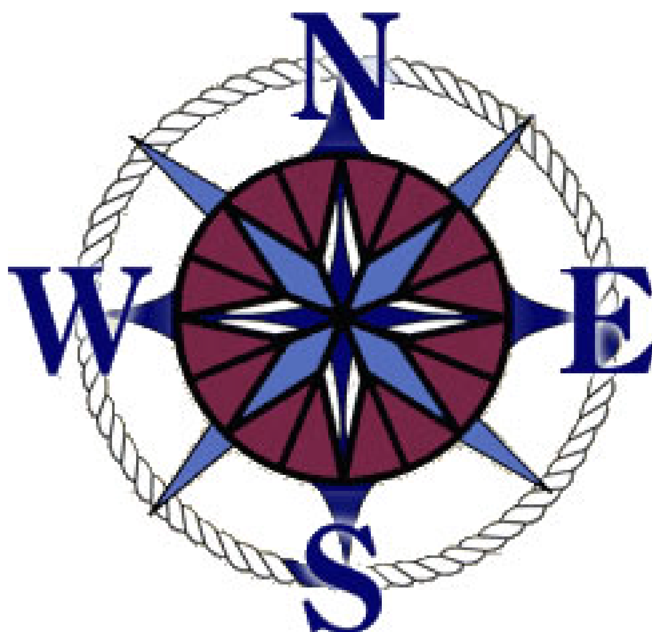
PROMISING PRACTICES

FOR THE IDENTIFICATION OF INDIVIDUALS WITH



DEVELOPMENTAL COGNITIVE DISABILITIES

SPRING 2004

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Preface

Mission Philosophy

When traveling in unfamiliar territory, explorers frequently consult their compasses to ensure they have not lost their way or are not headed in a direction away from their destination. The value of a compass is that it defines one direction – due north. All other directions can be determined and selected or rejected based on this knowledge.

As educators, we also need to consult our professional compass. Rather than showing north, our compass needs to point directly at helping students learn.

Every issue, every decision, and every expenditure of an organizational resource, whether human or financial, must be judged on its consistency with the point of our compass.

If we are clear and consistent in our pursuit of and support for student learning, we can monitor our direction and adjust our course with relative ease. Like explorers, we need to frequently consult our compass and adjust our course accordingly. However, our educational compass is not something we carry in our pocket. We must keep it in our hearts and minds.

- The Master Teacher, Inc.

Purpose of Manual

This is a resource to the complexities of the new criteria for Developmental Cognitive Disability (DCD). As a special educator, you will need to know the basics about the nature and qualifying components of the disability as it impacts students. We have put this manual together in such a way that it is easy to read, follow, and use in a variety of settings. The manual is designed from the perspective of every day use to help you understand and apply the new eligibility criteria.

How to Use

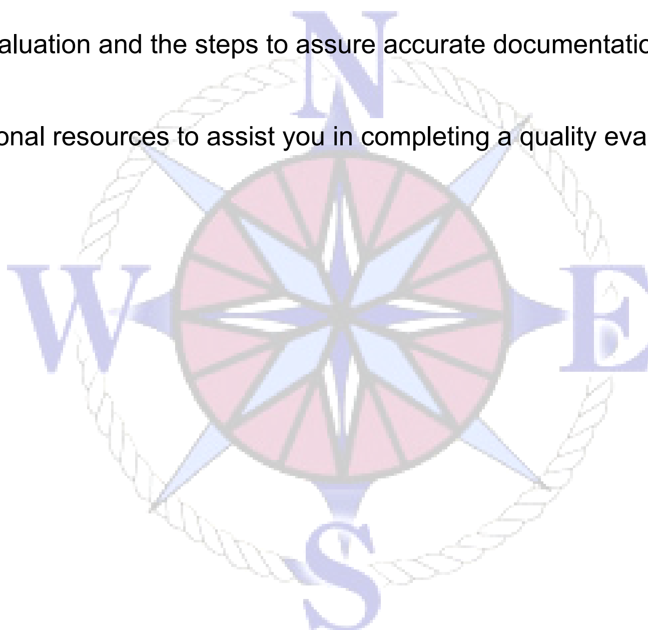
The manual is divided into sections for easy access and use.

Part I is a general overview of the disability and licensure as it relates to Developmental Cognitive Disability.

Part II explains the DCD criteria. The criteria is divided into subparts. Each page under *Analyzing the Sections* addresses one component of the criteria. The component being addressed and defined on each page is indicated in **bold type.** This format should allow you to walk through the process for determining a student's eligibility for the DCD category.

Part III addresses Re-Evaluation and the steps to assure accurate documentation and re-qualification.

The Appendix' are additional resources to assist you in completing a quality evaluation.



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PART I

Historical Perspective

The fate of individuals with developmental disabilities has always depended on the customs and beliefs of the time, place, and culture they've lived in. Mental retardation has been defined and renamed many times throughout history. Terms such as *feebleminded, imbecile, moron*, and *idiot,* which we find offensive today, were once common. Over time, they were replaced by *educable, trainable,* and *custodial.* These terms were eventually replaced by *borderline, mild, moderate*, *severe,* and *profound.* Current descriptions focus on the level of support an individual needs, rather than on his or her deficits.

The concept of mental retardation existed as far back as 1500 B.C. Documents from this period clearly refer to disabilities of the mind and body due to brain damage. In ancient Greece and Rome, infanticide of defective newborns was a common practice. In Sparta, for example, all newborns were inspected by a state council of inspectors. If they suspected that a child was disabled, the infant was thrown from a cliff to its death.

In the Roman Empire during the second century A.D., adults and children with disabilities were frequently sold to be used for entertainment or amusement. The spread of Christianity led to a decline in these barbaric practices and a movement toward care for the less fortunate. In fact, all major world religious leaders, including Buddha, Confucius, Jesus, and Mohammed, have advocated humane treatment for the mentally retarded, developmentally disabled, or the infirmed.

In medieval Europe, the status and care of individuals with mental retardation varied greatly. Despite a decrease in infanticide and the establishment of foundling homes, many children were still sold into slavery, abandoned, or left out in the cold.

The work of Jean-Marc Gaspard Itard, a French physician who lived in the early 1800s, was a turning point in the care and treatment of the mentally retarded. Itard developed a broad educational program for a student who was “deaf and mute”. The program consisted of developing the student's senses, intellect, and emotions. Itard's followers expanded his concept of a direct relationship between cognition and the senses, to incorporate sensory training that included vision, hearing, taste, smell, and eye-hand coordination. The curriculum extended from developing basic self-care skills to vocational education, with an emphasis on perception, coordination, imitation, positive reinforcement, memory, and generalizations.

One of Itard's followers, Edouard Séguin, came to the United States in 1850 and became a driving force in the education of individuals with mental retardation. In 1876, he founded the organization that would later become the American Association on Mental Retardation (AAMR).

Within the next 50 years, two key developments occurred in the US: residential training schools were established in most states by 1892, and Binet's newly developed test of intelligence was translated by Henry Goddard and published in an American version in 1910.

In 1935, the Vineland Maturity Scale was developed to assess daily living skills and adaptive behavior of individuals suspected of having mental retardation. At that time, psychologists and educators believed that it was possible to determine who had mental retardation and provide them with appropriate training in residential training schools.

These training schools proliferated during the early part of the 20th century. This occurred due to the availability of tests, primarily IQ tests, to diagnose mental retardation and the belief that, with proper training, individuals with mental retardation could be "cured". But when the training schools were unable to cure mental retardation, they became overcrowded. Many students were moved back into society where the educational focus became special education classes in the community. The training schools became custodial living centers.

But families and advocates became disillusioned with residential treatment. As a result, advocacy groups, such as the National Association of Retarded Citizens and the President's Commission on Mental Retardation, were established between 1950 and 1970. In a landmark decision during the 1970s, a federal court in Alabama declared that individuals living in residential facilities had the right to treatment. Purely custodial care was no longer acceptable.

In 1975, Congress passed the Education of All Handicapped Children Act, which is now called the Individuals with Disabilities Education Act (IDEA). This law guaranteed free and appropriate public education to all children with disabilities, from school age through age 21. This law was amended in 1986 to guarantee education services to children with disabilities age 3 through 21 and provided incentives for states to develop infant and toddler service delivery systems. Today, most states guarantee intervention services to children with disabilities between birth and 21 years of age.

http://www.uab.edu/cogdev/mentreta.htm

Special Education (IDEA) – A Short History

By Tim Weiss

http://www.parentsinc.org/spedhist.html

For most of our nation's history, schools were allowed to exclude, and often did exclude, certain children, especially those with disabilities. Since the 1960's, however, there has been a great deal of federal legislation that relates to individuals with disabilities, particularly children and youth.

After World War II, America turned its attention toward improvement of the conditions for people with disabilities. Grassroots parent groups were the driving force behind the legislature that later developed. One of the first parent organizations was the American Association on Mental Deficiency (AAMD), who held their first annual convention in 1947. By the early 1950's, a number of national parent groups had sprung up, including the United Cerebral Palsy Association, the Muscular Dystrophy Association, and the organization now known as The Arc. A major impact occurred when President John F. Kennedy, whose sister, Rosemary, had mental retardation, launched the President's Panel on Mental Retardation. Through this groundswell of parent support, increasing rights were won for children with disabilities. The most significant progress has been in national legislature that allows children with disabilities to be educated in their own schools, rather than being sent to institutions or ignored altogether.

IDEA, the Individuals with Disabilities Education Act, mandates that eligible children with disabilities have available to them special education and related services, designed to address their unique educational needs. IDEA, and most especially the provision of special education, has its roots in the past. The laws, from which the present day IDEA started in l965, focused on educational grant programs that targeted students with disabilities. By 1968, federal funding was made available to schools for the education of students with disabilities as "discretionary programs".

In 1974, Congress enacted the first laws mentioning appropriate education for children with disabilities and giving parents the right to examine records kept in the student's personal file. This came close to being special education as we know it today. However, it wasn't until 1975, that the real special education law, later renamed the Individuals with Disabilities Education Act (IDEA), was approved.

P.L.* 94-142, The Education for All Handicapped Children Act of 1975 mandated a free appropriate public education (FAPE) for all children with disabilities, ensured a due process right, an IEP (Individual Education Program), and LRE (Least Restrictive Environment). As such, it is the core of the federal funding for special education. This law was passed in 1975 and went into effect in October 1977, when the regulations were finalized. State parent training and information centers were authorized under the 1983 amendments (P.L. 98-199). Services for preschoolers and early intervention services for infants were added as Part H in 1986 (P.L. 99-457). In 1990, the law was renamed the **Individuals with Disabilities Education Act** (P.L. 101-476). This amendment also mandated transition services, defined assistive technology, and added autism and traumatic brain injury to the eligibility list. The most recent amendments are included in the 1997 reauthorization (P.L. 105-17). This amendment made significant changes to the discipline sections and calls for positive behavior intervention to be used when students with disabilities exhibit behavior problems.

P.L. stands for Public Law. The first set of numbers identifies the session of Congress during which the law was passed. The second set of numbers identifies what number the law was in the sequence of passage during the session. Thus, P.L. 94-142 was the 142nd public law passed and signed by the president, during the 94th session of Congress.

Cognitive Impairment: A Historical Perspective

				Educational Placement
1800's		Feebleminded • Imbecile • Idiot	Deficient or deviant behaviors	
Early 1900's		Feebleminded • Imbecile • Moron • Idiot	Deficient functioning	
Mid 1900's		Mentally Retarded • Educable • Trainable • Custodial	• Level of deficit and dependence on others • Mental tests	State hospitals and separate/special schools
1961	Herber	Mentally Retarded • Borderline • Mild • Moderate • Severe • Profound	• Delineation of standard deviations below the norm on IQ tests • Minimal focus on the concept of adaptive behavior	State hospitals and separate/special schools
1973	Grossman	Mentally Retarded • Mild • Moderate • Severe • Profound	• Delineation of standard deviations below the norm on IQ tests • Minimal focus on the concept of adaptive behavior	• State hospitals and separate/special schools • Some self-contained classroom settings on regular school campuses
1977	Grossman	Mentally Retarded • Mild • Moderate • Severe • Profound	• Delineation of standard deviations below the norm on IQ tests • Minimal focus on the concept of adaptive behavior	• State hospitals, separate/special schools • Some self-contained classroom settings on regular school campuses
1983	Grossman	Mentally Retarded • Mild • Moderate • Severe • Profound	• Delineation of standard deviations below the norm on IQ tests • Minimal focus on the concept of adaptive behavior	• Early Childhood Interventions • Separate/special schools phased out • Students moving into regular education • Para-professionals being used to facilitate inclusion
1992	Luckasson	Mentally Retarded • Intermittent Support • Limited Support • Extensive Support • Pervasive Support	• Removes level of deficit from criteria • Focus is on the concept of levels of support	• Least Restrictive Environment • Focus is on education in the general classroom, with age-appropriate peers

What's New?

	WHAT'S DIFFERENT?
Name Developmental Cognitive Disability	Name now reflects the interrelatedness of adaptive behavior and intellectual functioning. Developmental adaptive behavior; cognitive intellectual.
Exclusionary Factors DCD does not include conditions primarily due to sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairment, cultural influences, or inconsistent educational programming.	Exclusionary Factors Teams to consider PRIMARY cause(s) of condition. This does not mean that if it is this (i.e. DCD), then it can not also be that (i.e. ASD). Co-morbidity (two factors) can occur. The idea behind the exclusionary factor is to complete a comprehensive evaluation and determine a primary.
Adaptive Behavior 1. Composite Score at or below the 15% percentile. 2. Documentation of need and level of support in at least 4 of 7 domains. Emphasis on systematic observation and parental input MUST be included as sources.	Adaptive Behavior - Composite score rather than individual subtest scores is now considered. - Eligibility is partially met when the total test score is at or below the 15 percentile. - We now also evaluate needs and the level of support required by a student, within the domains of adaptive behavior. - There are now 7 domains of adaptive behavior. Domains have become inclusive of "transition" areas. - Parent input MUST be in the identification of needs and level of support. - One systematic observation of adaptive behavior required.
Intellectual Functioning DCD Mild-Moderate: 2 SD+/-1 SEM DCD Severe-Profound: 3 SD+/-1 SEM Cognitive ability is verified by a written summary of results from at least 2 systematic observations and one or more of the following: a) supplemental tests of specific abilities; b) criterion referenced tests; c) alternative methods of intellectual assessment; d) clinical interviews, or e) observation and analysis of behavior across multiple environments.	Intellectual Functioning Cognitive ability is verified through 2 systematic observations.

