEA 2004, 34 CFR Section 300.301-300.305.)

Influence of Attitudes and Perceptions in Assessment and Identification

Issues regarding identification or over-identification of students with disabilities can emanate not only from bias in tests, but from the attitudes and perceptions of the school personnel who make decisions about the children referred for testing. Duffy, Salvia, Tucker and Ysseldyke

(1981), in their discussion of nonbiased assessment, state that, "there is far more evidence that the use of test data has been the biasing factor rather than the tests themselves. Test data are no more valid than the professional judgment made in applying them."

Daugherty (NASP communiqué, Vol. 48, No. 4, 2000) states that "social patterns are often more effectively stronger than legislation addressing change." Two of the patterns that cannot be changed by legislation are attitudes and perceptions. While it can be argued that attitudes are not always overtly demonstrated, beliefs and perceptions can, and do, influence interpretation and use of data in identifying students for special education, and certain stigmatizing categories in particular. Decisions made to provide students with perceived necessary services are sometimes influenced by what Losen and Orleid (2002, xxii) refer to as "unconscious bias."

Demonstration of attitudinal factors is revealed in discussion of interaction between the cultures of the students and their parents and that of the school. Harry and Klingner (2006) present case studies of the interaction of cultures that demonstrate how the attitude of school personnel toward parents and students influenced the placement and identification category as well as out-of-school suspension. Artiles et al. (2001) cite the ethnographic study conducted by Harry et al. (2006, 8), which reveals evidence that there were:

> "many ways in which the assessment process is influenced by unofficial, undocumented practices. These include informal pressures from school administrators and/or referring teachers, teachers' and psychologists' unacknowledged biases regarding children's family structures and practices and widely varying choice and implementation of psychological assessment tools."

Therefore, evaluators and PPT members are cautioned to examine the bias that could be introduced to the identification process by their attitudes and perceptions. Particular attention needs to be paid to the selection of evaluation tools and decisions made in the identification process so as not to solely select tools or make decisions in order for the student to receive services.

Determining Need for Evaluation

When a student has been referred to a planning and placement team (PPT) because a disability is suspected, the PPT must first review information to determine whether an evaluation needs to be conducted. In making this decision, the team must review the alternative procedures and programs implemented in general education. Some of the questions the team should explore as it determines the need for an evaluation are:

- Has the student been in general education and exposed to the curriculum for a year?
- What kinds of strategies and programs have been used to instruct and support the student? Have the strategies/programs been successful? Why or why not? Are there additional

general education strategies and programs that should be in place and tried before an evaluation is done? Unless the child's suspected intellectual disability is clearly biologically/organically based, early interventions should be conducted prior to evaluation.

- Are there data to suggest that the student has received appropriate instruction in reading and mathematics, with ongoing progress monitoring and formative (discrete skills) evaluation?
- Have data been collected and reviewed to determine that the student has not met benchmark expectations?

The Role of Families in the Evaluation Process

Parents and other family members of all children are able to provide educators and evaluators with information critical to understanding a student's background as well as his or her strengths and weaknesses. IDEA requires that information from parents about their child must be considered in the evaluation and eligibility process.

In 1997, the reauthorization of IDEA placed more emphasis than previously on *parental input* with regard to educational decisions made for students suspected of or identified as having a disability. IDEA 2004 continues to require *parental input* in the evaluation and eligibility process of students suspected of having a disability (see Appendix D for IDEA regulation). This input is required when multidisciplinary teams are planning the initial evaluation or reevaluation, as well as when determination of eligibility for special education is made.

When planning the evaluation or reevaluation, the planning and placement team (PPT) must review the existing data on the child. These data should include evaluations and information provided by the child's parents. While there is no definition 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 an appropriate evaluation:

- Family history (consideration given to language and other factors that may inhibit gathering this information; interview format should be adapted accordingly)
- Dynamics of the family
- Strengths and weaknesses
- Assessment of the environment
- Access to preschool
- Impact of culture on behaviors
- Student abilities in non-school settings
- Any other relevant information provided by family

Design of a Comprehensive Evaluation

When designing an evaluation, the PPT must ensure that data will be collected to determine the following:

1. The student's present level of performance and educational needs
2. Whether a student has a disability such as intellectual disability
3. Whether the student requires specially designed instruction and related services

As data are being collected through evaluation procedures, school personnel must consider the federal Protections in Evaluation Procedures (PEP) in the regulations of IDEA 2004, which state the following:

> 34 CFR §300.304 Evaluation procedures state that:
>
> Each public agency must ensure that the following requirements are met: (a)(1) Assessments and other evaluation materials used to assess a child under Part B of the Act— (i) Are selected and administered so as not to be discriminatory on a racial or cultural basis; (ii) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information about what the child can do academically, developmentally and functionally, unless it is clearly not feasible to so provide or administer; (iii) Are used for the purposed for which the assessments or measures are valid and reliable; (iv) Are administered by trained and knowledgeable persons; and (v) Are administered in accordance with any instructions provided by the producer of the assessments.

To help assure the evaluation is comprehensive, the initial evaluation must be conducted by a multidisciplinary team, with input gathered from multiple sources (e.g., parental, general classroom teacher, curriculum-based measures, standardized assessments, student records, and observations). The use of a variety of sources allows for multiple perspectives to be taken into consideration. Including parents' information is necessary as they know the student the best from their vantage as parents and have the same cultural perspective as the child. As bias can enter the process through the methods used to collect data and through the culmination of decisions about an individual, made one at a time, these specific procedures all help to limit that bias.

As team members design the evaluation, they must review existing data to determine what additional information is needed**.** If the category of intellectual disability is suspected to be the child's disability, the evaluation should cover the areas of intellectual functioning and adaptive behavior (practical and social) and include the following components as well:

- Evaluations and information provided by the parent (e.g., parent surveys of adaptive measures, interview information, across multiple settings)
- Information gathered and addressed during the early intervention process, such as:
    a. current classroom-based assessments and observations
    b. interventions and outcomes
    c. attendance
    d. academic history (e.g., report cards, curriculum exposure)
    e. progress in comparison to classroom peers, districtwide grade-level peers and statewide grade-level peers

f. health and developmental information of educational relevance including adaptive behavior
g. experiential background and cultural difference
h. English language proficiency

SECTION IV

CRITERIA FOR IDENTIFYING INTELLECTUAL DISABILITY

- Measurement of Intellectual Functioning
  - Intellectual Functioning Classification Criteria
  - Measurement Considerations
    - Instruments
    - Other Considerations

- Measurement of Adaptive Behavior
  - Adaptive Behavior Classification Criteria
  - Measurement Considerations
    - Instruments
    - Clinical Judgment

SECTION IV

Criteria for Identifying Intellectual Disability

Classification criteria specify the decision rules for determining whether individual cases meet the standards for the diagnosis. Classification criteria typically suggest measurement procedures and cutoffs for defining eligibility as well as degrees of flexibility allowed under different conditions.

Intellectual disability classification criteria may vary according to the purpose of the identification, the agency making the identification, and the relative consequences of different kinds of errors. Educational, legal and social services agencies within a state may establish different intellectual disability criteria such as higher or lower cutoffs on intellectual functioning and varying methods of assessing adaptive behavior. These variations are related to the different purposes of intellectual disability identification, such as eligibility and need for educational services, eligibility for public support, and culpability for criminal behaviors.

The identification of a student with intellectual disability is a significant determination and must always be done with appropriate care. Consideration should be given to the multiple sources of data collected and how a decision to identify a student with an intellectual disability may influence future outcomes for the student. Recognition of the special factors that may affect the identification process of students with any suspected disability is a critical professional responsibility (see Section VI, Special Considerations in Identification of Intellectual Disability).

Measurement of Intellectual Functioning

Intellectual Functioning Classification Criteria

To determine that a student is eligible for special education and related services under the Individuals with Disabilities Education Improvement Act (IDEA) due to a disability in the area of intellectual functioning, the planning and placement team (PPT) must find that the student has that disability and that the student requires specially designed instruction and related services to receive educational benefit, due to the disability. This condition of eligibility needs to be manifested in the individual's behavior across many different settings and situations.

The intent of these guidelines is to establish a criterion two standard deviations below the mean to determine significant limitations in intellectual functioning. Some flexibility in the application of such cutoffs has been recognized for decades in the AAMR Classification Manuals and represents standard best practices ranging between IQ 70-75 and referred to as a zone of uncertainty (Grossman 1973, 1983; Luckasson et al. 1992, 2002).

The rationale for some flexibility is based on the absolute certainty of error in the assessment of general intellectual functioning. No intellectual functioning test score is perfectly reliable. Use of the standard error of measurement (SEM) is a common method to account for the

unreliability of a test score. Confidence intervals can be established using the standard error of measurement to establish a probability statement about the likely variation of a test score upon repeated replications of the measurement process.

Significant limitations in intellectual functioning to guide decision making in Connecticut educational settings are as follows:

a. Composite score is 70 or below: If the *composite* or total test score meets this criterion, then the individual has met the intellectual functioning component of the intellectual disability diagnosis.
b. Composite score is between 71 and 75: If the *composite* score is suspected to be an invalid indicator of the person's intellectual functioning and falls in the range of 71-75, a part score of 70 or below can be used to satisfy the intellectual functioning component of intellectual disability.
c. Composite score is 76 or above: No individual can meet the intellectual functioning component of the intellectual disability diagnosis if the *composite* or total score is 76 or above, regardless of the level of part scores.

Measurement Considerations

There has been much discussion of the limitations of IQ tests (National Research Council 1996), and the fact that they provide an estimate of a student's level of functioning at one point in time must be taken into account. Therefore, these instruments should be used with other data, such as the rate of learning a student demonstrates, before they are accepted as representative of the student's true intellectual functioning. When reporting and interpreting the results of IQ tests, the technical characteristics of the test instrument, the norming sample that was used, the biases of that instrument for certain types of children, and other limitations of the instrument must be considered (Reschly and Grimes 2002).

In most cases, assessment of a student's intellectual functioning should be conducted by using the composite standard score since it measures more than one type of intellectual functioning (e.g., crystallized intelligence, fluid intelligence). If the validity of the composite score is in question (e.g., due to hearing impairments, student motivation, or limited exposure to the English language), then part scores can be considered in determining eligibility. Only part scores that are derived from scales that have strong correlations with overall general intellectual functioning (e.g., crystallized intelligence, fluid intelligence) can be used in place of a composite IQ.

For example, a student who is an English language learner receives a verbal scale score of 65 and a composite score of 73. This student's composite score would be in question due to limited exposure to the English language. Based on this information, this student would *not* be appropriately identified as meeting the criteria for intellectual functioning because the questionable low score on the verbal scale is pulling the composite score lower than would otherwise be expected.

When there is doubt due to confounding factors such as motor, sensory, visual, language or hearing impairment, it is recommended that another measure of intellectual functioning be administered to try to measure the untapped components of intelligence. For instance, use could be made of a nonverbal test that measures categorization and analogic reasoning skills for an individual who has an expressive communication impairment.