Clarifying Terminology

What is a Developmental Cognitive Disability (DCD)? How did we get from there to here?
Developmental Cognitive Disability is defined as a condition that results in intellectual functioning significantly below average and is associated with concurrent deficits in adaptive behavior that require special education and related services.

Minnesota's Department of Children, Families, Learning changed the name of the disability criteria and its definition from *Mentally Impaired (MI): Mild-Moderate (MMMI) or Moderate-Severe (MSMI)* to *Developmental Cognitive Disability (DCD): Mild-Moderate (M-M) or Severe-Profound (S-P),* November 2001.

There are three main reasons for this change:

- Task Force II (1995) was concerned that the use of MI (Mentally Impaired) was often confused with Mental Illness. That group recommended a change to Cognitive Impairments.
- While members of the Criteria Task Force (2000) preferred the conceptual language of cognition over the previous concept of mental capacity, they still recommended the term disability rather than impairment, to be more consistent with other state criteria. It is worth noting that neither task force considered using *mental retardation,* although that term is still used by the AAMR, DSM-IV, and IDEA. Consumer groups, journals, and state education criteria have begun to stop using this term. Clearly, the terminology in the field is changing, and will continue to evolve to more accurately reflect the nature of the disability.
- By adding the word *developmental*, the criteria now reflects the two-pronged nature of the disability: adaptive behavior and intellectual functioning.

The Task Force also considered information about teacher licensure and interagency services. The term *developmental disability* is commonly used for county and community-based services. Now, it is also the title for the teacher licensure in the DCD area. The work groups decided that Developmental Cognitive Disability would give teachers and service providers a common terminology. DCD also more accurately defines the smaller subset of the developmental disability population that this criteria addresses. Other areas commonly included in the definition of developmental disability, such as autism spectrum disorders or traumatic brain injury, have their own criteria.

The new definition does not differ significantly from the old definition or from IDEA's federal definition. The previous language of "significantly sub-average general intellectual functioning" was changed to "intellectual functioning significantly below average". The work groups felt that this change was consistent

with previous measurement requirements, while the language used to describe it did not carry a strong, negative connotation.

Another change was the elimination of the phrase “may require special education instruction and related services”. If students meet the eligibility requirements, they do require special education instruction, and possibly related services. It is possible for students to meet eligibility requirements in this area and need only special education services. It is not possible for them to receive related services without special education instruction.

What are Developmental Disabilities?

Developmental disabilities

- are severe, chronic disabilities, which are attributable to a developmental or physical impairment or a combination of mental and physical impairments;
- are manifested before the person attains age 22;
- are likely to continue indefinitely; and
- result in substantial functional limitations in three or more of the following areas of major life activities: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.

Developmental disabilities cannot be cured. They are life-long and chronic. Not everyone with a developmental disability has mental retardation. For example, some persons born with cerebral palsy or autism have average or even higher than average mental capabilities.

What is Mental Retardation?

Past definitions of mental retardation were based on recurring themes and disputable concepts. They have sparked ongoing dialogue and debate by parents, professionals, and more recently, self-advocates.

These definitions have evolved over the years. For example, in the early part of the 20th century, definitions emphasized incurability. This stance was consistent with the beliefs about the certainty of intelligence testing and the widespread practice of eugenics. Individuals with mental retardation were viewed as predetermined by their limitations and consistently prevented from participating in every day, typical environments because of their low IQs.

By the 1940s, the definitions reflected more durable themes that still remain in current definitions: a) social incompetence related to intellectual limitations; and b) developmental limitations occurring before adulthood.

In the 1960s, incurability was replaced by an emphasis on present functioning. Mental retardation was defined as a symptom, rather than a condition, and was seen as behavioral, rather than organic. This was also the focus of the 1992 AAMR definition that described mental retardation as present functioning rather than a permanent state of being. This definition also noted that functioning typically varies during the course of one's life. Thus, adaptive behavior and intelligence reflect the two recurring themes in the definition of mental retardation.

The American Association on Mental Retardation (AAMR) 2002 Mental Retardation manual retains the term *mental retardation,* even though many are offended by this term and have urged its elimination. After considerable deliberation, it was determined that there was no consensus on an acceptable alternative.

According to the AAMR, mental retardation is a disability which begins before age 18. It is characterized by significant limitations both in intellectual functioning and in adaptive behavior. These limitations are expressed in conceptual, social, and practical adaptive skills. According to the Diagnostic and Statistical Manual of Mental Disorders, 1994 (DSM-IV), significant limitations in adaptive functioning must exist in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, and health and safety.

The AAMR 2002 definition represents a shift from the 1992 definition, which required that a person have limitations in at least two of 10 specific skill areas. The following five assumptions are essential to the application of the current AAMR definition:

- Limitations in present functioning must be considered within the context of community environments, typical of the individual's age, peers, and culture.

- Valid assessment considers cultural and linguistic diversity, as well as differences in communication, sensory, motor, and behavioral factors.

- Within an individual, limitations often coexist with strengths.

- An important purpose of describing limitations is to develop a profile of needed supports.

- With appropriate personalized supports, over a sustained period, the life functioning of the person with mental retardation generally will improve.

What is Adaptive Behavior?

Adaptive behavior is the collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives. Limitations in adaptive behavior affect both daily living and the ability to respond to life changes and environmental demands.

The addition of adaptive behavior to the criteria was intended to better reflect the social characteristics of the disability, to reduce the reliance upon IQ scores, and to decrease the number of individuals inaccurately identified as having mental retardation.

Adaptive behavior is considered to be conceptually different from maladaptive or problem behavior, even though many adaptive behavior scales contain assessments of problem behavior, maladaptive behavior, or emotional competence.

Behaviors that interfere with a person's daily activities or with the activities of those around him/her should be considered problem behavior rather than the absence of adaptive behavior.

We should recognize, however, that the function of inappropriate or maladaptive behavior may be to communicate an individual's needs. This inappropriate or maladaptive behavior, in some cases, may even be considered adaptive. Research on the function of behavior problems in people with severe disabilities demonstrates that although such behavior may be judged undesirable by others, it is often a response to environmental conditions or a lack of alternative communication skills.

What is a Systematic Observation?

A systematic observation is an objective and organized means of gathering data to confirm or validate the criteria. For Developmental Cognitive Disabilities, this refers to the adaptive behavior and cognitive results.

What is Functional Curriculum?

- A functional curriculum is designed to prepare students to function as independently as possible in an integrated society. (Wheeler, 1987)
- Educators using the functional approach identify life skills, specified as instructional goals and objectives, and then seek to facilitate a student's acquisition of these skills. (Polloway, Patton, Payne, and Payne, 1989)
- Functional curriculum fosters the development of skills. The acquisition of these skills increases autonomy, as in self-care activities, and encourages constructive codependency, as in cooperative enterprises and mutual problem solving in the home, school, community, and work place. It endeavors to make individuals as successful as possible in meeting their own needs and in satisfying the requirements of living in a community. It also strives to make the individual's life as fulfilling and pleasurable as possible. (Cegelka, 1995)

- Functionally based curriculum must have an adult-outcome emphasis. It must examine the situations faced by members of society. It must also specify the behavior expected of them as they function at different stages in their lives. The long-range orientation of education, however, requires that competencies needed by adults be given programming priority. (Bender, Valletutti, Baglin, 1998)
- If students are to be successful during their school years, and then later after transitioning into adult services, there is now more recognition that students will need an appropriate blend of academic and functional skills instruction in school, home, and community settings.
- Clark (1991) defines functional curriculum as "instructional content that focuses on the concepts and skills needed by students in the areas of personal,social, daily living, and occupational adjustment".

Functional Based Curriculum: Determining IEP Goals/Objectives

Valetutti, P.J. & Dummett, L.

The goals and objectives on a student's IEP must be determined by considering essential input from parents, educational staff, and relevant human service professionals. Based on the answers to the following questions.

- Is the skill of practical or current value to the individual as s/he functions on a daily basis?
- Will the individual's acquisition of a specific skill improve his/her performance in school, home related tasks, and/or in the community?
- Has the individual demonstrated an actual need for the development of a particular skill? Teachers, support staff, and other instructors need to observe the individual to identify the areas in which s/he is experiencing difficulty and utilize these observations in setting programming priorities.
- Does the skill have survival value? Clearly, teaching a person how to cross a street safely has a greater priority than teaching a youngster to sing a song.
- Will the acquisition of a skill with less-than-obvious functional relevance lead to the later development of a key functional skill? For example, will it be important to teach an individual to hop and skip because these movements will be incorporated in games, sports, and other life long leisure activities, such as dancing?
- Will an individual need this skill in the future? A skill that is immediately needed must be assigned greater priority than a skill needed in the future. Age appropriateness is always to be honored, whether it applies to the choice of suitable instructional materials or establishing instructional priorities.
- Has the individual expressed the desire to acquire a specific skill? Students will often ask for needed assistance in acquiring a skill that has psychological importance. These self-identified needs should never be ignored and often will determine educational priorities.

- Do the parents/guardians believe that the acquisition of a particular skill will increase their child's adaptive behavior or performance in the home?
- Will the development of a particular skill facilitate the acquisition of skills pertinent to the goals of other human service professionals (i.e. group homes, work sites) who are providing related services?

Acronyms and Definitions

AAMR: American Association on Mental Retardation

Adaptive Behavior: Adjustments an individual has made to function independently at home and in the community. The objective often is to conform to norms of personal behavior.

ABA: Applied Behavior Analysis

ABAS: Adaptive Behavior Assessment System

ABES: Adaptive Behavior Evaluation Scale

ABS: Adaptive Behavior Scale

ADA: Americans with Disabilities Act

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

ADL: Activities of Daily Living

AFDC: Aid to Families with Dependent Children

AFO: Ankle-Foot Orthotics

The Arc: The organization previously known as Association for Retarded Citizens (ARC)

ASD: Autism Spectrum Disorders

ASL: American Sign Language

ASR: Assessment Summary Report

AT: Assistive Technology

BIP: Behavior Intervention Plan

CA: Chronological Age

CAPS: Collaborating Accommodating Performance Standards

CBE: Community Based Education

CBI: Community Based Instruction

CEC: Council for Exceptional Children

CFL: Department of Children, Families, Learning (Replaced by MDE, 2003)

CMS: Centers for Medicare and Medicaid Services

COTA: Certified Occupational Therapist Assistant

CP: Cerebral Palsy

DAPE: Developmental Adapted Physical Education

DCD: Developmental Cognitive Disability

DCD/M-M: Developmental Cognitive Disability/Mild-Moderate

DCD/S-P: Developmental Cognitive Disability/Severe-Profound

DD: Developmentally Delayed; Developmental Disabilities

D/HH: Deaf/Hard of Hearing

DHS: Department of Habilitation Services

DOB: Date of Birth

DRS: Department of Rehabilitation Services

DS: Down Syndrome

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, 4th Edition

EBD: Emotional/Behavioral Disability/Disorder

ECSE: Early Childhood Special Education

ECSU: Educational Cooperative Service Unit; see Metro ECSU

ELL: English Language Learner

EMH: Educable Mentally Handicapped (replaced by MMMI; now DCD/M-M)

EMR: Educable Mentally Retarded (replaced by EMH; MMMI; now DCD/M-M)

ESL: English as a Second Language

ESY: Extended School Year

ESR: Evaluation Summary Report

ESTR-R: Enderle-Severson Transition Rating Scale - Revised

FAPE: Free and Appropriate Public Education

FAS: Fetal Alcohol Syndrome

FAE: Fetal Alcohol Effect

FBA: Functional Behavior Assessment

FC: Facilitated Communication

504 Plan: Section 504 of the Rehabilitation Act of 1973 forbids agencies that receive federal money to discriminate solely on the basis of disability. A 504 Plan is a legal document that specifies services and modifications provided for a student with a disability who may not qualify for special education.

FTE: Full Time Equivalent

Functional Curriculum: Clark (1991) defines this as “instructional content that focuses on the concepts and skills needed by students in the areas of personal,social, daily living, and occupational adjustment.

GED: General Educational Development exam; high school equivalency test

HCBS: Home/Community Based Services

HH: Hard of Hearing

HHS: Health and Human Services

HI: Hearing Impaired/Impairment

ICAP: Inventory for Client and Agency Planning

ICF/MR: Intermediate Care Facilities for Persons with Mental Retardation

IDEA: Individuals with Disabilities Education Act

IEP: Individualized Education Program

IFSP: Individualized Family Service Plan (Early Childhood)

IHP: Individual Health Plan; attached to the IEP

IHP: Individual Habilitation Plan (Adult Services)

IIIP: Interagency Individual Intervention Plan (also called Triple IP)

ILC: Independent Living Center

IQ: Intelligence Quotient

ISD: Independent School District

ISP: Individual Service Plan

ISS: In-school suspension

ITP: Individual Transition Plan (part of the IEP)

JTPA: Job Training Partnership Act

LD: Learning Disability

LEA: Local Education Agency

LRA: Least Restrictive Alternative

LRE: Least Restrictive Environment

MA: Medical Assistance

MA: Mental Age

MAPS: McGill Action Planning System (FUTURES PLANNING; Person Centered Planning)

MDE: Minnesota Department of Education (Previously known as CFL, changed 2003)

Metro ECSU: Metropolitan Educational Cooperative Service Unit

METRO SPLISE: Metropolitan Strategic Planning for Low Incidence Services in Education

MH: Mental Health

MH: Mental Handicap (replaced by MI; now DCD)

MI: Mental Impairment; Mentally Impaired (replaced by DCD)

MI: Mental Illness

MMH: Mild Mental Handicap (replaced by MMI; now DCD/M-M)

MMI: Mild Mental Impairment (replaced by DCD/ M-M)

MMMI: Mild-Moderate Mentally Impaired (replaced by DCD/ M-M)

MNASH: Minnesota Association for Persons with Severe Handicaps

M.R.: Minnesota Rule

MR: Mental Retardation: terminology still used by the AAMR/DSM-IV; replaced by the term DCD by Minnesota CFL, 11/01

MSMI: Moderate-Severe Mentally Impaired (replaced by DCD: S-P)

NEER: Notice of Educational Evaluation/Re-Evaluation (notice sent to parents regarding an initial evaluation/3 year re-evaluation)

New Freedom Initiative: (1999 US Supreme Court decision, Olmstead v. L.C.) > a presidential executive order that mandates federal agencies to eliminate barriers to community living for people will all types of disabilities. This promotes alternatives to institutional care.

OCD: Obsessive-Compulsive Disorder

ODD: Oppositional Defiant Disorder

OHD: Other Health Disabilities

OHI: Other Health Impairments (replaced by OHD)

OT: Occupational Therapy/Therapist

PAC: Parent Advisory Council

PACER: Parent Advocacy Coalition for Education Rights

PCA: Personal Care Attendant

PDD: Pervasive Developmental Disorder

PDD-NOS: Pervasive Developmental Disorder-Not otherwise Specified

PECS: Picture Exchange Communication System

Percentile (%) Rank: Ranks students in comparison with other students; % of students in the whole that an individual student scored above

PH: Physically Handicapped

P/HD: Physical/Health Disabilities

PI: Physically Impaired

P.L.: Public Law

P.L. 94-142: Education for all Handicapped Children's Act (1975)

PLEP: Present Level of Education Performance

PLP: Present Level of Performance

PT: Physical Therapist

PTA: Physical Therapist Assistant

PTA: Parent Teacher Association

PTSO: Parent Teacher Student Organization (same as PTA)

RLIF: Regional Low Incidence Facilitator; Minnesota is divided into 11 regions, with several regions combined into one region (i.e. 5/7); each region has a low incidence facilitator

ROM: Range of Motion

SIB-R: Scales of Independent Behavior-Revised

SD: Standard Deviation > a statistic used as a measure of dispersion; a measure of deviation from the mean

SEAC: Special Education Advisory Committee

SEM: Standard Error of Measurement > the estimate of error attached to an individual's score and directly related to the reliability of the test. The lower the reliability, the higher the standard error. The SEM is the standard deviation of the distribution of error scores.

SI: Sensory Integration

SIB: Self-injurious Behavior; Scales of Independent Behavior

SILP: Semi-Independent Living Program

SLD: Specific Learning Disability

SL: Speech/Language

SLP: Speech/Language Pathologist

SMI: Severely Multiply Impaired

SO: Systematic Observation

SONAR: Statement of Need and Reasonableness

SPLISE: State Planning for Low Incidence in Special Education

SSDI: Social Security Disability Insurance

SSI: Supplemental Social Security Income

TASH: The Association for Persons with Severe Handicaps

TBI: Traumatic Brain Injury

TDD: Telecommunication Device for the Deaf

TEACCH: T reatment and E ducation of A utistic and Related C ommunication of Handicapped CH ildren

TOSA: Teacher on Special Assignment

TSES: Total Special Education System

TTY: Teletypewriter (phone system for the deaf/hard of hearing)

VI: Visual Impairment

VRS: Vocational Rehabilitation Services

WAIS: Wechsler Adult Intelligence Scale

WAIS-R: Wechsler Adult Intelligence Scale-Revised

Waiver: A policy that "waives" or exempts traditional Medicaid requirements. It usually refers to the home and community based waiver program that allows a state to use Medicaid funds to help provide the services necessary for people with disabilities to live in their home community.

WISC: Wechsler Intelligence Scale for Children

WISC-R: Wechsler Intelligence Scale for Children - Revised

WPPSI-R: Wechsler Preschool and Primary Scale of Intelligence - Revised

WRAT: Wide Range Achievement Test

Minnesota Special Education Teacher Licensure and Eligibility Categories

(November, 2001)

8710.5400 Teachers of Special Education: Developmental Disabilities (DD)
(Licensure field)
3525.1333 Developmental Cognitive Disability (DCD)
(Pupil eligibility category)

Developmental Disabilities (DD) is a new license, authorizing the teacher holding this license to provide specially designed instruction in kindergarten through grade 12 to students with a broad range of cognitive impairments and deficits in adaptive behavior. “Broad range” means all levels of cognitive impairment, mild-moderate through severe-profound. The teacher preparation program for this license is also new, and covers the broad range mild through severe. Another way to look at it is to say this new license is equivalent to having both the old MMI and MSMI licensure.

Individuals who currently hold MMI and/or MSMI licenses will continue to hold these licenses as long as they continue to renew them. There is no grand-personing into the new license. A teacher who is currently licensed in MMI only is authorized to teach only students in the mild-moderate range. A teacher who is currently licensed in MSMI only is authorized to teach only those students in what is now called the severe-profound range. Multi-disability teams continue to be appropriate. Even though this license covers both ranges, that does not mean that a school district can assign an MMI licensed person to also teach students in the MSMI range, or vice versa. That additional category/range can only be obtained through additional training and coursework. The district would have to request a variance, if they were unable to fill the other position with an appropriately licensed teacher.

A teacher who currently holds one of the old licenses may complete the additional coursework needed for the other license. Upon completion of this coursework, which is actually part of the new licensure program, this teacher will be eligible for the new DD license. For example, a teacher currently licensed in MSMI only, may complete the additional coursework needed to teach students in the mild-moderate range. Upon completion of the coursework, the teacher is granted the DD license, not MMI.

For more information contact:
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CFL Licensing Specialist
Special Education
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Minnesota Rule 3525.1339

Severely Multiply Impaired (SMI) Criteria

Subpart 1. Definition. "Severely multiply impaired" means a pupil who has severe learning and developmental problems resulting from two or more disability conditions determined by an evaluation as defined by part 3525.2710

Subp.2. Criteria. The team shall determine that a pupil is eligible as being severely multiply impaired if the pupil meets the criteria for two or more of the following disabilities:

A. deaf or hard of hearing, part 3525.1331;

B. physically impaired, part 3525.1337;

C. developmental cognitive disability: severe-profound range, part 3525.1333;

D. visually impaired, part 3525.1345;

E. emotional or behavioral disorders, part 3525.13.29; or

F. autism spectrum disorders, part 3525.1325.

STAT AUTH: MS s 120.17; L 1999c 123 s 19,20

HIST: 16 SR 1543; L 1998 c 397 art 11 s 3; 26 SR 657
current as of 01/18/02

http://www.revisor.leg.state.mn.us/arule/3525/1339.html

PART II: CRITERIA

Minnesota Eligibility Criteria for Developmental Cognitive Disability

Minnesota Rule

3525.1333 DEVELOPMENTAL COGNITIVE DISABILITY

Subpart 1. **Definition.** "Developmental Cognitive Disability (DCD)" means a condition resulting in significantly below average intellectual functioning and concurrent deficits in adaptive behavior that adversely affects educational performance and requires special education and related services. DCD does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences, or inconsistent educational programming.

Subp. 2. **Criteria.** The team shall determine that a pupil is eligible as having a DCD and is in need of special education instruction and related services if the pupil meets the criteria in items A and B.

A. The pupil demonstrates below average adaptive behavior in school and home, and, if appropriate, community environments. For the purposes of this item, "below average" means:

1. &a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior; and
2. &documentation of needs and the level of support required in at least four of the seven adaptive behavior domains across multiple environments. Systematic observation and parent input must be included as sources to document need and level of support. All of the following adaptive behavior domains must be considered:

(a) daily living and independent living skills;

(b) social and interpersonal skills;

(c) communication skills;

(d) academic skills;

(e) recreation and leisure skills;

(f) community participation skills; and

(g) work and work-related skills.

Other sources of documentation may include checklists, classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

B. The pupil demonstrates significantly below average general intellectual functioning that is measured by an individually administered, nationally normed test of intellectual ability. For the purposes of this subitem, "significantly below average general intellectual functioning" means:

1. &mild-moderate range: two standard deviations below the mean, plus or minus one standard error of measurement; and
2. &severe-profound range: three standard deviations below the mean, plus or minus one standard error of measurement.

Significantly below average general intellectual functioning must be verified through a written summary of results from at least two systematic observations with consideration for culturally relevant information, medical and educational histories, and one or more of the following: supplemental tests of specific abilities, criterion-referenced tests, alternative methods of intellectual assessment, clinical interviews with parents, including family members, if appropriate, or observation and analysis of behavior across multiple environments.

Subpart 3. [Repealed, 26 SR 657]

STAT AUTH: MS s 120.17; L 1999 c 123 s 19,20

HIST: 16 SR 1543; 17 SR 3361; L 1998 c 397 art 11 s 3; 26 SR 657

(Current as of 1/18/02)

http://www.revisor.leg.state.mn.us/arule/3525/1333.html

Analyzing the Sections

Guiding You Through the Subparts of the DCD Criteria

In the upper left-hand corner of each page you will find one subpart of the criteria. All or some of this subpart will be in **bold** print. The portion in **bold** print is addressed on that page.

The EXPLANATION clarifies the rule portion that is **bolded**. This section anticipates and answers potential questions/issues. Explanation will be located in the upper right-hand part of each page.

Helpful hints to assist you in addressing this portion of the criteria are found under Promising Practice, in the lower left-hand part of each page.

Tools/Process will be found in the lower right-hand corner of each page. This is a list (although not comprehensive) of various resources you may find useful to address the subpart of criteria found on that specific page.

3525.1333 Developmental Cognitive Disability

Subpart 1. Definition.

"Developmental Cognitive Disability (DCD)" means a condition resulting in significantly below average intellectual functioning and concurrent deficits in adaptive behavior that adversely affects educational performance and requires special education and related services. DCD does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences, or inconsistent educational programming.

Promising Practice:

When evaluating a student, teams should ensure that the appearance of a cognitive disability is not due to cultural differences or inconsistent educational programming.

BUT, even students with a cognitive disability can also have a Developmental Cognitive Disability (DCD).

Developmental Cognitive Disability (DCD) can be caused by any condition that impairs development of the brain before birth, during birth, or in the childhood years. Several hundred causes have been discovered, but in about one-third of the people affected, the cause remains unknown. (www.thearc.org)

When two or more conditions exist, such as physical impairments, traumatic brain injury, autism spectrum disorder, or severe multiple impairment, the team needs to determine which is primary.

Teams need to be cognizant of eligibility criteria for Severely Multiply Impaired (SMI). If a student does qualify in 2 or more of the categories, and it is difficult to determine which is the primary, SMI should be considered/offered as an appropriate option.

Explanation:

The definition now reflects the interrelatedness of adaptive behavior and intellectual functioning. Developmental relates to the adaptive behavior component. Cognitive relates to the intellectual component.

Criteria in both areas needs to be "met" in an initial evaluation and "addressed" in a re-evaluation.

Team determines that primary Developmental Cognitive Disability (DCD) is the disabling condition.

The exclusionary statement is not intended to be interpreted as "if a student qualifies for special education services in ____ (i.e. DCD), then s/he can not qualify in ___ (i.e. ASD or EBD)". The intent is to conduct a comprehensive evaluation. If other disabling conditions are determined to exist, the team must decide which is primary. Co-morbidity (two factors) can occur.

Team must determine that deficits are not primarily due to other disabilities or factors.

Tools/Process:

Severely Multiply Impaired (SMI) Criteria

References:

American Association on Mental Retardation (1992; 2002) Mental Retardation: Definition, Classification, and Systems of Supports, 9th Edition, 10th Edition, Washington D.C.

Alexander, D. (1998). Prevention of Mental Retardation: Four Decades of Research. Mental Retardation and Developmental Disabilities Research Reviews. 4: 50-58

Batshaw, M. (1997) Children With Disabilities. Baltimore: Paul H. Brookes Publishing Co.

The Arc. (1982). The Prevalence of Mental Retardation (out of print).

Subpart 2. Criteria

The team shall determine that a pupil is eligible as having a DCD and is in need of special education instruction and related services if the pupil meets the criteria in items A and B.

Explanation:
There are two (2) significant features to eligibility:

- Adaptive Behavior
- Intellectual

Through the evaluation, the team's responsibility is to determine if the student needs/continues to need special education and, if necessary, related services.

Parent input must be included in the evaluation process. If extenuating circumstances does not allow for parent input, be sure that is documented in the evaluation report.

Promising Practice:
The team is defined by IDEA and should involve all appropriate educators and the parents in the team process. (IDEA '97 300.344)

Parents, as team members, have the most information about their child. It is not unusual for an individual to behave differently at home than in an educational setting. However, an individual qualifies for special education services based on his/her needs in that educational setting.

Tools/Process:
Follow Due Process procedures as defined in Minnesota Rule.

Involve the team in a comprehensive evaluation planning process.

Reference: IDEA '97

Severely Multiply Impaired (SMI) Criteria

Subpart 2A: Adaptive Behavior in Multiple Environments

The pupil demonstrates below average adaptive behavior in school and home, and, if appropriate, community environments. For the purposes of this item, "below average" means:

1. a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior; and
2. &documentation of needs and the level of support required in at least four of the seven adaptive behavior domains across multiple environments. Systematic observation and parent input must be included as sources to document need and level of support. All of the following adaptive behavior domains must be considered:
   a) daily living and independent living;
   b) social and interpersonal skills;
   c) communication skills;
   d) academic skills;
   e) recreation and leisure skills;
   f) community participation skills; and
   g) work and work-related skills.