Instruments

The development of intelligence tests, used in the diagnosis and eligibility determination of intellectual disability, has increased in the past 25 years. This increase in development provides evaluators with multiple means of measuring intellectual functioning. When determining the instrument(s) that will fulfill the intellectual functioning criteria, consideration should be given to any impairments that the student suspected of having an intellectual disability may have (language, visual, hearing, motor, etc.). Assessment batteries should fit the unique needs of each student (National Research Council 2002). Some of the assessments currently in use are the Weschler Scales, including the Wechsler Intelligence Scale for Children (WISC-IV), the Weschler Preschool and Primary Scale of Intelligence (WPPSI-III) for younger children and the Weschler Adult Intelligence Scale-Revised (WAIS-V) for older students; Kaufman Assessment Battery for Children (KABC-II); Kaufman Adolescent and Adult Intelligence Test (KAAIT); Stanford Binet; and the Woodcock Johnson-III (WJ-III) Tests of Cognitive Ability. Some supplemental tests designed to meet unique needs of students suspected of having an intellectual disability are the Universal Nonverbal Intelligence Test (UNIT), the Leiter, the Test of Nonverbal Intelligence (TONI) and the Comprehensive Test of Nonverbal Intelligence (C-TONI).

The Connecticut State Department of Education does not endorse any particular measure of intellectual functioning.

Other Considerations

- Results should be "current," a term of art that must be applied in light of several factors such as the age of the student.
- Interpretation of results of measures of general intellectual functioning should consider the recency of the norms and possible deterioration of norms over time due to the Flynn Effect (Flynn 1987, 2006). The Flynn Effect is the phenomenon of year-to-year rise of IQ test scores that averages around three IQ points per decade. To account for the Flynn Effect, IQ scores are re-normalized periodically, such that the average score is reset to 100.
- Examiners should be qualified to conduct Class C assessments. Class C assessment tools and the requisite examiner qualifications are discussed in the *Standards for Educational and Psychological Testing.* The purpose of the Class C requirements is to ensure that complex assessments are selected, administered, scored and interpreted by appropriately qualified professionals.
- Tests should meet high psychometric standards.

A limitation in intellectual functioning should not be determined solely through the use of one intellectual tool. Other measures of intellectual functioning and ability to learn need to be considered also. The individual's abilities to process information, use problem-solving strategies in novel situations, perform executive functions, transfer knowledge, and generalize are important considerations. The evaluator should seek out information about the student's functioning in the classroom environment and the way that he or she has adapted to that and other environments such as home and community to assess whether a limitation in intellectual functioning has been demonstrated.

Measurement of Adaptive Behavior

Adaptive Behavior Classification Criteria

Conceptual definitions of adaptive behavior (in earlier decades, social competence), like those associated with general intellectual functioning, have varied during recent decades. A particularly concise definition was used in prior editions of the AAMR classification manual (Grossman 1973, 1983). This conception of adaptive behavior was,

> "Adaptive behavior is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group" (Grossman 1973, 11).

This definition of adaptive behavior communicates several critical characteristics including the following:

- Expectations, opportunities, and standards vary by age and cultural context requiring that both be considered in judgments about adaptive behavior
- Personal independence in terms of caring for oneself, operating without additional assistance in the community, neighborhood, and home, and self-support in the adult years
- Social responsibility in interactions with others and in meeting community standards for appropriate behavior

Domains of Adaptive Behavior

The most recent AAMR Manual defines adaptive behavior as, "the collection of conceptual, social, and practical skills that have been learned by people in order to function in their daily lives" (Luckusson 2002, 41). This formulation rests on recent factor and theoretical analyses that suggest three broad domains of adaptive behavior, conceptual, social and, practical (Greenspan, Switzky and Granfield 1997; Luckusson et al. 2002). The following descriptions of each domain appeared in Luckusson et al. (2002, 42):

- Conceptual: Language (expressive and receptive), reading and writing, money concepts, and self-direction

- Social: Interpersonal, responsibility, self-esteem, gullibility (vulnerability to being tricked or manipulated), naiveté, ability to follow rules, ability to obey laws, ability to avoid victimization
- Practical: Daily living activities (eating, mobility, toileting, dressing); Instrumental activities of daily living (meal preparation, housekeeping, using public transportation, taking medication, managing money, using the telephone); occupational skills; and maintaining safe environments

The descriptions of the three broad areas of adaptive behavior are highly useful in communicating key features and important competencies. The competencies specified must be further understood as varying by age and cultural contexts. Some cultural contexts, for example, place a high value on acquiring mobility skills, such as using public transportation by early adolescence, while others have no public transportation facilities and there are alternative expectations for mobility. Opportunity to learn competences and demand for using specific competencies must always be considered.

The Luckasson, et al., (2002) descriptions of adaptive behavior domains also reflect a range of complexity and sophistication. For example, expected competencies in the practical domain vary from eating and toileting to making sound decisions about money and health care needs. The range of complexity further communicates the increasing expectations for acquiring competencies to meet expanding demands for coping with increasing age.

Conceptual clarity about adaptive behavior is improved in recent formulations, which have, in turn, influenced the development of formal assessment instruments. The standardized adaptive behavior inventories available today are more closely matched to the critical domains required in classification decisions. Consequently, tools for decision making regarding eligibility for intellectual disability will support more accurate eligibility decisions resulting in improvement in educational programming and support services.

Much of the same discussion about intellectual functioning is relevant to the conception of adaptive behavior. Decisions about significant limitations in adaptive behavior also must involve consideration of a wide range of information, from different sources, and from different settings. A single adaptive behavior score should never be the sole basis for either confirming or rejecting the possible existence of a significant limitation in adaptive behavior. Rather, scores from standardized inventories across multiple domains (conceptual, social and practical) and a composite score must be considered along with other information.

Like general intellectual functioning, different sources of adaptive behavior information must be considered using different reporters (e.g., teachers, parents, peers), across multiple settings (in-school and out-of-school), and using different methods to collect information (review records, interviews, observations and tests). Again the convergent validity principle must be applied in the interpretation of information with valid diagnostic decisions resting on multiple kinds of information that determines if a consistent pattern is apparent that supports identifying a significant limitation in adaptive behavior. If the information described above largely converges

on a specific conclusion about the existence of adaptive behavior deficit(s), then further support is provided for a diagnosis of intellectual disability. On the other hand, if one or more kinds or sources of information about adaptive behavior is inconsistent with a conclusion of a adaptive behavior deficit(s), then additional information gathering may be necessary as well as a PPT teams' reluctance to confirm a diagnosis of intellectual disability.

The practical and social domains have obvious and well-established status as critical components of the adaptive behavior hypothetical construct. The necessity and relevance of the conceptual domain may need further comment. The conceptual domain denotes competencies that are essential to everyday successful functioning in the community, neighborhood, home and school (a critical developmental setting in modern, economically complex societies). Lack of age-appropriate mastery of these skills leads to serious coping disadvantages and informal identification of adaptive behavior limitations by others. For example, children who cannot apply literacy skills in everyday situations, such as finding a number in a phone directory or comparing prices between different sizes of some commodity, are at a serious disadvantage and 55show deficits that are readily recognized by peers and adults. Adaptive behavior formulations that do not consider the conceptual domain including the acquisition of literacy and numeracy skills miss key areas of development that are important to all children, youth and adults in this society.

Eligibility Criteria for Adaptive Behavior

To determine if a student is eligible for special education and related services under the Individuals with Disabilities Education Improvement Act due to a disability in the area of intellectual disability, in addition to significant limitations in intellectual functioning, the individual must also be found to have significant adaptive behavior limitations as expressed through conceptual, practical and social skills.

To meet the requirements for significant limitations in adaptive behavior, both of the following criteria must be met:

1. Standardized assessment score equating to 1.5 standard deviations below the mean, taking into account the standard error of measurement, in the composite score or one of the three domains (conceptual, social or practical). This level is being used due to issues with the interpretation of adaptive behavior standardized measures and the imperfect correlation between measures (AAMR Manual 2002, 78).
2. Multiple sources of converging data across settings (e.g., home, school, community) that demonstrate limitations in adaptive behavior and support the standardized assessment results such as (a) systematic observations of age-appropriate adaptive behavior in relevant settings; (b) indirect assessments, such as parent and teacher interviews and rating scales; and (c) if appropriate, given the student's level of functioning, curriculum-based measurement of functional academic skills (basic reading skills, reading comprehension, mathematics calculation, mathematics reasoning and written expression).

Measurement Considerations

An assessment of adaptive behavior can be made through the use of both direct assessment procedures (informal and structured observations) and indirect assessment procedures (third-party interviews and rating scales). The skills assessed must be skills that the individual had ample opportunity to develop. The individual must have been exposed to activities where those skills could be learned and have been practiced in order for a limitation in those skills to be considered significant. Thus, the personal and family history of the individual's culture as well as school experience must be considered in order to identify an intellectual disability (refer to page 27 on nonbiased assessment.).

An assessment must measure skills that are learned in a school setting as well as those exhibited in home and community settings that have an impact on educational progress. Adaptive behavior performance across school and nonschool settings should be taken into account when determining programming and placement decisions. For example, a student who does not demonstrate adaptive behavior limitations in the nonschool setting, but does in the school setting likely needs a school program that focuses on academic skills in the general education curriculum. Historically, these students would have been taught through an alternative curriculum that primarily focused on functional skills such as that often adopted in special classes.

An assessment of adaptive behavior must take into account the student's cultural and linguistic background and must measure the student's skills within the context of his or her community environment. The student must be assessed in comparison to same-age peers from a similar cultural and linguistic background. Thus, the cultural standards and expectations of the student's community need to be considered to determine whether he or she is demonstrating a limitation in adaptive behavior.

If the student has any sensory, health or physical limitations, the assessment of adaptive behavior should examine or compare skills that are not affected by these limitations to determine if an intellectual disability exists. The assessment might need to be modified to account for errors caused by sensory, health or physical disability. A limitation in adaptive skills must be assessed carefully to be sure that it is a result of an adaptive behavior limitation, rather than the result of the sensory, health or physical limitation.

Other confounding factors must be considered, such as the level of knowledge that an informant completing an adaptive behavior rating scale may have of the individual's skills across settings or a bias that may exist, limiting the informant's objectivity. In addition the scales possibly will not provide an adequate comparison group for specific individuals. However, the instrument should contain enough standardization data and behaviors that can distinguish between individuals with and without intellectual disability.

Instruments

Reschly, Myer and Hartel (2002, 66) state that at least 200 adaptive behavior instruments have been published and that very few of the instruments "have adequate norms and reliability to

identify mental retardation (intellectual disability) in people with IQs in the questionable range (e.g., 60-80)." Reschly et al. (2002) also emphasized that no current instrument used alone is sufficient to diagnose adaptive behavior deficits. All must be supplemented by additional information and interpreted in the context of the individual's current social and cultural environment. Reschly et al. (2002) also noted the limitations of many adaptive behavior measures in terms of (a) dependence on a knowledgeable third party respondent; (b) insufficient floors and ceilings yielding spuriously high scores; (c) susceptibility to response sets and, in rare cases, faking to achieve a particular result; (d) poor inter-examiner reliability; and (e) necessity of exceptionally strong interviewing skills.