Other sources of documentation may include checklists. classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

Promising Practice:
School adaptive behaviors look at a comparison of the pupil to general education peers.

Parent interview helps cross-environmental validation.

Community reference is age related (day care centers, transition settings, job sites, Boys Girls Club, etc.).

Explanation:
This is the first feature of eligibility.

It is not required to do three separate assessments because of three identified environments. The intent is to look at consistency of performance across any/all environments that are appropriate, based on the individual's abilities/needs.

Tools/Process:
Nationally normed, technically adequate measures must be used. Examples could be, but not limited to:

- Scales of Independent Behavior-Revised
- (SIB-R)
- Adaptive Behavior Assessment System (ABAS)
- Vineland Adaptive Behavior Scale
- Adaptive Behavior Evaluation Scale (ABES)
- Adaptive Behavior Scale (ABS)

Nationally Normed, Technically Adequate: Measures of Adaptive Behaviors Grid

Subpart 2A: Composite Score

The pupil demonstrates below average adaptive behavior in school and home, and, if appropriate, community environments. **For the purposes of this item, "below average" means:**

1. **a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior; and**
2. &documentation of needs and the level of support required in at least four of the seven adaptive behavior domains across multiple environments. Systematic observation and parent input must be included as sources to document need and level of support. All of the following adaptive behavior domains must be considered:
   a) daily living and independent living skills;
   b) social and interpersonal skills;
   c) communication skills;
   d) academic skills;
   e) recreation and leisure skills;
   f) community participation skills; and
   g) work and work-related skills.

Other sources of documentation may include checklists, classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

Promising Practice:

- Parents/guardians have the most information about the student and should be one of the primary respondents.
- It is not unusual for a student to score differently in the home environment, as it is usually more familiar. A student qualifies for services (excluding Early Childhood) based on his/her needs in the educational environment.
- Staff trained in the use of the specific tools should conduct the adaptive assessment.
- Staff should have knowledge of interviewing techniques.
- Person(s) conducting interview should have knowledge of family and pupil.
- Results of the adaptive assessment can be valuable in developing quality programming when shared with and discussed by a multi-disciplinary team.
- The team can include age/grade equivalent documentation to further explain the percentile composite score.

Explanation:
The below average score now refers to a global or composite score. In previous criteria, scores were given for individual subsections.

This composite score provides a more accurate reflection of the student.

The adaptive behavior score must be reported in percentile, rather than age or grade equivalent.

Tools/Process:
Nationally normed, technically adequate measures must be used. Examples could be, but not limited to:

- Scales of Independent Behavior-Revised
- (SIB-R)
- Adaptive Behavior Assessment System (ABAS)
- Vineland Adaptive Behavior Scale
- Adaptive Behavior Evaluation Scale (ABES)
- Adaptive Behavior Scale (ABS)

Nationally Normed, Technically Adequate: Measures of Adaptive Behaviors Grid

Subpart 2A: Documentation of Needs/Levels of Support

The pupil demonstrates below average adaptive behavior in school and home, and, if appropriate, community environments. For the purposes of this item, “below average” means:

1) a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior; and
2) documentation of needs and the level of support required in at least four of the seven adaptive behavior domains across multiple environments. Systematic observation and parent input must be included as sources to document need and level of support. **All of the following adaptive behavior domains must be considered:**

- **a) daily living/independent living skills;**
- **b) social and interpersonal skills;**
- **c) communication skills;**
- **d) academic skills;**
- **e) recreation and leisure skills;**
- **f) community participation skills; and**
- **g) work and work-related skills.**

Other sources of documentation may include checklists, classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

Promising Practice:
Use an assessment tool that closely aligns with the 7 identified domains.

For transition age students, the team may choose an appropriate adaptive behavior scale that includes the areas needed to fulfill the requirements of a transition evaluation.

Interview with parents may also be the Adaptive Behavior information.

Team needs to collaborate in adequately describing the nature of the level of support (language of choice) in a variety of settings.

When writing the evaluation report, levels of support should be defined in terms of resources, materials, equipment, settings, personnel, and environmental conditions (lights, visuals, sensory).

Explanation:
This section of the criteria focuses on developing quality programming through a collaborative team effort.

The documentation of needs drives the development of goals/objectives and services.

The documentation of level of support, including type and amount of special assistance, will determine the modifications, adaptations, and Least Restrictive Environment (LRE) the student will need in school.

Duration, frequency, intensity, and the demands of various environments are factors to consider in determining the level of support.

Needs are demonstrated across multiple environments as reported by parent/guardian, school, and community members.

In requiring the team to address 4 of 7 adaptive domains, this acknowledges that students may have strengths in some areas.

The criteria identifies the 7 domains to include the transition areas.

Level of support means a set of individually based resources and strategies that result in personal growth and development of that student.

Tools/Process:
The nationally normed measures have been indexed to the American Association on Mental Retardation’s (AAMR) Levels of Support. (www.aamr.org)

Nationally Normed Measures of Adaptive Behavior GRID

A detailed explanation of each of the seven domains follows.

Definitions of Adaptive Behavior Domains

(a) Daily Living/Independent Living Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

- Eating
- Dressing
- Hygiene
- Health and safety
- Choice-making
- Daily scheduling
- Food preparation
- Seeking assistance when needed
- Self-advocacy
- Household tasks

(b) Social and Interpersonal Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

- Social behavior
- Peer interactions
- Showing appreciation
- Cooperation
- Turn-taking
- Appropriate play skills
- Showing concern for others
- Requesting
- Self-esteem
- Initiating conversation or play
- Recognizing or responding to social cues
- Resolving problems
- Social judgment
- Language of social interaction

(c) Communication Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

<u>Forms of Communication</u>

- Gestures
- Cues
- Facial expression
- Symbolic language: spoken language; written language
- Non-symbolic language
- Assistive technology

<u>Functions of Communication</u>

- Requests
- Comments
- Protests/rejection
- Gain attention
- Choice-making
- Express wants and needs
- Behavior as communication

(d) Academic Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

- Handling money
- Basic math
- Managing time
- Environmental/survival words
- Life skills vocabulary
- Pre-literacy skills
- Basic science
- Basic geography
- Basic social studies
- Calendars/scheduling
- Basic writing

(e) Recreation and Leisure Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

- Choosing and initiating activities
- Turn-taking
- Accessing activities
- Following safety guidelines
- Individual and group activities
- Expanding awareness of interests and skills
- Accessing options in the home, school, and community settings
- Mastery of steps/directions for participation

(f) Community Participation Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

- Knowledge of community resources, facilities, and programs
- Travel skills to access the community
- Ability to access community resources, facilities, and programs, including: transportation, recreation, housing, safety, shopping, health care, groups, clubs, restaurants, and agencies

(g) Work and Work-Related Skills:
This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as:

- Completion of tasks
- Awareness of schedules
- Knowledge of job options
- Knowledge of support needs
- Developing job skills
- Accepting direction
- Demonstrating independent work habits
- Ability to work with others
- Work ethics
- Career exploration
- Accessing training

Subpart 2A: Systematic Observation/Parent Input

The pupil demonstrates below average adaptive behavior in school and home, and, if appropriate, community environments. For the purposes of this item, "below average" means:
1) a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior; and
2) documentation of needs and the level of support required in at least four of the seven adaptive behavior domains across multiple environments. **Systematic observation and parent input must be included as sources to document need and level of support.** All of the following adaptive behavior domains must be considered:
a) daily living and independent living skills;
b) social and interpersonal skills;
c) communication skills;
d) academic skills;
e) recreation and leisure skills;
f) community participation skills; and
g) work and work-related skills.

Other sources of documentation may include checklists, classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

Promising Practice:
Systematic observations may be based on performance and results over time.

The team should consider culturally relevant information when conducting observations and obtaining parent input.

During the evaluation planning meeting, the members of the team should determine who will complete the observation(s) and obtain parent information.

Several members of a team may complete observations in multiple environments.

Evaluation report clearly describes observation tools used and conclusions drawn.

Systematic observation should be embedded throughout the evaluation report as they relate to specific domains.

Administration of adaptive behavior measure may be considered as the parent input.

Systematic observation requires that behavior be identified and defined in a concise and specific way, so an independent observer could also validate that a specific behavior did occur.

Explanation:
Systematic Observation is an objective and organized means of gathering data to confirm or validate the criteria.

The systematic observation is intended to support and confirm information obtained through the adapted behavior measure.

Information from observation and parent input is a required method to document needs and levels of support in the seven (7) adaptive domains.

Parent must be a source in providing information; however, the qualification of service is based on the needs identified within the educational environment.

Level of support means a set of individually based strategies to enhance personal growth and development. The language used in the individual adaptive behavior scales to describe level of support (i.e. intermittent, limited) needs to be embedded throughout the evaluation report. That language describes the intensity and/or duration of the support required for a student to participate to the greatest extent possible.

This information provides support through accommodations, modifications, and/or assistance of others. Duration, frequency, intensity, and the demands of various environments are factors to consider in determining the level of support.

Tools/Process:
Systematic Observation format options may include, but are not limited to:

- Checklist
- Narrative
- Open-ended
- Interview Forms

Parent input formats may include, but are not limited to:

- Parent reporting
- Behavior Assessment System for Children (BASC)
- Syracuse Ecological Assessment
- Choosing Options and Accommodations for Children (COACH)
- Futures Planning; Person Centered Planning
- Other developmental checklists

Resources:
Adaptive Behavior Measures Grid
Adaptive Behavior Assessments: criterion referenced; national normed referenced
Home and Family Interview

Subpart 2A: Other Sources

The pupil demonstrates below average adaptive behavior in school and home, and, if appropriate, community environments. For the purposes of this item, “below average” means:

1. a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior; and
2. &documentation of needs and the level of support required in at least four of the seven adaptive behavior domains across multiple environments. Systematic observation and parent input must be included as sources to document need and level of support. All of the following adaptive behavior domains must be considered:
   a) daily living and independent living skills;
   b) social and interpersonal skills;
   c) communication skills;
   d) academic skills;
   e) recreation and leisure skills;
   f) community participation skills; and
   g) work and work-related skills.

Other sources of documentation may include checklists, classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

Promising Practice:

An adaptive behavior scale may be a parent interview.

The team should use multiple sources to gain specific information about student skill level and needs.

Explanation:
These tools will support that this student has below average adaptive behavior skills in the home, school, and community.

To ensure that all areas of need are examined and a comprehensive evaluation is pursued.

Tools/Process:

The following may be used, but are not limited to:

- Parent interview
- Family interview
- Staff interview
- Observations
- Checklists
- Work samples
- Educational/medical history
- Pupil self reporting
- Health review forms

References:

- *Other Health Disabilities Manual*
- *Specific Learning Disability Companion Manual*
- *Reducing Bias in Special Education Assessment for American Indian and African American Students*

Subpart 2B: Clarification of Intellectual Functioning

The pupil demonstrates significantly below average general intellectual functioning that is measured by an individually administered, nationally normed test of intellectual ability. For the purposes of this subitem, "significantly below average general intellectual functioning" means:

1. **mild-moderate range: two standard deviations below the mean, plus or minus one standard error of measurement; and**
2. **severe-profound range: three standard deviations below the mean, plus or minus one standard error of measurement.**

Significantly below average general intellectual functioning must be verified through a written summary of results from at least two (2) systematic observations with consideration for culturally relevant information, medical and educational histories, and one or more of the following: supplemental tests of specific abilities, criterion-referenced tests, alternative methods of intellectual assessment, clinical interviews with parents, including family members, if appropriate, or observation and analysis of behavior across multiple environments.

Promising Practice:
The intellectual score is given in standard deviations rather than numerical intelligence quotients or ranges of performance.

- Standard error of measurement is dependent upon the tool used.
- The systematic observation used for the adaptive behavior may be used here also.
- The team can include age/grade equivalent documentation to further explain the intellectual functioning.
- The IQ score can be indicated to further explain the standard deviation measurement.

Explanation:

This second feature of criteria involves measuring the student's intellectual functioning.

An individually administered, nationally normed, test of intellectual ability must be given, or at least attempted.

In the event where it is difficult to obtain a valid score due to a student's cognitive disability/multiple disabilities, the team must then clearly and comprehensively document the procedures/tools that were used in the attempt to obtain a valid score.

The team must determine whether the student has a range of intellectual functioning in Developmental Cognitive Disability (DCD)/Mild-Moderate (two standard deviations below) or DCD/Severe-Profound (three standard deviations below). This must be stated in the evaluation report and indicate whether it is Mild-Moderate or Severe-Profound.

This distinction: DCD/M-M or DCD/S-P, must also be stated on the IEP.

Tools/Process:
Nationally normed tests may include, but are not limited to:

- Wechsler Intelligence Scale for Children-III (WISC-III)
- Wechsler Preschool and Primary Scales of Intelligence-Revised (WPPSI-R)
- Wechsler Adult Intelligence Scale III
- (WAIS-III)
- Differential Ability Scales (DAS)
- Kaufman Assessment Battery for Children (K-ABC)
- Test of Nonverbal Intelligence-2 (TONI-2)
- Comprehensive Test of Nonverbal Intelligence
- (C-TONI)
- Naglieri Test of Nonverbal Ability
- Leiter International Performance Scale-Revised
- Bailey Scales of Development
- Stanford-Binet

Intellectual Assessments List

Subpart 2B: Verification of Intellectual Functioning

The pupil demonstrates significantly below average general intellectual functioning that is measured by an individually administered, nationally normed test of intellectual ability. For the purposes of this subitem, "significantly below average general intellectual functioning" means:

1. mild-moderate range: two standard deviations below the mean, plus or minus one standard error of measurement; and
2. &severe-profound range: three standard deviations below the mean, plus or minus one standard error of measurement.