Professionals doing assessment should review the instruments and research that other reviewers have published about the instrument. As the AAMR (2002, 79) Manual recommends, "scales with high reliability and low standard errors of measurement (SEMs) are recommended for use in" identification. For a more detailed review of adaptive behavior scales and the correspondence between the domains of adaptive behavior, see Appendix C.

The Connecticut State Department of Education does not endorse any particular adaptive skills measure.

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 the area of adaptive behavior. Keep in mind that there will be instances that require clinical judgment by the examiner. Clinical and professional judgment is rooted in professional experience with the individual. Clinical judgment may be required in each or some of the following factors (AAMR Manual 2002, *Definition, Classifications and Systems of Support*, 85-87):

- The individual's physical condition and mental health
- Opportunities or experiences and participation or interactions
- Multiple data sources
- Relevant contexts or environments
- Sociocultural considerations

Stephen J. Bagnato, Margie Matesa, Janell Smith-Jones, Antonio Fevola (2004, 3) make the valid, if not obvious, point that, "all assessment involves some aspect of clinical judgment, (but) despite the policy mandate (mentioned under Part C regulations), no clear definition of the phenomenon of clinical judgment exists." Clinical judgment "refers to the knowledgeable perceptions of caregivers and professional about the elusive and subtle capabilities of children in different contexts that must be quantified so that individuals or teams are able to reach accurate decisions about eligibility for early intervention." All interpretations, even the results of objective, standardized tests, involve clinical judgment in that the examiner makes numerous decisions regarding selection of the test, appropriateness of items and tasks, and meaningfulness of the results for the decision(s) that must be made. Professional training

and experience inform and likely improve clinical judgment, but such judgments must begin with evidence and produce decisions that are consistent with evidence.

Because of the ambiguity in clinical judgment, evaluators are reminded about the importance of collecting multiple sources of converging data to validate assessment information and decision making. Convergent validity lowers the levels of inference and clinical judgment necessary to make appropriate decisions. Ultimately, a multidisciplinary team reviews all pertinent data and makes a final determination regarding eligibility.

SECTION V

ELIGIBILITY DETERMINATION

- Eligibility Determination
- Flowchart to Determine Eligibility of Intellectual Disability
- Intellectual Disability Eligibility Documentation

SECTION V

Eligibility Determination

When all appropriate and necessary data have been collected, a PPT, with each member (including the parent) as an equal participant in the decision process, must review information from a variety of sources to determine eligibility as a student with intellectual disability. Data critical to decision making are:

- Curriculum based assessments
- Aptitude and achievement tests
- Parental input
- Teacher recommendations
- Physical condition
- Social or cultural background
- Adaptive behavior

Parental input when determining eligibility should assure that the parents are informed participants. Parents provide key information to consider. Being informed will provide parents with greater ability to provide input to decisions made regarding their child. The following are examples of good practices that will facilitate their involvement:

- Availability of a staff member to explain assessments and implications
- Allotment of time for questions and answers
- Clarification of education jargon
- Sufficient time given for processing
- Prompt follow-up communication to ensure understanding

Data from all sources should converge to meet each of the following criteria for an appropriate identification of a student with an intellectual disability:

1. A significant limitation in intellectual functioning requires a composite or total test score of two (2.0) standard deviations below the population mean, with consideration given to the standard error of measurement (SEM), on a valid and reliable test of intellectual functioning.
2. A significant limitation in at least one of the three areas of conceptual, social and practical adaptive skills or the composite score must be evident. Functional limitations must equate to deficits scores of at least 1.5 standard deviations below the mean on the standardized assessment tool used, taking into account the SEM.
3. Evidence of significant limitations in both intellectual functioning and adaptive behavior must appear during the developmental period (prior to age 18). The diagnosis of intellectual disability/mental retardation does not have to be made by age 18, but

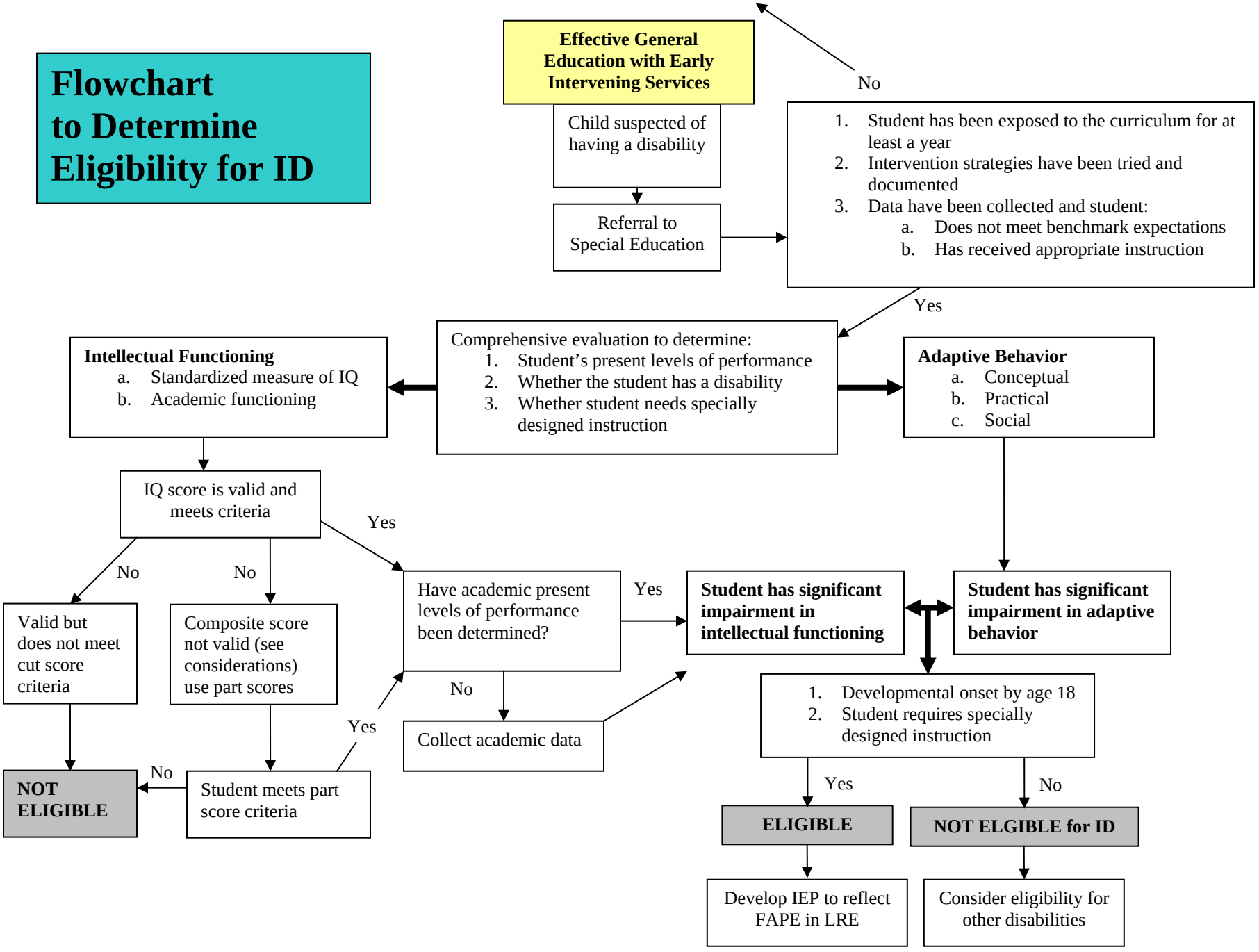
evidence of significant limitations in the appropriate areas has to be present prior to age 18.

4. The disability must adversely affect the student's educational performance and, as a result, the student requires special education to address his/her unique educational needs.

The identification of a student with intellectual disability is a significant determination and must always be done with appropriate care. Consideration should be given to the multiple sources of data collected and how a decision to identify a student with an intellectual disability may influence future outcomes for the student. Recognition of the special factors that may affect the identification process of students with any suspected disability is a critical professional responsibility (see page 48 on special considerations in the identification of intellectual disability).

To ensure fidelity to the process for identification of students with intellectual disability as well as to ensure appropriate documentation of intellectual disability, the following flowchart and documentation of eligibility worksheet are provided. The PPT should complete the documentation eligibility worksheet whenever an identification of intellectual disability is considered.

Flowchart to Determine Eligibility for ID



Intellectual Disability Eligibility Documentation

Name of Student:_____ Date of Birth: ___/___/_____ Age:_____
District:_____ School: _____ Grade: _____
Date of PPT Determining and Documenting Eligibility: _____

Eligibility Standards and Procedures Documentation	Standard Met? Yes	No
1. Intellectual Functioning		
a. Is there significantly limited intellectual functioning, that is 2 standard deviations below the mean on an individually administered, standardized measure of intelligence?	☐	☐
b. Did interpretation of evaluation results consider factors that may affect test performance including:		
i. Limited English proficiency	☐	☐
ii. Cultural background and differences	☐	☐
iii. Medical conditions that affect the student's performance at school	☐	☐
iv. Communication, sensory or motor abilities	☐	☐
c. Are the factors above documented in the written report?	☐	☐
2. Adaptive Behavior – Home (Standardized)		
a. Is there documentation of adaptive behavior of home or community skills from the child's principal caretaker?	☐	☐
b. Is the adaptive behavior composite score 1.5 standard deviations below the mean of the instrument on at least one of the domains?	☐	☐
c. Did interpretation of evaluation results consider factors that may affect test performance including:		
i. Limited English proficiency	☐	☐
ii. Cultural background and differences	☐	☐
iii. Medical conditions that affect the student's performance at school	☐	☐
iv. Communication, sensory or motor abilities	☐	☐
d. Are the factors above documented in the written report?	☐	☐
e. Additional documentation of adaptive behavior: _____ _____ _____		
3. Adaptive Behavior – School (Systematic Observations and Curriculum-based Assessments)		
a. Do significant limitations exist in adaptive behavior as determined by systematic observations in the school, daycare center, residence or program that compares the child with same-age peers?	☐	☐
b. Do the observations address age-appropriate adaptive behaviors for the child's chronological age?	☐	☐
c. Results of additional documentation of adaptive behavior skills, when appropriate (e.g., standardized school adaptive behavior, reading, math or writing skills assessment): _____ _____ _____		
4. Was intellectual impairment manifested during the developmental period (birth through 18)?	☐	☐
5. a. Was the student provided appropriate instruction?	☐	☐
b. Was the student provided early intervening services? Please describe on a separate page (EIP, SAT, multi-tiered interventions, etc.).	☐	☐
c. Based on the above, is student's performance due to lack of appropriate instruction?	☐	☐
6. Is there current demonstration of limitations in the student's functioning across multiple contexts?	☐	☐
7. Does the student's intellectual functioning cause adverse effects on education performance in the general education classroom or other learning environment and require individually designed instruction in order for the child to receive educational benefit from a free and appropriate public education?	☐	☐
8. Is this student eligible as a student with intellectual disability?	☐	☐

SECTION VI

SPECIAL CONSIDERATIONS IN IDENTIFICATION OF INTELLECTUAL DISABILITY

- Intellectual Disability versus Learning Disability
- Concomitant Conditions and Disabilities
- Cognitive Assessment of Particular Populations
- Eligibility at Reevaluation

SECTION VI

Special Considerations in Identification of Intellectual Disability

Eligibility determinations are integral decisions made that affect the lives of children and their families. Consequently, these decisions must be made with special consideration of those factors that may hinder the clarity of the information used in the decision process.