Significantly below average general intellectual functioning must be verified through a written summary of results from at least two (2) systematic observations with consideration for culturally relevant information, medical and educational histories, and one or more of the following: supplemental tests of specific abilities, criterion-referenced tests, alternative methods of intellectual assessment, clinical interviews with parents, including family members, if appropriate, or observation and analysis of behavior across multiple environments.

Promising Practice:

This written summary is integrated into the full evaluation report, completed through a collaborative team process.

Observations are summarized and embedded throughout the report, documented where appropriate to support/validate specific sections of the evaluation.

The systematic observation used for the adaptive behavior may be used here also.

Several members of a team may complete observations and other measures to validate intellectual functioning.

Explanation:

A single test is not used, but multi-measures to verify the below average intellectual functioning.

Culture diversity must be taken into consideration when determining intellectual functioning.

Medical and educational history should be included, and verify the validity of the intellectual score.

Through a team process, there must be a written summary that consolidates the results gathered from multiple sources, including observations, which verifies the intellectual functioning.

Tools/Process:

Tests may include, but not limited to:

- Supplemental tests
- Criterion-referenced assessments
- Analysis of behavior (i.e. Functional Behavior Assessment)
- Clinical interviews

References:

Conducting Functional Behavioral Assessments and Developing Positive Programs for Students with Challenging Behaviors Manual-CFL

PART III - Re-Evaluation

Currently, the standard for re-evaluation in Minnesota is governed by IDEA ’97. There is currently nothing in state law or rule that exceeds the federal requirements for re-evaluation. A re-evaluation is required every three years under IDEA ’97.

The purpose of the re-evaluation is:

- To determine the present levels of performance in all areas of concern.
- To determine student needs.
- To establish a continued need for special education services and related services.
- To confirm the student continues to have a disability.
- To determine supports needed and at what level.

When a re-evaluation is being planned, the team should consider:

- The students’ response to special education intervention over the past three years, i.e. progress on goals and objectives.
- The levels of support the student has needed in order to learn and function within a variety of settings: i.e. home, school, community.
- Whether the eligibility criteria is consistent with the student’s current performance.
- Whether there are concerns which were not addressed in past evaluations.

When considering using existing data, the team <u>must</u> consider:

- Whether existing data is applicable, rather than seeking additional data through new testing or other processes. Parents must be invited to this team meeting to participate in making the decision to use existing data. If the parent does not attend this meeting, the team may proceed with the meeting, but must follow-up with an appropriate written notice to the parents.
- The use of “existing data” for re-evaluation purposes means applying previous test scores and assessment findings. These previous findings must be confirmed by current information, including at least teacher observations, parent input, and classroom assessments.
- If the team chooses to use existing data for a re-evaluation, the district must notify the parents of this decision and give them an opportunity to request additional data to confirm that the student continues to have a disability and needs special education services. If one or both parents ask the district in writing to provide this additional data, the district must do so.

Methods/procedures to gather information for re-evaluation, could include, but not limited to:

- Criterion-referenced tests
- Parent information
- Observations
- Work samples
- Student interview
- Developmental inventories of skills

The re-evaluation summary report must identify:

- The data used to confirm that the student still manifests a specific disability;
- The student's present levels of performance (PLEP) in all areas of concern, including the impact of the disability on the student's progress in general curriculum;
- The student's needs in all areas of concern;
- The level(s) of support needed to progress and function in school and related environments (i.e. school, home, work, community)
- A determination, by the team, as to whether the student continues to have a disability;
- A determination, by the team, as to whether the student continues to need special education services; and
- Whether modifications or adaptations are needed in services.

Promising practice in the field suggests:

- Administration of a standardized intellectual test need not be completed in re-evaluations for students who fall in the severe-profound range.
- Re-evaluation of intellectual ability should be administered in students who fall in the mild-moderate range if**:**
  a. The only intellectual test was completed before eight years of age.
  b. The student's first language was not English at the time of initial evaluation.
  c. The team suspects the student's intellectual quotient is not consistent with initial score.
  d. The team questions the validity of the results found during the initial evaluation.
  e. The school psychologist reported, "this is a low estimate of intellectual ability" on the previous intellectual test.
- If a student in the mild/moderate range had assessments of intellectual functioning and adaptive behavior three years earlier, these tests would not have to be re-administered if the team determined the previous findings were still accurate. The team would have to corroborate this accuracy with current observations from teachers, parent input, and classroom performance data.

- Re-evaluation of adaptive behavior using a nationally normed, technically adequate measure should be administered:
  a. When determining change in program: i.e. elementary to middle, middle to secondary.
  b. When completing an initial transition evaluation (by age 14 or grade 9).
  c. To document needs and establish the level of support required across multiple settings.
- The written notice of a re-evaluation plan provides an opportunity for parents to give informed consent (i.e. a signature) for any re-evaluation plan developed by the team. The district may proceed with a re-evaluation if it has documented more than one attempt to get a signature and the parents have not responded. The minimum requirements for two attempts include the team meeting and one follow-up notice.

Appendix A

ADAPTIVE BEHAVIOR MEASURES: ALIGNED WITH THE SEVEN DOMAINS 43
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Adaptive Behavior Measures: Aligned with the Seven Domains

(Norm referenced)

ACRONYMS:

ABAS	Adaptive Behavior Assessment System The Psychological Corporation
ABES	Adaptive Behavior Evaluation Scale Hawthorne Educational Services
ABS	Adaptive Behavior Scale McGraw-Hill
ICAP	Inventory for Client and Agency Planning DLM Teaching Resources
SIB-R	Scales of Independent Behavior – Revised Riverside Publishing Company
VINELAND	Vineland Adaptive Behavior Scales American Guidance Services

SUBSCALES THAT ALIGN WITH THE SEVEN DOMAINS

A. Daily Living/Independent Living Skills
B. Social and Interpersonal Skills
C. Communication Skills
D. Academic Skills
E. Recreation and Leisure Skills
F. Community Participation Skills
G. Work and Work-Related Skills

A. **Daily Living/Independent Living Skills**

This domain refers to a range of competencies that are essential for participation in one's daily routines and activities. These competencies cover, but are not limited to, areas such as: eating; dressing; hygiene; health and safety; choice making; daily scheduling; food preparation; seeking assistance when needed; self advocacy; and household tasks.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Home Living/School Living, Health and Safety, Self-Care, Self-Direction
ABES: Self-Care, Home Living, Self-Direction, Health and Safety
ABS: Independent Functioning, Numbers and Time, Domestic Activity, Self-Direction, Responsibility
ICAP: Personal Living Skills
SIB-R: Motor Skills, Personal Living Skills
VINELAND: Daily Living Skills, Socialization, Motor Skills

B**. Social and Interpersonal Skills**

This domain refers to a range of competencies that are essential for self-concept development and the promotion of interaction with others. These competencies cover, but are not limited to, areas such as: social behavior; peer interactions; showing appreciation; cooperation; turn-taking; appropriate play skills; showing concern for others; requesting; self esteem; initiating conversation or play; recognizing or responding to social cues; resolving problems; social judgment; and language of social interaction.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Home Living/School Living, Social
ABES: Social
ABS: Independent Functioning, Language Development, Responsibility, Socialization, Subpart 2 > Personality and Behavior, Social Engagement, Disturbing Interpersonal Behavior
ICAP: Social and Communication Skills
SIB-R: Social Interaction and Communication Skills
VINELAND: Daily Living Skills, Socialization

C. **Communication Skills**

This domain refers to a range of competencies that are essential in order to receive and express information through interactions with others. These competencies cover, but are not limited to, areas such as: forms of communication > gestures; cues; facial expression; symbolic language i.e. spoken or written language; non-symbolic language; and assistive technology; functions of communication > requests; comments; protests/rejection; gain attention; choice making; wants and needs; and behavior as communication.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Home Living/School Living, Social
ABES: Communication
ABS: Language Development
ICAP: Social and Communication Skills
SIB-R: Social Interaction and Communication Skills
VINELAND: Communication

D. **Academic Skills**

This domain refers to a range of competencies that are essential in the acquisition of academic skills that are functional and have direct application in one's life. These competencies cover, but are not limited to, areas such as: handling money; basic math; managing time; environmental/survival words; life skills vocabulary; pre-literacy skills; basic science; basic geography; basic social studies; calendars/scheduling; and basic writing.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Functional Academics
ABES: Functional Academics
ABS: Numbers and Times, Economic Activity
ICAP: Motor Skills; Social and Communication Skills; Personal Living Skills; Community Living Skills
SIB-R: Community Living Skills
VINELAND: Communication

E. **Recreation and Leisure Skills**

This domain refers to a range of competencies that are essential to promote physical well-being and enjoyment. These competencies cover, but are not limited to, areas such as: choosing and initiating activities; turn taking; accessing activities; following safety guidelines; individual and group activities; expanding awareness of interests and skills; accessing options in the home, school and community settings; and mastery of steps/directions for participating.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Leisure
ABES: Leisure
ABS: Physical Development
ICAP: Social and Communication Skills; Community Living Skills
SIB-R: Motor Skills
VINELAND: Socialization

F. **Community Participation Skills**

This domain refers to a range of competencies that are essential to have knowledge in and opportunities for participation as a member of the community. These competencies cover, but are not limited to, areas such as: knowledge of community resources, facilities, and programs; travel skills to access the community; and the ability to access community resources, facilities and programs, including: transportation, recreation, housing, safety, shopping, health care, groups/clubs, restaurants, and agencies.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Community Use
ABES: Community Use, Health and Safety
ABS: Independent Functioning, Economic Activity, Conformity, Social Engagement
ICAP: Social and Communication Skills; Community Living Skills
SIB-R: Social Interaction and Communication Skills, Community Living Skills
VINELAND: Daily Living Skills, Socialization

G. **Work and Work-Related Skills**

This domain refers to a range of competencies that are essential in order to develop work skills, explore interests, and access vocational choices. These competencies cover, but are not limited to, areas such as: completion of tasks; awareness of schedules; knowledge of job options; knowledge of support needs; developing job skills; accepting direction; demonstrating independent work habits; ability to work with others; work ethic; career exploration; and accessing training.

Adaptive Behavior Measures: subscales that align with this domain

ABAS: Self-Direction, Work
ABES: Self-Direction, Work
ABS: Numbers and Time, Pre-Vocational/Vocational Activity, Conformity, Trust
ICAP: Social and Communication Skills; Community Living Skills
SIB-R: Motor Skills, Personal Living Skills
VINELAND: Socialization, Motor Skills

GRID: Nationally Normed, Technically Adequate Measures of Adaptive Behavior

		Adaptive Behavior Domains						
	Subpart 2 A (2)						Community Participation	Work Work Related Skills
Adaptive Behavior Measures	Adaptive Behavior Assessment System (ABAS)	X	X	X	X	X	X	X
	Adaptive Behavior Evaluation Scale (ABES)	X	X	X	X	X	X	X
	American Assoc. on Mental Retardation Adaptive Behavior Scale (ABS - 2 editions:)							
	ABS-RC:2 Residential Community Edition	X	X	X	X	X	X	X
	ABS-S:2 School Edition	X	X	X	X	X	X	X
	Inventory for Client and Agency Planning (ICAP)	X	X	X	X	X	X	X
	The Scales of Independent Behavior –Revised	X	X	X	X	X	X	X
	Vineland Adaptive Behavior Scales	X	X	X	X	X	X	X

Adaptive Behavior Assessments Chart - Criterion Referenced

				Description
Choosing Options and Accommodations for Children with Handicaps (COACH); National Clearing House of Rehabilitation Training Materials, Oklahoma State Univ, 816 W. 6th St., Stillwater, OK 74078	Individual	3-21 Years	Special Education Teacher	Assesses socialization, communication, recreation leisure, self-help, applied academics, and sensory skills. Assesses across different environments.
Developmental Profile II (DPII) 1972/1986; Alpern-Boll-Shearer, Western Psychological Service, 12031 Wilshire Blvd, Los Angeles, CA 90025	Individual	0-9 Years	Special Education Teacher	186 items, assessing 5 key areas: physical, self-help, social, academic, and communication. Provides age norms in each area.
Enderle-Severson Transition Rating Scale (ESTR); Practical Press, P.O. Box 455, Moorhead, MN 56561	Individual	14-22 Years	Special Educator Vocational Teacher	An informal criterion-referenced assessment device used to provide the statement of transition needs. The categories reflect the traditional domains addressed in life skills curriculum: recreation leisure, vocational, community, domestic, and the post-secondary element supported by PL 101-476. These elements are reflected in the subscales of the ESTR Scale: Jobs Job Training, Recreation Leisure, Home Living, Community Participation, and Post-Secondary Training Learning Opportunities.
Mainstream Survival Skills Checklist (MSSC); Minneapolis Public Schools, 1988	Individual	Elementary	Special Educator	Assesses student's survival skills, as compared to typical peers, in the areas of: functional academics, classroom personal responsibility, and socialization.
Parent Professional Preschool Performance Profile (5P's); Bloch, J., Variety Pre-Schooler's Workshop, 47 Humphrey Dr, Syosset, N.Y. 11791	Individual	6-60 Months	Early Childhood Special Education Teacher	Assesses development in the areas of: language, social, motor, cognitive, classroom adjustment, and self help skills.
Syracuse Ecological Assessment Transition Rating Scale; Alison Ford, Roberta Schnorr, Luanna Meyer (1989), Paul Brooks Publishing Co., P.O. Box 19624, Baltimore, Maryland 21205-0624	Individual	14-22 Years	Special Educator	Informal checklists with specific skills in the areas of: self-management/home living, recreation/leisure, and general community functioning domains.
The Teaching Research Curriculum for Handicapped Adolescents and Adults-Assessment Procedures; Fredericks, B., Bunse, C.	Individual	12-Adult	Special Educator	Assesses skills in the areas of: communication, social, sexual awareness, personal hygiene, dressing, clothing care, eating, meal planning shopping, food preparation, home yard maintenance, health safety, community mobility, personal information, money management, leisure skills, and associated work skills.
TIPS Transition Planning Guide Team Work, 1997	Individual	14-Adult	Special Educator	A student and family interview covering the five areas of transition: home living, recreation leisure, community participation, post-secondary life long learning, and employment.
Transition Planning Inventory (TPI)	Individual	14-Adult	Special Educator	The TPI is designed to provide school personnel with a systematic way to address critical transition planning areas.

Adaptive Behavior Assessments Chart - Nationally Normed

				Description
AAMR Adaptive Behavior Scale-School Edition (ABS-S:2); 1993	Individual 3rd Person Interview	3-18 Years	Special Educator School Psychologist	Provides information about personal independence and social skills. It reveals areas of functioning where special program planning is indicated.
Adaptive Behavior Assessment System; Harrison Oakland, Psych. Corp. 2000 (ABAS)	Individual Rating/ Checklist	5-21 Years	Special Educator School Psychologist	This checklist addresses 10 adaptive behavior domains. It includes parent and teacher formats for children, and an adult form for 16-89 years of age.
Adaptive Behavior Evaluation Scale (ABES); Hawthorne Educational Services, Inc. 1995	Individual	5-18 Years	Special Educator School Psychologist Social Worker	Assesses individual adaptive skills in 10 areas: communication skills, self-care, home living, social, community use, self-direction, health and safety, functional academics, leisure, and work. Includes both school and home versions.
Comprehensive Test of Adaptive Behavior (C-TAB)	Individual Checklist	All Ages	Special Educator School Psychologist Social worker	This is used primarily to evaluate handicapped individual's adaptive abilities. The format is a parent/guardian survey.
Inventory for Client and Agency Planning (ICAP); DLM, Bruininks, Hill, Weatherman, Woodcock, 1986	Individual	Birth-Adult	Special Educator	This serves as a rating scale and information record. It is a condensed form of the Scales of Independent Behavior. Through a self-administered rating scale and questionnaire, it is designed to assess: status, adaptive functioning, and service needs of agency clients. The adaptive behavior section includes 77 of the SIB items in: motor, social-communication, personal living, and community living skills.
Scales of Independent Behavior (SIB); Teaching Resources, Corp/DLM	Individual	All	Special Education Teacher School Psychologist	Assesses the individual's adaptive behavior in four areas: gross fine motor, social interaction communication, personal living, and community living. It also contains a maladaptive behavior index.
Vineland Adaptive Behavior Scales-Classroom Edition; American Guidance Service, 1985, Sara Sparrow, David Balla, Domenic, Cicchetti	Individual	PreK-Grade 6	Special Educator	Assesses adaptive behavior in the classroom and the domain areas of: communication, daily living, socialization, and motor.
Vineland Adaptive Behavior Scales- Interview Edition; American Guidance 1984 1985 1986	Individual	Birth-19 Years	Special Educator	A general assessment of adaptive behavior to: determine strengths weaknesses, obtain normative information for comparison with non-handicapped handicapped populations, for evaluation diagnosis of mental retardation, for program planning, placement, and progress monitoring. Domains include: communication, daily living, socialization, and maladaptive behavior.

Academic Assessments

				DESCRIPTION
Brigance Diagnostic Inventories of Basic Skills-1978; Curriculum Associates, North Billeriea, MA				Listed below as Numbers 1, 2, and 3
1. Diagnostic Inventory of Early Development	Individual	Age 7 or Below	Special Educator	Tests early developmental skills in the basic areas.
2. Diagnostic Inventory of Basic Skills	Individual	K-6 Grades	Special Educator	Tests basic skills in reading, math, and language.
3. Diagnostic Inventory of Essential Skills	Individual	7-12 Grades	Special Educator	Tests basic skills in reading, math, writing, spelling, and applied skills.
Kaufman Test of Educational Achievement (KTEA-1985); American Guidance Service, Circle Pines, MN 55014	Individual	1-12 Grades	Special Educator	Tests skills in reading, math, and spelling.
Key Math Revised: A Diagnostic Inventory of Essential Mathematics; 1988, Connolly, A. J., American Guidance Service, Circle Pines, MN 55014	Individual	K-9 Grades	Special Educator	Measures understanding and application of important mathematics' concepts and skills. Areas include: concepts knowledge, computational processes, and applications.
Peabody Individual Achievement Test-Revised (PIAT-R); American Guidance Services, Circle Pines, MN 55014-1796, F. Markwardt	Individual	K-12 Grades	Special Educator	A wide-range screening of broad areas of achievement to help select diagnostic procedures. Includes general information, reading recognition, reading comprehension, math, spelling, and written expression.
Slosson Oral Reading Test (SORT); 1963, Richard Slosson, Slosson Educational Publications, Inc., P. O. Box 280, East Aurora, N. Y.	Individual	1-12 Grades	Special Educator	Designed to test student ability to pronounce English words at different levels of ability compared to standard readers.
Test of Written Language (TOWL); 1983, D. Hammil and S. Larsen, Pro- ED, 5341 Industrial Oaks Blvd, Austin, Texas 78735	Individual	3-12 Grades	Special Educator	Assesses students in six areas of written language: vocabulary, thematic maturity, spelling, word usage, style, and handwriting.
Wide Range Achievement Test- Revised (WRAT- R); Jastak Assessment Systems, 1526 Gilpin Ave, Wilmington, DE 19806, Jastak and Wilkinson	Individual	K-12 Grades	Special Educator	A screening measure that involves two levels: elementary and secondary; and three areas of skill: decoding letters words, spelling from dictation, and math computation.
Woodcock- Johnson Achievement Battery-Revised; 1989, DLM, One DLM Park, Allen, TX 75002	Individual	K - Adult	Special Educator	The standard battery includes: letter-word identification, passage comprehension, math calculation, applied math, spelling, writing samples, science, social studies, humanities, and knowledge. Also contains a supplemental battery that includes: word attack, reading vocabulary, quantitative concepts, proofing, writing fluency, punctuation, grammar, and handwriting.
Woodcock Reading Mastery Test, Revised (WRMT- T); American Guidance, 1987	Individual	K - Adult	Special Educator	A norm-referenced, comprehensive battery of reading tests, which includes formal and informal error analysis to diagnose reading problems.

Intellectual Assessments

				Description
Bayley Scales of Infant Development (1969); The Psychological Corporation	Individual	2 months – 2 years	Psychologist	A carefully developed measure of infant development. Contains two scales: a mental scale and a motor scale. Infant Behavior Record provides a systematic way of assessing and recording observations of a child's behavior in: visual orientation, cooperativeness, fearfulness, attention span, endurance, and activity & reactivity.
Differential Ability Scales (DAS); Elliott, 1990	Individual	2-6 to 17-11 years of age	Psychologist	The DAS measures overall cognitive ability and specific abilities in children and adolescents. It is better suited for intellectually higher functioning children with autism. The 17 cognitive and 3 achievement subtests yield an overall cognitive ability score and achievement score. The 3 achievement subtests are basic number skills, spelling, and word reading. The preschool level measures reasoning, as well as verbal, perceptual, and memory abilities. It is suitable for ages 2.6 to 6.
Cognitive Assessment System –CAS (1997); Das-Nagliere	Individual	5 to 17 years of age	Psychologist	An assessment battery designed to evaluate cognitive processing. CAS was developed to evaluate the ability to plan, pay attention, integrate and relate information, and perform actions in a specific order.
Leiter International Performance Scale – Revised (1997); Roid, Gale & Miller, L. Riverside Publishing	Individual	2 – 20.11 years of age	Psychologist	The Leiter-R is a totally nonverbal test of intelligence and cognitive abilities. Because the Leiter-R is nonverbal, it is especially suitable for children and adolescents that are cognitively delayed, disadvantaged, nonverbal or non-English speaking, ESL, speech, hearing, or motor impaired, ADHD, autistic, and/or TBI.
Stanford-Binet Intelligence Scale - 4th Edition: 1986, Thorndike, Hagen, & Sattler, The Riverside Publishing Co	Individual	2 years to adult	Psychologist	The Stanford-Binet Fourth Edition has: a new format and scoring system, mostly new items, and a new national standardization. It provides scores in four areas: verbal reasoning, abstract & visual reasoning, quantitative reasoning, and short-term memory. The composite score is equivalent to the Wechsler Scale - Full Scale IQ.
Test of Nonverbal Intelligence-2 (TONI-2) (1990); Linda Brown, Rita J. Sherbenou, and Susan K Johnsen	Individual	5 – 85 years of age	Psychologist	TONI is a language-free measure of intelligence, aptitude, and reasoning. The TONI-2 contains 55 problem-solving tasks that progressively increase in complexity and difficulty.
Universal Nonverbal Intelligence Test (UNIT) (1998)	Individual	5-17 years	Psychologist	This is designed to provide a fair, comprehensive, standardized, and norm-referenced assessment of general intelligence with entirely nonverbal administration and response formats.
Wechsler Intelligence Scale for Children-Third Edition (WISC-III)	Individual	6-16 years	Psychologist	While retaining the basic structure and content of the revised edition, the WISC-III has updated normative data, improved items and design, and an optional subtest. It is valuable for psychoeducational assessment, diagnosis, placement, and planning.
Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI); Wechsler, 1989, The Psychological Corp.	Individual	3-7 years	Psychologist	Contains the original WPPSI subtests, plus an additional performance subtest: Object Assembly, which consists of colorful, appealing puzzles. Animal Pegs and Sentences are now optional subtests. A design-recognition task was added to the Geometric Design subtest, so it now has two parts: Visual Recognition & Discrimination for younger children and Drawing of Geometric Figures for older children.
Woodcock-Johnson-Revised Test of Cognitive Ability (WJ-R)	Individual	2-90 years	Psychologist	Provides a normed set of tests for measuring general intellectual ability, specific cognitive abilities, scholastic aptitude, and oral language.

Appendix B

Minnesota State Alternate Assessment

This section is subject to change annually. This memorandum was generated in February 2002, and might not currently reflect the status of the Minnesota alternate assessment. However, we wanted to include information on alternate assessments, as this is a tool widely used by our DCD population, even though this information might be outdated by the time the manual was available for public distribution. It is suggested that individuals consult the Minnesota Department of Education's website to obtain the most up-to-date information regarding the alternate assessment.

MEMORANDUM

DATE: February 2002

TO: Directors of Special Education

FROM: Norena A. Hale, Ph.D.
Director of Special Education

SUBJECT: The 2002 Alternate Assessment Process

Federal Law, IDEA 1996; [Sec. 612(a)17], requires that children with disabilities be included in general state and district-wide assessment programs. The law also requires that an alternate assessment be completed when a student with an IEP or 504 Plan is exempted from either statewide or district accountability testing. When a student with an IEP or 504 Plan is exempted from Minnesota statewide accountability testing, the state designed alternate assessment **must** be used and the data submitted to the Division of Special Education (DSE).

- It is recommended that an alternate assessment be completed reasonably close to the day of the statewide accountability testing (within 2 – 3 weeks), but not necessarily on the same day.
- Alternate assessments **must** be completed and the data submitted to DSE through the Director of Special Education's office before **June 1, 2002.**
- As in the past, all data will be submitted on-line. The system to receive this data is currently under revision. The web site used last year will not work. The new system should be in place by April 1. You will be informed of the correct address for 2002 data submission well before the deadline. In the meantime, hold the teacher-completed forms.

- If a student is exempted from a district initiated system assessment (e.g. Iowa Test of Basic Skills), an alternate assessment must also be done. You may choose to use the state alternate assessment for this purpose. Alternate assessments related to local assessment programs should not be submitted to the state.
- The new grade 10 reading and grade 11 math tests are tied to high standards. These tests contain difficult content. Much of the content of the math test is based upon specific course preparation. Therefore, it is strongly recommended that, in addition to carefully reviewing test specifications and practice tests, the nature of general education courses taken be seriously considered in making exemption decisions.

The alternate assessment consists of a series of scales. Some are developmental in nature and aligned with the statewide accountability tests in reading, math, and writing. One is based on a functional skills curriculum. A basic premise of this process is that case managers/teachers are the professionals who are best able to validly assess student skill attainment. Therefore, the special education teacher enters the information on the "Alternate Assessment Report Form" and forwards it to the director of special education. The director oversees the process and forwards data to the DSE.

The results, disaggregated by disability, will be used primarily for federal reporting. Separate procedures are being developed to allow districts and cooperatives to collect and analyze local data. To protect student confidentiality, only group data will be reported.

**Alternate assessment information is available on the DSE web site [http://cfl.state.mn.us/speced]; Written Manuals/Assistance; Alternate Assessment.

** If you have any questions, please contact Bill McMillan at 651-582-8610 (bill.mcmillan@state.mn.us) or Nancy Larson at 651-582-8596 (nancy.larson@state.mn.us).

<u>** This contact information was appropriate for 2002 when this memorandum was created. For current/up-dated information, consult the Minnesota Department of Education's website.</u>

Appendix C

DEVELOPMENTAL COGNITIVE DISABILITY (DCD) ELIGIBILITY WORKSHEET 57
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Developmental Cognitive Disability (DCD) Eligibility Worksheet

Student: ____________________________ School:__________________ Date: ___________________

Person(s) completing the worksheet: ____

A student has a developmental cognitive disability (DCD) and is in need of special education and related services for DCD when the student meets the criteria described in Items A and B.