Intellectual Disability versus Specific Learning Disability

In making eligibility determinations, multidisciplinary teams may be reluctant to identify students as having a mild intellectual disability.

Nationally, the prevalence of mental retardation has declined by more than 40 percent and the prevalence of learning disabilities has increased by more than 240 percent since 1977 (Reschly, Myers and Hartel 2002). Students are frequently identified as specific learning disabled (SLD) when, in fact, they have an intellectual disability (Macmillan et al. 1996).

School personnel must make eligibility decisions based on multiple kinds of information, from a variety of sources, and not on trends or patterns in ID and SLD identification. Misdiagnosing children and youth into what are perceived as more acceptable categories raises ethical issues and may create long-term problems for individuals and those agencies designed to assist clients who have the particular category of disability.

Intellectual disability and specific learning disability differ in several ways. Federal regulations (34 CFR § 300.8(6)), which use the synonymous term mental retardation, define ID as "significant 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." Specific learning disability is defined as "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia" (34 CFR § 300.8(10)).

SLD describes a group of disorders that affect a child's ability to learn certain subject matter as demonstrated in skill domains, as listed in the definition. Samuel Kirk is cited as coining the term "learning disability" as a "catch-all phrase to describe a number of different problems affecting the ability of certain children to learn. He noted that these problems manifested themselves in children who were otherwise capable, but were underachieving." (Donovan and Cross 2002, 244).

Intellectual disability, on the other hand, is described as a global deficiency in intellectual functioning and, therefore, learning in general is affected. Besides globally low intellectual functioning, the construct of social competence is also implicated in the profile of a child or person with intellectual disability. The issues of social competence relative to adaptation have been argued to be a direct consequence of the level of intellectual functioning, manifested in "difficulty in processing social situations" (Greenspan 2006).

Children with learning disabilities are not expected to have significant subaverage general intellectual functioning and are expected to demonstrate generally appropriate social behavior. They are not expected to have limitations in a global sense, but rather in specific areas of cognitive functioning. In spite of the limitations demonstrated by children with SLD, they are expected to be constructive and creative in their approach to problem solving. On the contrary, persons with ID are said to lack the ability to be creative in problem solving and generally do not generalize learning strategies to novel situations.

Concomitant Conditions and Disabilities

Intellectual disability has several etiologies, some biological or organic, and some attributed to environmental factors such as toxins as well as socioeconomic factors. While intellectual disability is not a medical condition it can be associated with or occur with many medically diagnosed conditions. There is evidence in the research literature regarding the link between, for example, Fetal Alcohol Syndrome and intellectual disability (Loftus and Block 1996). The best known connection is the link between Down Syndrome (Trisomy 21) and intellectual disability. Both of these links are viewed as causal for intellectual disability. The incidence of intellectual disability resulting from chromosomal or other biomedical causes is estimated to be about 20-25 percent. (MacMillan 1982). However, more than 75 percent of children with intellectual disability (onset during the developmental period) have no diagnosable biomedical conditions (MacMillan 1982; Donovan and Cross 2002). Attention deficit hyperactivity symptomatology (Cantwell 1999) and autism (Ghaziuddin 2000) have been found to co-occur with intellectual disability. Historically, children with autistic symptomatology were sometimes identified as having intellectual disability as a primary disability. "Autism is said to be uncommon in certain types of mental retardation, such as Down Syndrome…possibly because persons with Down Syndrome are said to be friendly and affectionate" (Ghaziuddin 2000).

Ghaziuddin (2000) states the incidence of psychiatric disorders is well-known to be increased in the presence of intellectual disability. However, this prevalence is more likely to be manifested in more severe cases. While emotional and behavioral problems might also be manifested in children with intellectual disability, it should not be assumed that emotional and behavior disorders are necessarily concomitant disabilities with intellectual disability. In examining the literature, it appears that co-morbidity of disorders is mostly addressed by the medical profession. In cases of severe intellectual disability with high probability of organic abnormalities, emotional and behavioral problems might be the child's way of communicating, as language might also be severely impaired. Campbell and Malone (1991) argue that "accurate assessment of psychiatric disorders in this population is difficult because patients with mental retardation have poor communication skills and because most diagnostic instruments were developed for persons of normal intellectual functioning." Campbell and Malone's (1991) argument applies to educational assessment as well. Accuracy of diagnosis is difficult.

The federal definition of multiple disabilities defines multiple disabilities as "concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic

impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness" (34 CFR § 300.8(7).

The limitations in cognitive or intellectual functioning or problems with attention may affect information processing and communication with similar academic outcomes, thus multiple disabilities may not be appropriate. Yet, if the impact of the cognitive disability is exacerbated by attention deficits or hyperactivity, uncommon in intellectual disability, then multiple disabilities may be the more appropriate category of eligibility. Additionally, if the type of special education services needed for just one of the identified disabilities is not appropriate to meet the child's needs, then multiple disabilities may be the appropriate category.

Determination of the complexity of a potential program may be useful in establishing if a student meets the requirements of law; which state "the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments."

PPTs are cautioned in applying the multiple disability category for a child with intellectual disability and a communication impairment, such as articulation or language delay. Communication skills are usually implicated in the profile of a child with intellectual disability. So, while a child may appear to meet the speech and language impairment (SLI) criteria, the PPT should apply the label that best describes the primary disability, in this case, ID.

In the case of a child with intellectual disability and emotional or behavior complications, one might question the impact of cognitive limitations on the child's emotional or behavioral condition that is creating the difficulty rather than a co-existing disability creating that emotional or behavioral condition, such as speech and language impairment (SLI), traumatic brain injury (TBI) or serious emotional disturbance (SED). Much consideration must be exerted when assessing students with intellectual disability and concomitant emotional or behavioral issues. Deciding on multiple disabilities as the primary disability category for a child with intellectual disability who presents with emotional and behavioral factors can be especially challenging. This challenge is influenced by the social phenomena of gullibility and vulnerability to social manipulation of persons with intellectual disability, and the implications of limited language development on the communicative intent of behavior.

In the case of mild intellectual disability and a co-existing disability, making these decisions is also difficult when attempting to determine which disability has more impact on the student's academic or adaptive functioning.

Conscious efforts and diligence are necessary to comply with the federal definition of multiple disabilities when making eligibility decisions for students suspected of having multiple disabilities. Focus should be directed toward the assurance that (1) the student has multiple disabilities that require specially designed instruction; and (2) their needs cannot be accommodated for in special education programs solely for one of their disabilities.

Cognitive Assessment of Particular Populations

Identification of an intellectual disability is heavily reliant upon data that demonstrate a significant limitation in intellectual functioning. Intelligence Quotients (IQ) serve to make this determination in most cases. In rare cases when a student is either very young or determined by a team well-informed about assessment practices to be either "untestable" or not appropriate for any available tests, the PPT may make a decision to forgo administration of a particular test of cognitive assessment. In these cases, there should be sufficient objective information consistent with the identification of intellectual disability, and both school personnel and parents must agree with that decision. Given the importance of a cognitive assessment for the identification of students with intellectual disabilities, it is imperative in these instances that the PPT must determine the most appropriate measure of cognitive ability. This may be a developmental assessment of the cognitive domain or other such assessment that would provide objective cognitive information to the team, ensuring an informed determination of intellectual disability as well as useful information for programming.

Eligibility at Reevaluation

Throughout a child's school years, the PPT has the responsibility to reevaluate the continuation of eligibility. This evaluation needs to occur at least one time, every three years. Formal assessment is not always required, as a review of existing information (e.g., curriculum based assessments, informal reading inventories, checklists, etc.) may be sufficient information for the PPT to re-determine eligibility. There are several situations in which the PPT may find it appropriate to conduct a more comprehensive evaluation.

One such circumstance is when the reevaluation of a student identified as having an intellectual disability falls during the early to mid-elementary (K-5) grades. One situation that may confront a PPT is a possible change in eligibility from developmental delay to intellectual disability or another disability. In another situation, the PPT may need to determine continuing eligibility for intellectual disability. In either case, the child had been previously identified during the preschool or early grades (K-2). Consequently, due to the rapid maturation in normal development and the significant instructional opportunities provided through prevention and intervention, evaluation may no longer provide a picture of the child as a child with a disability.

Additionally, an alternate form of cognitive functioning or use of an IQ normed for a younger population (such as WIPPSI), may have been used based upon the child's age and ability at the time of the previous evaluation. Changes in the child's development and age may now compel the PPT to use an IQ test at the time of reevaluation in elementary school.

There are times particularly in later years where the PPT may use a comprehensive evaluation and discover the student no longer meets eligibility in the intellectual functioning and/or adaptive area. In these circumstances, the PPT, prior to considering a change in classification to another disability category or discontinuation of special education, should carefully examine the child's educational history of services, the intensity, location and duration of services, and the child's exposure to the general education curriculum. Each of

these factors, when the "test" data may not support the criteria for intellectual functioning or adaptive behavior functioning, may lead to the PPT decision to either continue eligibility as ID or to change to another disability category.

A second point of reevaluation when it may be critical to conduct a comprehensive evaluation is in the high school years. It is at this stage that students have had a significant history of educational experiences that may have influenced their intellectual functioning and/or adaptive skills. PPTs should exercise serious caution in determining a student is no longer eligible under IDEA for special education or in changing a student label from ID to another category in the high school years without a thorough, comprehensive evaluation, using extensive school and home-based data, rather than heavy reliance on standardized test scores. PPTs need to be aware of the ramifications of these decisions for accessing support services once IDEA eligibility ends.

SECTION VII

PROGRAMMING IN THE LEAST RESTRICTIVE ENVIRONMENT

- Least Restrictive Environment Statutory Requirements

- Determining the Least Restrictive Environment
  - Developing an Individualized Education Program
  - Placement Decisions
    - Points to Consider in Determining Programming in the Least Restrictive Environment

SECTION VII

Programming in the Least Restrictive Environment

Least Restrictive Environment Statutory Requirements

The requirement of educating students in the least restrictive environment (LRE) has been in federal law since the enactment of the Education for All Handicapped Children Act, (PL 94-142), more than 30 years ago. This act required procedures that assured "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled." In addition, it stated "that special classes, separate schooling or other removal of children with disabilities from the regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." The intent and definition of the term LRE have been retained in all reauthorizations of this act, including the Individuals with Disabilities Education Improvement Act of 2004 (34 CFR § 300.114-300.116, inclusive).

Once a determination is made that a student has an intellectual disability and requires specialized instruction, the team develops the individualized education program (IEP). Decisions regarding the delivery of services must ensure that, independent of the label of intellectual disability, the child receives a free and appropriate public education (FAPE) in the least restrictive environment.

IDEA 2004 identifies the necessary elements of assuring a child is provided with a free appropriate public education in the least restrictive environment (FAPE in the LRE). These statutes and regulations provide the PPT with the needed information to provide FAPE in the LRE to the child with an intellectual disability following identification. These regulations (34 CFR) include decisions about the development of an IEP and the placement in which the IEP will be implemented. The goal for all students with intellectual disability is that, to the "maximum extent appropriate," they are educated with students who are not disabled in the general education setting, engaged in learning activities from the general education curriculum, with appropriate accommodations and modifications.

Determining the Least Restrictive Environment

Determining the LRE begins with the development of the IEP. The IEP needs to be developed for educational benefit and for the ability of the student to progress in the general education curriculum or appropriate preschool activities.

Critical factors in making the decisions about FAPE in the LRE include:

- Location of services
- Location of implementation of the IEP
- Home school
- Access to nondisabled peers
- Access to extracurricular activities
- Access to nonacademic activities

Areas that need to be addressed in the development of the IEP related to LRE include:

- Accommodations and modifications
- Goals and objectives
- Special education and related services
- Extracurricular activities
- Transportation

When making decisions in developing the IEP, the PPT needs to (a) be aware of a child's strengths and needs and (b) identify goals and objectives that link to the general curriculum.

In 1991, a class action lawsuit was filed against the State Board of Education on behalf of all school-age children with the label of mental retardation/intellectual disability who were not being educated in regular classes. The *P.J. et al. v. State of Connecticut, State Board of Education, et al.* case is a federal district court lawsuit in which plaintiffs argued that the state of Connecticut was in violation of the least restrictive environment provisions of the Education for All Handicapped Act of 1975. Data presented by the plaintiffs showed that the majority of students with mental retardation/intellectual disability in Connecticut were significantly segregated from their general education peers in school districts across the state. Connecticut entered into a settlement agreement with the plaintiffs in May 2002. The LRE provisions of IDEA and disparate identification of minority students as having intellectual disability were the focus of the settlement agreement. Subsequently, five goals to increase regular class placement, attendance in the student's home school and participation in extracurricular activities with nondisabled peers were established to address these issues.

The Department offers a series of points to consider when determining programming in the least restrictive environment. These are as follows.

1. Team determines the essential grade-level standards in terms of what ALL students need to know and be able to do, appropriate to the student's age.

2. A comprehensive team composed of those directly involved with the student, knowledgeable of the age-appropriate grade-level curriculum, and with specific expertise regarding the student's strengths and needs, analyzes the match or gaps between the student's current levels of performance and the task/setting demands of the general education classroom.

3. Based on the analysis, the team selects the appropriate instructional accommodations that will assist the student in making progress in the general education curriculum.

4. If student needs cannot be addressed solely through accommodations, the team selects appropriate curriculum modifications that are based on student needs and will allow the student to make progress in the general education curriculum.

5. The team writes the IEP goals and objectives/benchmarks aligned with the general education curriculum in consideration of the student's present level of performance.

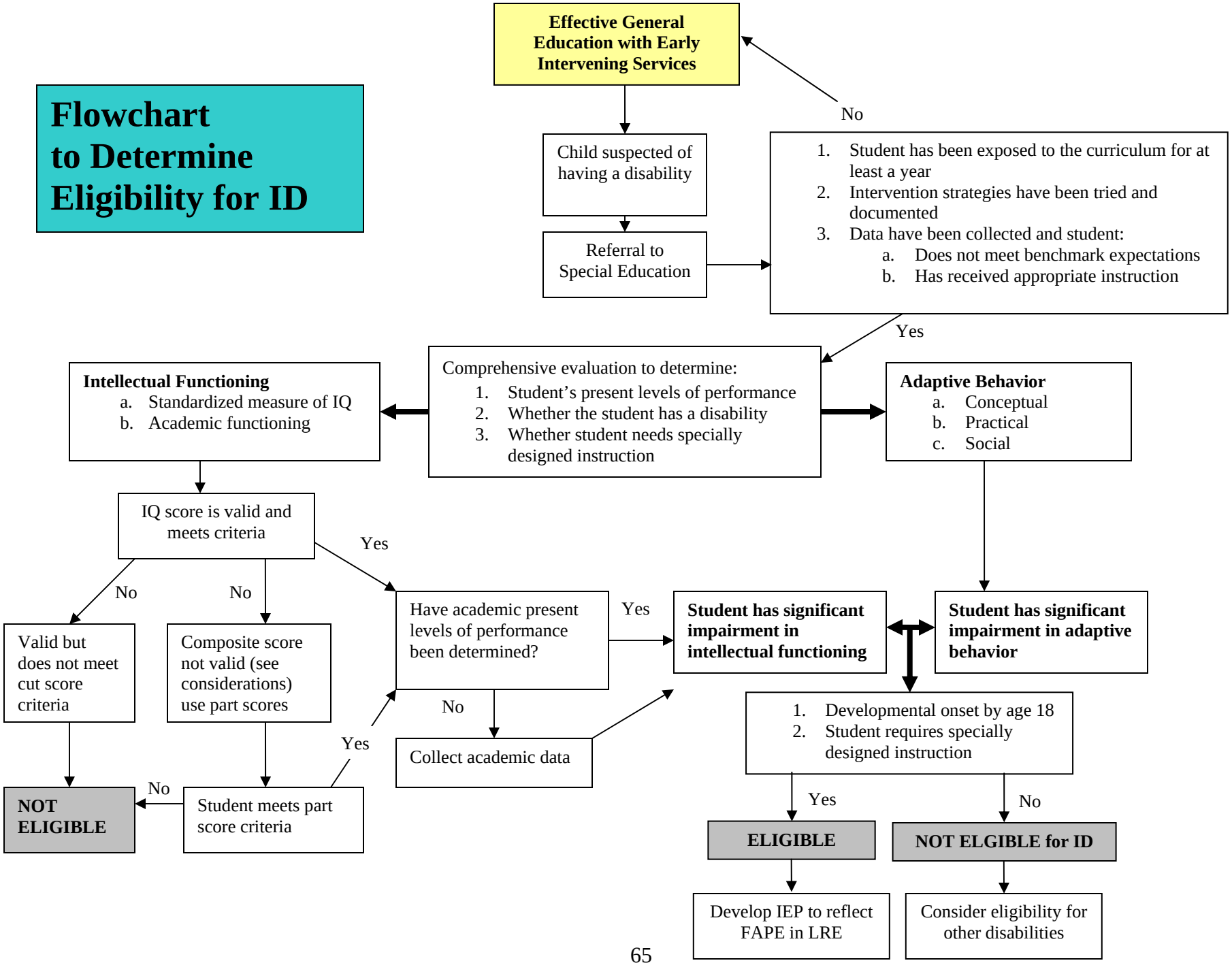
6. The team determines the levels and types of supports and services needed to assist the student in general education curriculum.

7. General education placement is the first choice option considered as part of the IEP development.

8. The IEP is implemented as designed.

9. Changes in an IEP are based on continuous monitoring of student progress and the examination of the degree of implementation integrity.

Flowchart to Determine Eligibility for ID



Appendix B

Intellectual Disability Eligibility Documentation

Name of Student:_____ Date of Birth: ___/___/_____ Age:_____
District:_____ School: _____ Grade: _____
Date of PPT Determining and Documenting Eligibility: _____

Eligibility Standards and Procedures Documentation	Standard Met? Yes	No
1. Intellectual Functioning		
a. Is there significantly limited intellectual functioning, that is 2 standard deviations below the mean on an individually administered, standardized measure of intelligence?	☐	☐
b. Did interpretation of evaluation results consider factors that may affect test performance including:		
i. Limited English proficiency	☐	☐
ii. Cultural background and differences	☐	☐
iii. Medical conditions that affect the student's performance at school	☐	☐
iv. Communication, sensory or motor abilities	☐	☐
c. Are the factors above documented in the written report?	☐	☐
2. Adaptive Behavior – Home (Standardized)		
a. Is there documentation of adaptive behavior of home or community skills from the child's principal caretaker?	☐	☐
b. Is the adaptive behavior composite score 1.5 standard deviations below the mean of the instrument on at least one of the domains?	☐	☐
c. Did interpretation of evaluation results consider factors that may affect test performance including:		
i. Limited English proficiency	☐	☐
ii. Cultural background and differences	☐	☐
iii. Medical conditions that affect the student's performance at school	☐	☐
iv. Communication, sensory or motor abilities	☐	☐
d. Are the factors above documented in the written report?	☐	☐
e. Additional documentation of adaptive behavior: _____ _____ _____		
3. Adaptive Behavior – School (Systematic Observations and Curriculum-based Assessments)		
a. Do significant limitations exist in adaptive behavior as determined by systematic observations in the school, daycare center, residence or program that compares the child with same-age peers?	☐	☐
b. Do the observations address age-appropriate adaptive behaviors for the child's chronological age?	☐	☐
c. Results of additional documentation of adaptive behavior skills, when appropriate (e.g., standardized school adaptive behavior, reading, math or writing skills assessment): _____ _____ _____		
4. Was intellectual impairment manifested during the developmental period (birth through 18)?	☐	☐
5. a. Was the student provided appropriate instruction?	☐	☐
b. Was the student provided early intervening services? Please describe on a separate page (EIP, SAT, multi-tiered interventions, etc.).	☐	☐
c. Based on the above, is student's performance due to lack of appropriate instruction?	☐	☐
6. Is there current demonstration of limitations in the student's functioning across multiple contexts?	☐	☐
7. Does the student's intellectual functioning cause adverse effects on education performance in the general education classroom or other learning environment and require individually designed instruction in order for the child to receive educational benefit from a free and appropriate public education?	☐	☐
8. Is this student eligible as a student with intellectual disability?	☐	☐

Appendix C

Reviewed Adaptive Behavior Scales

AAMR Table 5.1 (Manual 2002, p.77): Correspondence Between Dimensions of Adaptive Behavior and Empirically Derived Factors on Existing Measures

Instrument	Conceptual Skills	Social Skills	Practical skills
AAMR Adaptive Behavior Scale- school and community (Lambert, Nihira & Leland, 1993)	Community self-sufficiency	Personal-social responsibility	Personal self-sufficiency
Vineland adaptive Behavior Scales (Sparrow, Balla & Cicchetti (1984). (Revised versions available)	Communication	Socialization	Daily living skills
Scales of Independent Behavior –Revised (Bruininks, Woodcock, weatherman & Hill, 1991). 1996 version available.	Community living skills	Social interaction and communication skills	Personal living skills
Comprehensive Test of Adaptive Behavior-Revised Adams (2000)	Language concepts and academic skills Independent living	Social skills	Self-help skills Home living
**Adaptive Behavior Assessment System (ABAS) -Harrison and Oakland(2003)			

**This scale *is described by Reschly as fairly new, but has adequate psychometric properties.*

AAMR Note: "All measures (except the ABAS) shown in this table are considered to have adequate psychometric properties, and contain normative data on the general population. The purpose of this table is to illustrate that current adaptive behavior measures provide domain scores that represent the three dimensions of adaptive behavior skills in the AAMR 2002 definition. It is not intended to necessarily endorse these instruments or to exclude other measures that meet the guidelines for diagnosis."