A. Below average adaptive behavior across multiple environments (i.e. school, home and/or community):

_____ Composite score at or below 15% on a nationally normed measure of adaptive behavior

_____ Adaptive Behavior used ___________________ Respondent ______________

_____ Documentation of needs and levels of support in 4 of 7 domains

	Pervasive No Participation/ Full Support			Limited-Frequent Moderate Participation/ Moderate Support		Intermittent Full Participation/ No Support	
Daily Living/Independent Living Skills	1	2	3	4	5	6	7
Social and Interpersonal Skills	1	2	3	4	5	6	7
Communication Skills	1	2	3	4	5	6	7
Academic Skills	1	2	3	4	5	6	7
Recreational and Leisure Skills	1	2	3	4	5	6	7
Community Participation Skills	1	2	3	4	5	6	7
Work and Work Related Skills	1	2	3	4	5	6	7

_____Systematic observation Type_______________ Domain(s)____________________

_____Parent input to document student needs and level of support

B. Significantly below average general intellectual functioning:

_____ Mild-Moderate: 2 SD below the mean (+/- 1SEM)

_____ Severe-Profound: 3 SD below the mean (+/- 1SEM)

_____ Cognitive Test: ________________________________

Documentation of support for below average general intellectual functioning includes a written summary of:

1) consideration of cultural, medical, and educational histories
2) two systematic observations: (1)______________________(2)________________
3) documentation of one or more of the following:
   - _____ supplemental tests of specific abilities (i.e. SIB-R;CELF; WJTA-R)
   - _____ criterion-referenced tests (i.e. MCA's; SRA; STARR; Brigance)
   - _____ alternative methods of intellectual assessment (i.e. TONI; Nagelirie NonVerbal; Bender)
   - _____ clinical interviews with parent and other family members as appropriate (structured interview to include health educational history)
   - _____ observation and analysis of behavior across multiple environments (i.e. maladaptive section of SIB-R; teacher rating and parent rating of ABAS)

3.4.6 Developmental Cognitive Disability

Student Name: ______________________ DOB: ______________________
Building: ______________________ Reviewer Name: ______________________
Date of Evaluation Report: ______________________ Eligible: ___YES ___NO

☐ Evaluation⇨ (Must meet initial criteria) ☐ Re-evaluation⇨ (Must address criteria components)

The team shall determine that a pupil is eligible as having DCD and is in need of special education instruction and related services if the pupil meets the criteria in items A and B below:

A. Documentation of below average adaptive behavior in school and home:

1) a composite score at or below the 15%ile on a nationally normed, technically adequate measure of adaptive behavior: Yes No

Adaptive behavior test name ______________________ Score _____

AND

2) documentation of needs and the level of support required in at least four of seven adaptive behavior domains, across multiple environments, and supported by a systematic observation and parent input: Yes No

Domain	**Need(s) Level of Support**
Daily Living Independent Living Skills	______________________
Social Interpersonal Skills	______________________
Communication Skills	______________________
Academic Skills	______________________
Recreation and Leisure Skills	______________________
Community Participation Skills	______________________
Work and Work-Related Skills	______________________

AND

B. Documentation in evaluation report of significantly below general intellectual functioning:

Cognitive evaluation name ______________________ Score: _________ Yes No

Mild to Moderate 2 Standard Deviations (+ or - 1 SEM)
Severe to Profound 3 Standard Deviations (+ or - 1 SEM)

Intellectual functioning verified through

_____ a written summary of results from at least two systematic observations Yes No

AND

_____ one or more of the following: Yes No

□ supplemental tests of specific abilities
□ criterion-referenced tests
□ alternative methods of intellectual assessment
□ clinical interviews with family members
□ observation and analysis of behavior across multiple environments

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1333

Clarifying Levels of Support

The terms found in "Levels of Support" are used to describe the intensity and/or duration of the support required for a student to participate to the greatest extent possible in a variety of environments. The continuum ranges from providing minimal assistance to constant support. This is based on responses gathered from parents, teachers, and caregivers on measures of adaptive behavior, observation, and other methods of evaluation. Various assessments will use their own terms to describe Levels of Support. Teams may choose which of the terms are most applicable to describe the level of support required. The level of support can vary from one domain to another: i.e. intermittent support required on a work site, but frequent support required for community participation. Using the numerical score (i.e. 1–7; 1–100) is not as descriptive, as using the specific term (i.e. intermittent, limited, extensive, pervasive) to describe the level(s) of support needed by an individual. An example from the American Association on Mental Retardation is given below:

AAMR Definition and Examples of Intensities of Support	
Intermittent	Supports on an "as needed basis". Characterized by episodic nature, person not always needing the support(s), or short-term supports needed during life-span transitions (e.g. job loss or an acute medical crisis). Intermittent supports may be high or low intensity when provided.
Limited	An intensity of supports characterized by consistency over time, time-limited, but not of an intermittent nature; may require fewer staff members and less cost than more intense levels of support (e.g. time limited employment training or transitional supports during the school to adult period).
Extensive	Supports characterized by regular involvement (e.g. daily) in at least some environments (e.g. work or home) and not time-limited (e.g. long-term support and long-term home living support).
Pervasive	Supports characterized by their constancy, high intensity; provided across environments; potential life-sustaining nature. Pervasive supports typically involve more staff members and intrusiveness than do extensive or time-limited supports.

Some adaptive behavior scales assign a numerical score. The SIB-R and ICAP have aligned their numerical scores with the terms from the AAMR.

SIB-R and ICAP Support/Service Levels		
1-24	**Pervasive**	Individuals require pervasive or highly intense levels of support and supervision. For example, an individual may need special life support measures or personal care similar to that required by a newborn. Or, because of problem behavior, may need intense and vigilant supervision. This level of support is provided in all circumstances and requires highly intense personal supervision and related levels of support at all times.
25-39	**Extensive**	Individuals require extensive or continuous support and supervision. For example, an individual may attain beginning self-care skills, but may still require almost total personal care (e.g. for eating, dressing, or bathing). Or, because of serious problem behavior, may need continuous supervision from someone within the same room or nearby.
40-54	**Frequent**	Individuals require frequent or close support and supervision. For example, an individual's personal care skills range from beginning to intermediate levels. In order to provide the support that an individual needs at this level, at least one supervising adult must be either present or within hearing distance.
55-69	**Limited**	Individuals require limited, but consistent support and supervision. For example, an individual may be independent in some personal care skills, but may require support and/or supervision in other daily activities. Direct and consistent supervision is necessary across all environments, for the better part of each day.
70-84	**Intermittent**	Individuals require intermittent or periodic support and supervision. For example, an individual may be able to manage most daily activities independently, but may sometimes need periodic (often less than daily) advice, support, assistance, or supervision.
85-100	**Infrequent or No Support**	Individuals require infrequent or no support. For example, an individual may possess the ability or potential ability, limited by age, to live and work independently, with occasional advice or assistance from others.

The *Scales of Independent Behavior – Revised* (SIB-R) and the *Inventory for Client and Agency Planning* (ICAP), two adaptive and maladaptive behavior scales cited by AAMR, have attempted to objectively

quantify support levels, such as those proposed by AAMR. The SIB-R's **Support Score** (called the **Service Score** in the ICAP) is a numerical score based on both adaptive and maladaptive behavior (behavior problems). An individual might need intense supervision, and thus a higher staff ratio and corresponding reimbursement rate, because of extremely limited adaptive behavior skills or because of extreme maladaptive behavior.

ICAP's pervasive and intermittent levels correspond closely to AAMR levels, although ICAP's intermittent level is always relatively low in intensity. The ICAP has three intermediate levels: limited (direct supervision much of the day), frequent (an adult always within hearing distance), and extensive (supervision within the same room or nearby), are based on current behavior, independent of future needs.

Despite slightly different emphasis, the philosophical approaches to classification are the same. Because the ICAP's Support Score is based on current ability, partially dependent on developmental stage, and incorporates the consequences of maladaptive behavior, it is perhaps better suited in determining current service intensity, staff ratio, and costs. Because the AAMR's definitional emphasis is on long-term expectations, it is perhaps better suited to long-term classification. Commonalties in the two sets of definitions are summarized in the following table:

		DESCRIPTIVE SUMMARY
	Infrequent or No Support	SIB/ICAP: Independent with occasional advice (85–100)
Intermittent		SIB/ICAP: Periodic, often less than daily support or assistance (70-84) AAMR: Episodic or short-term crisis support during life-span transitions
Limited		SIB/ICAP: Help with many daily activities in all settings (55-69). AAMR: Continuous, but time-limited training or support
Extensive	Frequent	SIB/ICAP: Assistance with most daily activities; an adult within hearing distance (40-54) AAMR: Long-term, daily support in at least some environments
	Extensive	SIB/ICAP: Continuous supervision from within the same room or nearby (25-39) AAMR: Long-term daily support in at least some environments.
Pervasive		SIB/ICAP: Very intensive in all circumstances (1-24) AAMR: Constant, high intensity, everywhere

ICAP

SIB-R

AAMR

Modified: 9-22-96

http://www.isd.net/bbill/support.htm

Systematic Observation Formats

Student's Name ________________________ DOB______________ School_____________________

Date(s) _______________________________ Time (start) ___________ (end) _______________

Levels of Support in each area:
1 - Pervasive
2 - Extensive/Frequent **Circle One**
3 - Limited
4 - Intermittent

Check one:
NO = Not Observed
SO Sometimes Observed
FO Frequently Observed
If behavior is Disruptive, check **Dis**ruptive

NO	SO	FO	Dis.	**1. Cognition**
☐	☐	☐	☐	Retains concepts taught
☐	☐	☐	☐	Rate of learning
☐	☐	☐	☐	Applies skills/concepts to new tasks
☐	☐	☐	☐	Other___________________

Level of Support 1 2 3 4

NO	SO	FO	Dis.	**2. Daily and Independent Living**
☐	☐	☐	☐	Can make transitions
☐	☐	☐	☐	Has dressing skills
☐	☐	☐	☐	Personal care/hygiene
☐	☐	☐	☐	Preparation of materials
☐	☐	☐	☐	Uses materials safely/appropriately
☐	☐	☐	☐	Keeps schedules
☐	☐	☐	☐	Other___________________

Level of Support 1 2 3 4

NO	SO	FO	Dis.	**3. Social and Interpersonal Skills**
☐	☐	☐	☐	Appropriate play skills
☐	☐	☐	☐	Appropriate peer interactions
☐	☐	☐	☐	Displays self-esteem
☐	☐	☐	☐	Follows directions
☐	☐	☐	☐	Initiates/responds to adults and peers
☐	☐	☐	☐	Shows social judgment
☐	☐	☐	☐	Other________________________

Level of Support 1 2 3 4

NO	SO	FO	Dis.	**4. Communication Skills**
☐	☐	☐	☐	Initiates/responds
☐	☐	☐	☐	Follows directions
☐	☐	☐	☐	Gestures
☐	☐	☐	☐	Requests help
☐	☐	☐	☐	Expresses feelings
☐	☐	☐	☐	Symbolic language
☐	☐	☐	☐	Non-symbolic language
☐	☐	☐	☐	Other________________________

Level of Support 1 2 3 4

NO	SO	FO	Dis. &	**5. Academic Skills**
☐	☐	☐	☐	Responds to teacher
☐	☐	☐	☐	Shows ability to manage time
☐	☐	☐	☐	Can use calendars/schedules
☐	☐	☐	☐	Basic reading skills
☐	☐	☐	☐	Uses basic writing skills
☐	☐	☐	☐	Shows use of math skills
☐	☐	☐	☐	Uses basic science knowledge
☐	☐	☐	☐	Uses basic social studies knowledge
☐	☐	☐	☐	Manages money/time
☐	☐	☐	☐	Knows/uses survival words
☐	☐	☐	☐	Other___________________

Level of Support 1 2 3 4

NO	SO	FO	Dis. &	**6. Recreation and Leisure Skills**
☐	☐	☐	☐	Choosing and initiating activities
☐	☐	☐	☐	Shows turn-taking
☐	☐	☐	☐	Follow safety guidelines
☐	☐	☐	☐	Shows awareness of interests and skills
☐	☐	☐	☐	Mastery of steps for participation
☐	☐	☐	☐	Knows how to access community
☐	☐	☐	☐	Other___________________

Level of Support 1 2 3 4

NO	SO	FO	Dis. &	**7. Community Participation Skills**
☐	☐	☐	☐	Knowledge of community resources
☐	☐	☐	☐	Facilities and programs
☐	☐	☐	☐	Travel skills to access resources
☐	☐	☐	☐	Chooses socially appropriate activities
☐	☐	☐	☐	Other________________________

Level of Support 1 2 3 4

NO	SO	FO	Dis. &	**8. Work and Work-Related Skills**
☐	☐	☐	☐	Shows completion of tasks
☐	☐	☐	☐	Has awareness of schedules
☐	☐	☐	☐	Willingness to accept direction
☐	☐	☐	☐	Ability to work with others
☐	☐	☐	☐	Demonstrates independent work habits
☐	☐	☐	☐	Has knowledge of job options
☐	☐	☐	☐	Involved in career exploration
☐	☐	☐	☐	Other________________________

Level of Support 1 2 3 4

Systematic Observation

Narrative Format

Student's Name______________________________ DOB______________ School ____________________

Date(s)______________________________ Time (start)_______________ (end)_________________

Record the observed level of support the student requires completing the assigned task. Describe the activity and the behavior of the student and staff for the areas observed.

Level of support:
1) Pervasive…No Participation…Full Support…Does Not Perform…Physical Assistance (hand over hand)
2) Extensive/Frequent…Moderate Participation…Moderate Support…Partial Performance…Physical Prompt/Gesture/Physical Cue
3) Limited…Moderate Participation…Moderate Support…Inconsistent Performance…Symbolic Prompt (visual, verbal, etc.)
4) Intermittent…Full Participation…No Support…Consistent Performance…Independently Performs Skill

_____ **Cognition**
(Retains concepts taught; rate of learning; applies skills/concepts to new tasks)

_____ **Daily Living and Independent Living**
(Transitions; dressing; personal care; preparation of materials; uses materials safely/appropriately; keeps schedules)

_____ **Social and Interpersonal Skills**
(Play skills; peer interactions; self-esteem; follows directions; initiates/responds to adults and peers; social judgment)

_____ **Communication Skills**
(Initiates/responds; follows direction; gestures; requests help; expresses feelings)

_____ **Academic Skills**
(Responds to teacher; manages time, calendars and schedules; basic reading, writing, math, science, geography, and social studies)

_____ **Recreation and Leisure Skills**
(Choosing and initiating activities; turn-taking; follows safety guidelines; expands awareness of interests; mastery of steps for participation)

_____ **Community Participation Skills**
(Knowledge of community resources, facilities and programs; travel skills to access resources; chooses socially appropriate activities)

_____ **Work and Work-Related Skills**
(Completion of tasks; awareness of schedules; accepting direction; ability to work with others; independent work habits; knowledge of job options; and career exploration)

Systematic Observation

Open-Ended Format

Student's Name________________________________ DOB_______________ School _____________________

Date(s)________________________________ Time (start)________________ (end)__________________

Record the observed level of support the student requires completing the assigned task. Describe the activity and the behavior of the student and staff for the areas observed.