Appendix D

Evaluation and Determination of Eligibility

Federal Regulations: Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities (Effective October 13, 2006. 34 CFR 300.301 to 300.305, inclusive)

Evaluations and Reevaluations

§ 300.301 Initial evaluations.

(a) *General.* Each public agency must conduct a full and individual initial evaluation, in accordance with §§ 300.305 and 300.306, before the initial provision of special education and related services to a child with a disability under this part.

(b) *Request for initial evaluation.* Consistent with the consent requirements in § 300.300, either a parent of a child or a public agency may initiate a request for an initial evaluation to determine if the child is child with a disability.

(c) *Procedures for initial evaluation.*
The initial evaluation—

(1)(i) Must be conducted within 60
days of receiving parental consent for the evaluation; or (ii) If the State establishes a timeframe within which the evaluation must be conducted, within that timeframe; and

(2) Must consist of procedures—

(i) To determine if the child is a child with a disability under § 300.8; and

(ii) To determine the educational needs of the child.

(d) *Exception.* The timeframe described in paragraph (c)(1) of this section does not apply to a public agency if—

(1) The parent of a child repeatedly fails or refuses to produce the child for the evaluation; or

(2) A child enrolls in a school of another public agency after the relevant timeframe in paragraph (c)(1) of this section has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability under § 300.8.

(e) The exception in paragraph (d)(2) of this section applies only if the subsequent public agency is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and subsequent public agency agree to a specific time when the evaluation will be completed.

(Authority: 20 U.S.C. 1414(a))

§ 300.302 Screening for instructional purposes is not evaluation.

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.

(Authority: 20 U.S.C. 1414(a)(1)(E))

§ 300.303 Reevaluations.

(a) *General.* A public agency must ensure that a reevaluation of each child with a disability is conducted in accordance with §§ 300.304 through 300.311—

(1) If the public agency determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or

(2) If the child's parent or teacher requests a reevaluation.

(b) *Limitation.* A reevaluation conducted under paragraph (a) of this section—

(1) May occur not more than once a year, unless the parent and the public agency agree otherwise; and

(2) Must occur at least once every 3 years, unless the parent and the public agency agree that a reevaluation is unnecessary.

(Authority: 20 U.S.C. 1414(a)(2))

§ 300.304 Evaluation procedures.

(a) *Notice.* The public agency must provide notice to the parents of a child with a disability, in accordance with § 300.503, that describes any evaluation procedures the agency proposes to conduct.

(b) *Conduct of evaluation.* In conducting the evaluation, the public agency must—

(1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—

(i) Whether the child is a child with a disability under § 300.8; and

(ii) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

(2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and

(3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

(c) *Other evaluation procedures.* Each public agency must ensure that—

(1) Assessments and other evaluation materials used to assess a child under this part—

(i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;

(ii) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

(iii) Are used for the purposes for which the assessments or measures are valid and reliable;

(iv) Are administered by trained and knowledgeable personnel; and

(v) Are administered in accordance with any instructions provided by the producer of the assessments.

(2) Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

(3) Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

(4) The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(5) Assessments of children with disabilities who transfer from one public agency to another public agency in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible, consistent with § 300.301(d)(2) and (e), to ensure prompt completion of full evaluations.

(6) In evaluating each child with a disability under §§ 300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

(7) Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided.

(Authority: 20 U.S.C. 1414(b)(1)-(3); 1412(a)(6)(B))

§ 300.305 Additional requirements for evaluations and reevaluations.

(a) *Review of existing evaluation data.* As part of an initial evaluation (if appropriate) and as part of any reevaluation under this part, the IEP Team and other qualified professionals, as appropriate, must—

(1) Review existing evaluation data on the child, including—

(i) Evaluations and information provided by the parents of the child; (ii) Current classroom-based, local, or State assessments, and classroom-based observations; and

(iii) Observations by teachers and related services providers; and

(2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—

(i)(A) Whether the child is a child with a disability, as defined in § 300.8, and the educational needs of the child; or

(B) In case of a reevaluation of a child, whether the child continues to have such a disability, and the educational needs of the child;

(ii) The present levels of academic achievement and related developmental needs of the child;

(iii)(A) Whether the child needs special education and related services; or

(B) In the case of a reevaluation of a child, whether the child continues to need special education and related services; and

(iv) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum.

(b) *Conduct of review.* The group described in paragraph (a) of this section may conduct its review without a meeting.

(c) *Source of data.* The public agency must administer such assessments and other evaluation measures as may be needed to produce the data identified under paragraph (a) of this section.

(d) *Requirements if additional data are not needed.* (1) If the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, and to determine the child's educational needs, the public agency must notify the child's parents of'—

(i) That determination and the reasons for the determination; and

(ii) The right of the parents to request an assessment to determine whether the child continues to be a child with a disability, and to determine the child's educational needs.

(2) The public agency is not required to conduct the assessment described in paragraph (d)(1)(ii) of this section unless requested to do so by the child's parents.

(e) *Evaluations before change in eligibility.* (1) Except as provided in paragraph (e)(2) of this section, a public agency must evaluate a child with a disability in accordance with

§§ 300.304 through 300.311 before determining that the child is no longer a child with a disability.

(2) The evaluation described in paragraph (e)(1) of this section is not required before the termination of a child's eligibility under this part due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for FAPE under State law.

(3) For a child whose eligibility terminates under circumstances described in paragraph (e)(2) of this section, a public agency must provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

(Authority: 20 U.S.C. 1414(c))

§ 300.306 Determination of eligibility.

(a) *General.* Upon completion of the administration of assessments and other evaluation measures—

(1) A group of qualified professionals and the parent of the child determines whether the child is a child with a disability, as defined in § 300.8, in accordance with paragraph (b) of this section and the educational needs of the child; and

(2) The public agency provides a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent.

(b) *Special rule for eligibility determination.* A child must not be determined to be a child with a disability under this part—

(1) If the determinant factor for that determination is—

(i) Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA);

(ii) Lack of appropriate instruction in math; or

(iii) Limited English proficiency; and

(2) If the child does not otherwise meet the eligibility criteria under § 300.8(a).

(c) *Procedures for determining eligibility and educational need.* (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under § 300.8, and the educational needs of the child, each public agency must—

(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and

(ii) Ensure that information obtained from all of these sources is documented and carefully considered.

(2) If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the child in accordance with §§ 300.320 through 300.324.

(Authority: 20 U.S.C. 1414(b)(4) and (5))

Appendix E

Understanding Disproportionality

The IDEA 2004 regulations require each state education agency (SEA) to collect and examine data to determine if significant disproportionality based on race and ethnicity is occurring with respect to the identification of children as students with disabilities [20 U.S.C. 1418(d); 34 CFR §300.646]. The phrase in the requirement "significant disproportionality" is critical to understanding the analysis and reporting of disproportionality data. The Connecticut State Department of Education (CSDE) has adopted a three-step process for this analysis; the use of a confidence interval to adjust for the effect of sample size and the calculation and interpretation of a relative risk index (RRI).

Confidence Interval

To ensure that the determination of significant disproportionality is not adversely affected by sampling error, a confidence interval is calculated and used to make certain that analyses are conducted free from the effects of random error and, therefore, that the accuracy or reliability of these determinations is beyond any reasonable doubt.

Within the disproportionality analysis, the major source of error is sampling error, which varies as a function of the size of the group being analyzed. As a group gets larger, this error is reduced because larger groups are more resistant to the fluctuations of percentages calculated using small counts (n's). Sampling error is controlled for by calculating a 95 percent confidence interval around the subgroup racial composition. In doing this, we are more confident that the disproportionality identification is accurate for a subgroup.

Without using the confidence interval, districts that are close to, but above, the comparison district all-student racial composition statistics could be adversely affected by the identification of a single student. Because of this, the final disproportionality identification is made after giving a district every reasonable benefit of doubt. It is especially important, however, to note that the confidence interval will be an aid only to districts with small group or subgroup *n*'s and racial compositions that are close to the district all-student composition for that year.

The formula +/-1.96 x {sqrt [(P x Q) / n]} for the standard error of the sample proportion is used to calculate the 95 percent confidence interval (where P = composition of the subgroup being assessed, $Q = 100 - P$, and n = the number of students in the subgroup being assessed for overrepresentation).

Confidence Interval Example:

Learning Disability = 1,000 students

0: Native American	0: Asian	200: Black	700: White	100: Hispanic
0%	0%	20%	70%	10%

District Enrollment = 10,000 students

0: Native American	0: Asian	2,500: Black	7,200: White	300: Hispanic
0%	0%	25%	72%	3%

A. If 100 Hispanic LD students are 10 percent of the district's total LD population (1,000): take 0.10 times 0.90, which is equal to 0.09. Divide that by 100 (number of Hispanic LD students) and take the square root, which is 0.03. Multiply this by 1.96, which equals 0.059. Add and subtract this to the original 0.10 composition statistic and you have a confidence interval of 4.1 percent to 15.9 percent.

B. If these same students were 10 percent of a district with only 500 LD students, the confidence interval would be 1.6 percent to 18.3 percent. (The smaller the population, the larger the confidence interval will be.)

Finally, compare the district all-student Hispanic population percentage to the established confidence interval. In this scenario, the district has 3 percent of its students identified as Hispanic. In example A (10 percent of 1,000 LD) the Hispanic LD students would be potentially overidentified and a Relative Risk Index (RRI) should be calculated. In example B (10 percent of 500 LD) the data would not indicate concern regarding overidentification.

Relative Risk Index

For areas indicating possible overrepresentation using the 95 percent confidence interval test, a RRI should be calculated to aid in the interpretation of the identified overrepresentation.

Learning Disability = 1,000 students
0: Native American 0: Asian 200: Black 700: White 100: Hispanic
District Enrollment = 10,000 students
0: Native American 0: Asian 2,500: Black 7,200: White 300: Hispanic

First, the Hispanic LD Risk should be calculated by dividing the number of Hispanic LD students by the number of all district Hispanic students (100 / 300 = 0.333). Second, calculate the Risk for all other races to be identified as LD by dividing the number of all other LD students by the number of all district students from all racial categories except Hispanic (900 / 9,700 = 0.093).

Finally, calculate the Relative Risk by dividing the Risk for Hispanic LD by the LD Risk for all other races (0.333 / 0.093 = 3.6). In this scenario, Hispanic students are 3.6 times as likely as their non-Hispanic peers to be identified as students with learning disabilities.

Interpretation Criteria for Disproportionality

No guidance is provided in the IDEA statutes or regulations regarding the criteria for a RRI to be considered "significant." Absent guidelines from the Office of Special Education Programs (OSEP), each SEA must establish guidelines regarding significant disproportionality that are flexible enough to avoid violating the Grutter and Gratz prohibitions of numerical quotas (*Grutter v. Bollinger et al*., No. 02-241 U.S. Supreme Court, opinion June 23, 2003 and *Gratz v. Bollinger et al*., No. 02-516 U.S. Supreme Court, opinion June 23, 2003).

The following criteria have been adopted by the Department as flexible guidelines regarding the identification of significant disproportionality based on race and ethnicity with respect to the identification of children as students with disabilities [20 U.S.C. 1418(d); 34 CFR §300.646].

RRI < 1.3:	RRI is not significant; disproportionality not indicated.
1.3 < RRI < 1.5:	RRI nearing concern; LEA investigates.
1.5 < RRI < 2.0:	RRI of concern; LEA investigates; discussion with SEA; LEA submits report to SEA of its review of data and policies, practices and procedures for identification of children as students with disabilities.
RRI > 2.0:	RRI indicates significant disproportionality; SEA investigation, LEA and SEA review data and policies, practices and procedures for identification of children as students with disabilities; LEA submits corrective action plan to SEA, ongoing SEA monitoring until RRI no longer indicates data of concern (RRI < 1.5).

Appendix F

Checklist for Intervention Quality Indicators

Selection of Target Behavior:

_____ Academic skills problem(s) are identified based on
- _____ peer comparisons using _____
- _____ below criteria to reach benchmarks
- _____ criterion referenced measures reflecting critical skills
- _____ Other basis, please describe _____

_____ Behavioral problem(s)
- _____ peer comparisons using _____
- _____ observations indicating significant deficit
- _____ observations indicating significant performance deficit
- _____ checklists reflecting critical skill deficiencies
- _____ Other basis, please describe _____

_____ Self-Control problem(s)
- _____ peer comparisons using _____
- _____ observations/interviews _____
- _____ checklists indicating significant problems with mood and self-control, etc.
- _____ Other basis, please describe _____

Behavioral Specification skills, performance, or self-control problem(s)

_____ Behavior specification
- _____ Needs described in objective terms
- _____ Needs described in measurable terms through observation or other means
- _____ Desired level of performance specified

Collection/Review of Current Status Data

_____ Measurement reflecting needs is established and implemented
- _____ Relevant existing data are reviewed
- _____ Direct measure of skills
- _____ Measure applied in natural setting
- _____ Sufficient data are collected/reviewed to capture essential features such as rate and intensity
- _____ Performance can be compared to meaningful expectations based on peers, benchmarks, etc.

Gap Current and Acceptable Levels of Performance

_____ Gaps in performance are identified and goals established
- _____ Data-based summary of existing performance
- _____ Explicit comparisons to expectations are made and stated quantitatively
- _____ Goals stated in terms of direct measure(s)

_____ Progress monitoring objectives are stated as amount of improvement over time
_____ Time series analysis graph is established specifying current performance, expected level of performance, growth toward attainment of the goal plotted, and intended length of the intervention established

Analyze the problem

_____ Determine the nature of the problem
_____ Skills deficit? (does not have the skills)
_____ IF yes,
_____ Analysis of current skills strengths and weaknesses
_____ Determination if prerequisite skills are missing or mastered inadequately
_____ Performance deficit (has skills, but does not produce the appropriate behavior when asked, when appropriate, etc.)
_____ IF yes,
_____ Define when and where behavior occurs or does not occur
_____ Identify incentives/disincentives for doing or not doing the behavior
_____ Are expectations clearly stated and understood regarding appropriate behavior
_____ Skills and performance deficit?
_____ IF yes, go through above analyses for skills and performance problems

Develop intervention plan

_____ Select scientifically based instructional/intervention principle matched to first problem/need
_____ Principle specified
_____ Application defined
_____ Plan elements specified
_____ Person(s) implementing plan specified
_____ Setting specified
_____ Time/schedule specified
_____ Curricular materials or other resources specified
_____ Progress monitoring method, timing specified
_____ Decision rules specified for raising goal or improving instruction

_____ Select scientifically based instructional/intervention principle matched to second problem/need

Repeat above process

_____ Plan considers both academic and behavioral needs as appropriate

_____ Incentives for effort and progress are established for the child

Continue/enhance data collection

_____ Direct measure(s) of skills/behaviors applied
_____ Measure applied frequently
_____ Results are analyzed in relation to goals, typically using a time series analysis graph
_____ Decision rules are applied for raising goals or enhancing instruction/intervention, depending on child outcomes
_____ Changes are implemented based on child outcome data

Ensure intervention plan integrity and sufficient time for response

_____ Checklist for plan implementation is developed and implemented, based on plan design
_____ Implementation accuracy is checked periodically, with more frequent checks if results do not meet goals
_____ Data used to confirm/improve the plan implementation
_____ The anticipated time for the intervention is increased if the plan is not implemented as intended

Evaluate results

_____ The plan is implemented for a sufficient amount of time (for academic skills deficiencies, at least 20 weeks is recommended)
_____ Progress per unit of time is analyzed (e.g., average growth per week in number of words read correctly using CBM Reading probes)
_____ Analysis of gap in performance, comparing intervention results to standards
    _____ Gap is closing
    _____ Gap remains the same
    _____ Gap increases
    _____ Relate results to decisions
    _____ Continue program
    _____ Fade program gradually and monitor results
    _____ Consider more intense interventions

Appendix G

P.J., ET AL.
Plaintiffs

V

STATE OF CONNECTICUT, BOARD OF EDUCATION, ET AL.
Defendants

Synopsis of the Settlement Agreement

This case was filed in 1991 by five school-age children with mental retardation and their families and was certified as a class action lawsuit on December 13, 1993. The court approved the settlement on May 22, 2002.

Class Membership

The class includes all school-age children with the label mental retardation/intellectual disability on or after February 20, 1991, who are not educated in regular classrooms.

Goals and Outcomes

1. An increase in the percentage of students with mental retardation or intellectual disability who are placed in regular classes, as measured by the federal definition (i.e., 80 percent or more of the school day with nondisabled students).
2. A reduction in the disparate identification of students with mental retardation or intellectual disability by local education agency (LEA), by racial group, by ethnic group or by gender group.
3. An increase in the mean and median percentage of the school day that students with mental retardation or intellectual disability spend with nondisabled students.
4. An increase in the percentage of students with mental retardation or intellectual disability who attend the school they would attend if not disabled (i.e., "home school").
5. An increase in the percent of students with mental retardation or intellectual disability who participate in school-sponsored extracurricular activities with nondisabled students.

Continuing Jurisdiction

- The jurisdiction of the court for enforcement of this agreement will end five years from the impaneling of the expert advisory panel (EAP), except that the court, for a period of eight years from impaneling of the EAP, shall have jurisdiction to entertain plaintiffs' motions for substantial noncompliance with this agreement.
- An annual June report will be prepared, which:
  a. Identifies Connecticut State Department of Education (Department) activities related to the five stated goals and implementation of this agreement for the prior school year
  b. Reports on all statewide and district-by-district data related to class members

c. Reports on the documented progress on each stated goal
d. Sets forth the Department's proposed activities for the next school year

Responsibility

- The Commissioner of Education will issue a policy letter within 90 days of the court's approval of the agreement that reiterates the Board's position and that affirms the right of each child with mental retardation or another disability to be educated with nondisabled children to the maximum extent appropriate.
- Chief of the Bureau of Special Education and Pupil Services will issue a policy memorandum that:
  a. Reiterates the individual student decision-making process that must be followed by the Planning and Placement Team (PPT) with regard to identification of the least restrictive educational environment for each child who has mental retardation and other disabilities, including the requirement that the PPT consider the placement of the student in regular classes with supplementary aids and services.
  b. Informs LEAs that the Department shall conduct oversight activities to ensure that class members, whenever appropriate, are placed in regular classes, in home schools, and in extracurricular activities with appropriate supplemental aids and services, that promising practices are used with regard to instruction in regular classes, and that, whenever appropriate, class members who are placed out of district will be returned to their home districts
  c. Inform LEAs of the joint state and local obligation to work towards the greater successful inclusion of students with mental retardation in all aspects of the school program through actions such as placement in home schools and regular classes, participation in extracurricular activities with appropriate supplementary aids and services, and use of promising practices with regard to instruction in regular classes
- The Commissioner's and bureau chief's policy memorandums will be forwarded with a copy of the agreement to each superintendent of schools, each member of the school board of each LEA, each special education due process hearing officer, and each teacher preparation program in Connecticut.

Program Compliance Review (Monitoring)

- Targeted, databased monitoring system to facilitate improvement in each of the goals, with consistent feedback to all LEAs on their performance in achieving the goals.
- Monitoring will include participation and progress of class members in the general curriculum, use of out-of-district placements, and use of promising practices with respect to education of class members with nondisabled students.
- Monitoring will include the availability of supplementary aides and services to support the regular class placements of students and hearing officers' final decisions related to least restrictive environment for such students.
- Focused monitoring to identify and provide solutions will occur for districts not making satisfactory progress toward the goals or are found deficit as a result of monitoring activities.
- Activities for the identified districts will include the following:

a. Review of relevant data reflecting identification and placement of students with mental retardation or intellectual disability
b. On-site visits
c. Annual development by each district of an improvement plan related to the stated goals of this agreement
d. Customized training of district staff in principles and strategies of effective and promising instruction in regular classes
e. Monitoring of districts' efforts toward achieving continuous improvement on the five goals stated in this agreement

Technical Assistance

- Technical assistance system available to all LEAs to enable them to extend and improve education in regular classes for class members
- Sufficient number of qualified specialists to assist LEAs in carrying out their responsibilities

Parent Involvement

Training programs to enable parents of class members to effectively advocate for the education of the children in least restrictive environments, including individualized education program (IEP) development, management and teaching activities and routine, and the development of active parent groups.

Complaint Resolution Process

The Department will establish and maintain a complaint resolution process.

Expert Advisory Panel (EAP)

- Establish a four-member expert advisory panel (EAP) to advise the parties and the court regarding the implementation of the agreement
- The EAP shall have the following responsibilities:
  1. Advise and serve as a resource to the Department
  2. Facilitate the defendants' compliance with this agreement
  3. Review annual report and make recommendations relating to progress toward the goals, development of statewide technical assistance, targeted monitoring, complaint resolution, parent training, and next steps.
  4. Collect and analyze data it deems necessary relating to class members and the implementation of this agreement.
  5. Convene the EAP within 90 days of the effective date of this agreement and meet three times per year, thereafter, and more often as necessary

This synopsis is not intended to be an official representation of the agreement's content, but done in an effort to inform persons of the major aspects of the agreement. There is no intention to misrepresent or not to inform persons of the agreement's content. 2/14/07

Appendix H

Points to Consider in Determining Programming in the Least Restrictive Environment

1. Team determines the essential grade-level standards in terms of what ALL students need to know and be able to do, appropriate to the student's age.

2. A comprehensive team comprised of those directly involved with the student, knowledgeable of the age-appropriate grade-level curriculum, and with specific expertise regarding the student's strengths and needs, analyzes the match or gaps between the student's current level of performance and the task/setting demands of the regular education classroom.

3. Based on the analysis the team selects the appropriate instructional accommodations that will assist the student in making progress in the general education curriculum.

4. If student needs cannot be addressed solely through accommodations, the team selects appropriate curriculum modifications that are based on student needs and will allow the student to make progress in the general education curriculum.

5. The team writes the IEP goals and objectives/benchmarks aligned with the general education curriculum in consideration of the student's present level of performance.

6. The team determines the levels and types of supports and services needed to assist the student in general education curriculum.

7. General education placement is the first choice option considered as part of the IEP development.

8. The IEP is implemented as designed.

9. Changes in an IEP are based on continuous monitoring of student progress and the examination of the degree of implementation integrity.

References

Artiles, A., B. Harry, and D. Reschly. 2001. *Over-Identification of Students of Color in Special Education: A Critical Review.* The Monarch Center. http://www.monarchcenter.org/pdfs/overidentification.pdf

Bagnato, S. J. 2004. *Research foundations for using clinical judgment in early intervention*. TRACE Center for Excellence in Early Childhood Assessment, The UCLID Center at the University of Pittsburgh. http://www.uclid.org:8080/uclid/pdfs/clinical_judgement.pdf

Birsh, J. 1999. *Multisensory teaching of basic language skills*. Maryland: Brookes Publishing Company.

Brophy, J. E., and T. L. Good. 1986. Teacher behavior and student achievement. In *Handbook of research on teaching*, ed. M.C. Wittrock, 3rd ed., 328-375. New York: Macmillan.

Campbell, M. and R. P. Malone. 1991. Mental retardation and psychiatric disorders. *Hosp Community Psychiatry* 42(4): 374-9.

Cantwell, D. 1999. *Comorbidity in ADHD and associated outcomes*. The Greater Rochester Attention Deficit Disorder Association. http://gradda.home.isp-direct.com/sp99como.html

Connecticut State Department of Education. 2000. *Connecticut's Blueprint for reading achievement*: *The report of the early reading success panel*. Hartford, CT: Author.

Connecticut State Department of Education. 2006. *Common Core of Learning*. Hartford, CT: Author.

Connecticut State Department of Education. 2000. *Guidelines for Identifying Children with Intellectual Disability*. Hartford, CT: Author

Connecticut State Department of Education. 1998, Position Statement on Educating Students with Disabilities. In *Connecticut Agenda for Improving Education Services to All Students, Particularly students Eligible for Special Education and Related Services*. Hartford, CT: Author: State Board of Education.

Connecticut State Department of Education. 2005. *State Performance Plan.* Hartford, CT: Author.

Daugherty, D. 2000? Disproportionality issues in the implementation of IDEA '97. *NASP Communique* 28(4).

Donovan, M. S. and C. T. Cross, ed. 2002. *Minority students in special education*. Washington, D.C.: National Academy Press.

Duffy, J. B., J. Salvia, J. Tucker, and J. Ysseldyke. 1981. Nonbiased assessment: A need for operationalism. *Exceptional Children* 47(6): 427-434.

Flugum, K. R., and D. J. Reschly. 1994. Prereferral Interventions: Quality Indices and Outcomes. *Journal of School Psychology* 32:1-14.

Flynn, J. R. 1987. Massive IQ gains in 14 nations: What IQ tests really measure. *Psychological Bulletin* 101: 171-191.

Flynn, J. R. 2006. Tethering the elephant: Capital cases, IQ, and the Flynn Effect. *Psychology, Public Policy, and Law* 12(2): 170-189.

Gay, G. 2000. *Culturally responsive teaching: Theory, Research & Practice*. New York, NY: Teachers College Press.

Ghaziuddin, M. 2000. Autism in mental retardation. *Current Opinion in Psychiatry* 13:481-484.

Greenspan, S., and P. F. Love. 1997. Social intelligence and developmental disorder: Mental retardation, learning, disabilities, and autism. In *Handbook of mental deficiency: Psychological theory and research*, ed. W. E. MacLean, 3rd ed., 311-342. Hillsdale, NJ: Lawrence Erlbaum.

Greenspan, S. 2006 in press. Functional concepts in mental retardation: Finding the natural essence of an artificial category.

Greenspan, S., H. Switzky, and J. Granfield. 1996. Everyday intelligence and adaptive behavior: A theoretical framework. In *Manual on diagnosis and professional practice in mental retardation*, ed. J. Jacobson and J. Mulick, 127-135. Washington, D.C.: American Psychological Association.

Grossman, H. 1973. *Manual on terminology and classification on mental retardation.* Washington, DC: American Association on Mental Deficiency.

Grossman, H. 1983. *Classification in mental retardation.* Washington, DC: American Association on Mental Deficiency.

Hall, T. 2002. *Explicit instruction.* Wakefield, MA: National Center on Accessing the General Curriculum. http://www.cast.org/publications/ncac/ncac_explicit.html (accessed August 15, 2006).

Hallahan, D. and J. Kauffman. 1978. *Exceptional children: An introduction to special education.* New Jersey: Prentice-Hall Inc.

Harrison, P., and T. Oakland, T. 2000. *Adaptive behavior assessment system* (manual). San Antonio, TX: Psychological Corporation.

Harry, B., and J. Klingner. 2006. *Why are so many minority students in special education? Understanding race & disability in schools*. New York: Teachers College Press.

Heal, L., and M. Tasse. 1999. The culturally individualized assessment of adaptive behavior: An accommodation of the 1992 AAMR Definition, Classification, and Systems of Support. In *Adaptive Behavior and its Measurement: Implications for the Field of Mental Retardation,* ed. Robert Schalock. Washington DC: AAMR.

Individuals with Disabilities Education Act as amended by the Individuals with Disabilities Education Improvement Act of 2004. 20 U.S.C. Chapter 33.

Jacobson, J. W., and J. A. Mulick, ed. 1996. *Manual of diagnosis and professional practice in mental retardation*. Washington D.C.: American Psychological Association.

Loftus, J. and M. Block. 1996. Physical education for students with fetal alcohol syndrome. *The Physical Educator* 53: 147-56.

Losen, D., and G. Orlied. 2002. *Racial inequality in special education*, xxii. Cambridge: Harvard Civil Rights Project, Harvard Press.

Luckasson, R., D. Coulter, E. Polloway, S. Reiss, R. Schalock, M. Snell, D. Spitalnic, and J. Stark, ed. 1992. *Mental retardation: Definition, classification and systems of support*. 9th ed. Washington DC: American Association on Mental Retardation.

Luckasson, R., S. Brothwick-Duffy, W. H. E. Buntinx, D. L. Coulter, E. M. Craig, A. Reeve, R. L. Schalock, M. E. Snell, D. M. Spitalnik, S. Spreat, and M. J. Tasse. 2002. *Mental Retardation: Definition, classification, and systems of support*. 10th ed. Washington, D.C.: American Association on Mental Retardation.

MacMillan, D. 1882. *Mental retardation in school and society*. Boston: Little, Brown and Company.

MacMillan, D. L., F. M. Gresham, G. N. Siperstein, and K. M. Bocian. 1996. The labryrinth of IDEA: School decisions on referred students with subaverage general intelligence. *American Journal on Mental Retardation* 101: 161-174.

Marzano, R. J., D. J. Pickering, and J. E. Pollock. 2002. *Classroom instruction that works: Research-based strategies for increasing student achievement*. Alexandria, VA: Association for Supervision and Curriculum.

National Research Council Division of Behavioral and Social Sciences and Education. 2002. *Mental Retardation: Determining Eligibility for Social Security Benefits. Committee on Disability Determination for Mental Retardation*. Ed. Daniel J. Reschly, Tracy G. Myers, and Christine Hartel. Washington, DC: National Academy Press.

Nieto, S. 1999. The *light in their eyes: Creating multicultural learning communities*. New York, NY: Teachers College Press.

Reeves, D. B., 2002. *Holistic accountability: Serving students, school, and community*. Thousand Oaks, CA: Corwin Press.

Reeves, D. B., 2006. *The learning leader: How to focus school improvement for better results*. Alexandra, VA: ASCD.

Reschly, D. J., and J. P. Grimes. 2002. Best practices in intellectual assessment. In *Best practices in school psychology IV*, ed. A. Thomas and J. Grimes, 4th ed., 1,337-50. MD: National Association of School Psychologists.

Reschly, D. J., T. G. Myers, and C. R. Hartel, eds. 2002. *Mental retardation: Determining eligibility for social security benefits*. Washington, D.C.: National Academy Press. http://www.nap.edu/catalog/10295.html?se_side.

Rosenthal, R., and L. Jacobson, L. 1968. *Pygmalion in the classroom.* New York: Rinehart and Winston.

Salvia, Ysseldyke and Bolt. 2007. *Assessments: In special and inclusive education*. Boston, MA: Houghton Mifflin.

Sanders, W. L., and S. P. Horn. 1994. The Tennessee value-added assessment system (TVAAS). Mixed-model methodology in educational assessment. *Journal of Personnel Evaluation in Education* 8: 299-311.

Speat, S. 1999. Psychometric standards for adaptive behavior assessment. In *Adaptive Behavior and its Measurement: Implications for the Field of Mental Retardation,* ed. Robert Schalock. Washington DC: AAMR

Sugai, G. 2001. School climate and discipline: School-wide positive behavior support. Invited keynote at the National Summit on Shared Implementation of IDEA, June 23, in Washington, D.C.

The IRIS Center for Faculty Enhancement. no date. RtI. IRIS STAR Legacy Module. Nashville: Peabody College at Vanderbilt University. http://iris.peabody.vanderbilt.edu/rti01_overview/cresource.htm (accessed June 15, 2006).

Tilly, Reschly and Grimes. 1999. Disability determination in problem solving systems: Conceptual foundations and critical components. In *Special education in transition: Functional assessment and noncategorical programming,* ed. D. J. Reschly, W. D. Tilly III., and J. P. Grimes, 285-321. Longmont, CO: Sopris West.

Upah, K. R. F., and W. D. Tilly III. 2002. Designing, implementing and evaluating quality interventions. . In *Best practices in school psychology*, ed. A. Thomas and J. Grimes, 4th ed., 483-501. Bethesda, MD: National Association of School Psychologists.

U.S. Congress. *No Child Left Behind Act of 2001* .2002. Public Law 197-110, 107th Cong., 1st Session (January 8).

United States Department of Education. 2004. *A closer look at the five essential components of effective reading instruction: a review of scientifically based reading research for teachers.* Ed. Learning Point Associates. Naperville, IL: Learning Point Associates

Wiggins, G. and J. McTighe. 2006. *Examining the teaching life* (63) 6, *Educational Leadership* 26-29.

Wright, S. P., and W. L. Sanders. 1997. Teacher and classroom context effects on student achievement: Implications for teacher evaluation. *Journal of Personnel Evaluation in Education* 11: 57-67.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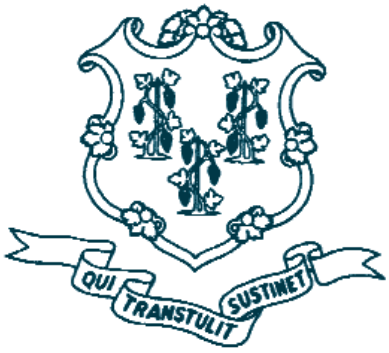
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