Level of support:

1) Pervasive…No Participation…Full Support…Does Not Perform…Physical Assistance (hand over hand)
2) Extensive/Frequent…Moderate Participation…Moderate Support…Partial Performance…Physical Prompt/Gesture/Physical Cue
3) Limited…Moderate Participation…Moderate Support…Inconsistent Performance…Symbolic Prompt (visual, verbal, etc.)
4) Intermittent…Full Participation…No Support…Consistent Performance…Independently Performs Skill

_____ Cognition
_____ Daily Living and Independent Living Skills
_____ Social and Interpersonal Skills
_____Communication Skills
_____ Academic Skills
_____ Recreation and Leisure Skills
_____ Community Participation Skills
_____ Work and Work-Related Skills

Minnesota Department of Education

Home and Family Interview

Dear Family Member,

obtain assessment information that accurately reflects your child's skills and abilities.

I. General Information

1. Information about your child…
Name
Date of Birth Age Grade
School
Parent(s)

2. Information about you…
Name
Relationship to child
Date when completed

3. Child currently lives with (check one)…
☐ Parent ☐ Relatives ☐ Foster Parent ☐ Independent/Self
☐ Peers/Friends ☐ Other (describe):

4. List all members of the child's family

Name	Age	Relationship to Child	Primary Language and Dialect	Currently Living with Child?
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No
			☐ English ☐ Other	☐ Yes ☐ No

Is anyone else living in the home? If so, please indicate: ....

Name of Interviewer .... Interview format (check): ☐ In-home ☐ Telephone

II. Health and Early Development

5. Does your child have any medical, physical, or psychological conditions which can impact learning? If so, please check all that apply.

A.	☐ Vision	B.	☐ Attention deficit	C.	☐ Allergies	D.	☐ Cerebral Palsy
E.	☐ Hearing/hearing loss	F.	☐ Head injury	G.	☐ Diabetes	H.	☐ Sleep disorder
I.	☐ History of ear infections	J.	☐ Asthma	K.	☐ Depression	L.	☐ Other

If you checked any of the categories listed above, including "other," provide a brief explanation about the present status of the condition(s):

6. Does anyone in your family have a history of medical or physical problems? ☐ Yes ☐ No If yes, explain:

7. What was the birth weight of your child? _____lb. _____oz. Were there any unusual complications during pregnancy and birth? If so, please describe below:

8. Were the developmental stages such as speaking, walking, sitting, etc. for this child within the normal ranges? Yes ☐ No ☐ If no, explain:

III. School and Learning

9. Please rate how you see your child on various learning and behavior characteristics listed below. Place a check in the box that best describes your child, ranging from *Very Much Like My Child* to *Not Like My Child At All*. If you are not sure about an item, just use your best judgment. The purpose of this activity is to help us determine what areas you see as a problem.

My child…	Very much like my child	Somewhat like my child	Not very much like my child	Not like my child at all
A. Thinks that school is important	☐	☐	☐	☐
B. Spends enough time on homework assignments	☐	☐	☐	☐
C. Needs help with homework assessments	☐	☐	☐	☐
D. Has difficulty completing school assignments	☐	☐	☐	☐
E. Has trouble making and keeping friends	☐	☐	☐	☐
F. Is someone who willingly cooperates with others	☐	☐	☐	☐
G. Is often hurtful to others	☐	☐	☐	☐
H. Is often hurtful to self	☐	☐	☐	☐
I. Respects the property of others	☐	☐	☐	☐
J. Is moody and uncooperative	☐	☐	☐	☐
K. Gets in trouble in the neighborhood	☐	☐	☐	☐
L. Is liked by other adults living in the neighborhood	☐	☐	☐	☐
M. Cares about doing well in school	☐	☐	☐	☐

10. Sometimes, learning problems are temporary and brought on by changes in the life of a child and the family. From the list below, indicate which school related events may impact learning.

A. ☐ Change of school B. ☐ Attendance problems C. ☐ Repeating a grade D. ☐ School suspension

E. ☐ Negative peer influence F. ☐ Drug/alcohol abuse G. ☐ Safety issues at school H. ☐ Other (explain below)

If you checked one or more items indicated above or "other," please explain:

11. Has anyone in your immediate or extended family had academic or educational problems? If yes, explain:

12. Has your child had any previous placements in a special education program? If yes, explain:

13. Please describe what you have done to help your child with problems at school:

14. Describe some of your child's strengths and weaknesses, which school staff should know about, that could impact learning within the classroom:

15. Please rate how you see your child on various learning style characteristics listed below. Place a check in the box that best describes your child, ranging from *Good* to *Poor*. If you are not sure about an item, just use your best judgment. The purpose of this activity is to help us determine what areas, if any, you see as a problem.

	My child's…	Good	Adequate	Poor	Not Applicable
A.	Ability to follow two/three step directions (S)	☐	☐	☐	☐
B.	Remembers (S)	☐	☐	☐	☐
C.	Organizational skills (O)	☐	☐	☐	☐
D.	Planning skills (O)	☐	☐	☐	☐
E.	Understands what s/he reads (A)	☐	☐	☐	☐
F.	Understands what s/he sees (A)	☐	☐	☐	☐
G.	Understands what s/he hears (A)	☐	☐	☐	☐
H.	Learns a new game (A)	☐	☐	☐	☐
I.	Recalls events from the school day (R)	☐	☐	☐	☐
J.	Recalls details from a special event (R)	☐	☐	☐	☐
K.	Reads aloud (R)	☐	☐	☐	☐
L.	Carries on a conversation (E)	☐	☐	☐	☐
M.	Handwrites well(E)	☐	☐	☐	☐
N.	Problem solves (M)	☐	☐	☐	☐
O.	Explains something s/he has learned (M)	☐	☐	☐	☐
P.	Assembles or repairs things (M)	☐	☐	☐	☐
Q.	Artistic ability (M)	☐	☐	☐	☐
R.	Knows basic math facts (R)	☐	☐	☐	☐

S = Storage, O = Organization, A = Acquisition, R = Retrieval, E = Expression, M = Manipulation of Information

IV. Family and Cultural Issues

16. Quite often, childhood learning problems are temporary, brought on by changes in the life of a child and the family. From the list below, indicate which events have occurred in your family.

Family related events…

A.	☐ Divorce/separation	B.	☐ Parent started working	C.	☐ Sibling leaving home	D.	☐ Sibling getting married
E.	☐ Death in family	F.	☐ New person in family	G.	☐ Illness in family	H.	☐ Clothing concerns
I.	☐ Job loss/layoff	J.	☐ Neighborhood concerns	K.	☐ Housing concerns	L.	☐ Homelessness
M.	☐ Drugs/alcohol abuse	N.	☐ Law/legal problems	O.	☐ Foster home placement	P.	☐ Residential placement
Q.	☐ Family member in treatment	R.	☐ Child trauma/abuse	S.	☐ Catastrophic event in family (e.g., fire, flood)	T.	☐ Other (explain below)

If you checked one or more items indicated above or "other," please explain:

17. As you think about your family's cultural background and heritage (language, traditions), what would you like school staff to know about your child which might make a difference in the assessment of learning and/or behavior? Explain below:

18. Do you feel your child's school problem(s) could be the result of a cultural or racial misunderstanding? If so, please explain:

19. Do you feel your child's problem(s) in school could be related to language barriers? If so, explain below:

20. What sort of disciplinary strategies do you use with your child?

21. Describe how your family gets along and completes tasks.

22. Describe family routines when your child has to do homework. Specifically address how long your child spends on homework, and who provides help and support whenever it is needed.

Thank you very much for completing this survey. Please return it to the person and address below:

Return to: Return by Date:

Appendix D

DCD EVALUATION REPORT TEMPLATE 71
NOTICE OF EDUCATIONAL EVALUATION/RE-EVALUATION PLAN (NEER) 72
Student A - Initial *72*
Student B - Re-Evaluation *73*
EVALUATION REPORT 74
Student C - Initial; Elementary *74*
Student D - Re-Evaluation; Secondary *89*

DCD Evaluation Report Template

- REASON FOR REFERRAL
- INFORMATION REPORTED BY PARENTS
- REVIEW OF RECORDS
- EVALUATION RESULTS
  - List and describe evaluation tools
  - Present Levels of Performance
    - Adaptive Behavior
      - Results of nationally normed, technically adequate measure
      - Systematic Observation to validate results
      - Levels of Support described
      - Statement(s) of Need for Support
    - Cognitive/Intellectual
      - Results of nationally normed, technically adequate measure
      - Systematic Observation to validate results
      - At least one supplemental test or interview with parent
    - Other evaluation results
      - Academic
      - Communication
      - Motor – Fine and/or Gross
      - Social/Behavioral
      - Health/Sensory
      - Transition (by age 14 or 9th grade)
      - Employment
      - Post Secondary Education
      - Community Participation
      - Recreation and Leisure
      - Home Living
    - Include strengths and weaknesses
    - Discuss how disability may be a factor related to student's language and/or cultural differences
    - Note student's current and future progress/involvement in general education curriculum.
- INTERPRETATION OF EVALUATION RESULTS
  - Summarize the team's interpretation of the results and judgment regarding eligibility
- ELIGIBILITY STATEMENT
  - Address all criteria components
    - Team decision must support need for services
    - Clarify whether eligibility is DCD-MM (Mild-Moderate) or DCD-SP (Severe-Profound)
- EDUCATIONAL NEEDS
  - Based on existing data and evaluation results
  - Student needs lead to the formation of the Individualized Educational Plan/IIIP

Public School Name School Address School City, State, Zip Code	NOTICE OF EDUCATIONAL EVALUATION/ RE-EVALUATION PLAN Page 1 of 2

Notice of Educational Evaluation/Re-Evaluation Plan (NEER)

Student Name Student A ____________________ *Date: 1/14/2002*

School: ______________________________________ Grade: K D.O.B: 8/20/1995

Dear ________________________________:

a. ■ This notice is for an initial evaluation. The school district must receive your signed permission before we can begin the evaluation.

b. ☐ This notice is for a re-evaluation. Based on a review of existing data regarding your child, additional data is needed to determine if your child continues to be a child with a disability and continues to need special education services. The school district will begin the re-evaluation upon receipt of your signed permission. If your signed permission is not received following a reasonable number of attempts, the district will begin the re-evaluation. If you object in writing within 10 days after receiving this notice, the district will not begin the re-evaluation. If you sign and return this form right away, we can begin without delay.

c. ☐ Based on a review of existing data regarding your child, additional data is not needed to determine that your child continues to have a disability and continues to be in need of special education services.

Reason(s) for the evaluation plan, the basis for this decision, and other options and factors that were considered, including behavior, limited English proficiency, blind or visually impaired, deaf or hard of hearing, assistive technology, race, culture and language (for example): *Parent and teacher are concerned about the lack of educational progress and interactions with peers. Although several interventions have been attempted, none have proven successful. The team decided to evaluate Student A to determine if the student has a disability and needs special education services. This student's primary language is English. There is no known sensory impairment that would require special testing accommodations.*

If appropriate, the following adaptations will be used for the evaluation:

	Area(s)	Materials and Procedures	Evaluators
■	Intellectual Functioning	S. Binet 4th ; record review; Woodcock Johnson: to determine intellectual school performance levels; systematic observation	School Psychologist
■	Academic Performance	Bracken Basic Concept Scale; systematic observation; to determine academic functioning	Special Education Teacher
■	Social, Emotional, Behavioral	Behavior Assessment System for Children; parent interview	School Social Worker
■	Communication	Golden Fristoe 2 Test of Articulation; lang. sample; Peabody Picture Vocab. Test III; Expressive One Word Picture Vocab; clinical eval. of lang. fundamentals; BOEHM: Test of Basic Concepts	Speech Pathologist
■	Motor Ability	Peabody Developmental Motor Scales; informal handwriting sample; and The Developmental Test of Visual Perception Skills-Revised	Occupational Therapist
■	Functional Skills	Scales of Independent Behavior-Revised (SIB-R); systematic observation	Special Education Teacher
■	Physical Status	Peabody Developmental Gross Motor Scales and Gross Motor Checklist	Adaptive P.E.
■	Sensory Status	Vision/hearing screening; record review to determine health related issues	School Nurse
☐	Transition, including Vocational		
☐	Observation (s)		
☐	Other:		

Public School Name School Address School City, State, Zip Code	NOTICE OF EDUCATIONAL EVALUATION/RE-EVALUATION PLAN Page 1 of 2

Student Name __Student B________________________________ Date: 1/14/2002

School: ___________________________________ Grade: 8 D.O.B: 8/20/1989

Dear ______________________________:

a. ☐ This notice is for an initial evaluation. The school district must receive your signed permission before we can begin the evaluation.

b. ■ This notice is for a re-evaluation. Based on a review of existing data regarding your child, additional data is needed to determine if your child continues to be a child with a disability and continues to need special education services. The school district will begin the re-evaluation upon receipt of your signed permission. If your signed permission is not received following a reasonable number of attempts, the district will begin the re-evaluation. If you object in writing within 10 days after receiving this notice, the district will not begin the re-evaluation. If you sign and return this form right away, we can begin without delay.

c. ☐ Based on a review of existing data regarding your child, additional data is not needed to determine that your child continues to have a disability and continues to be in need of special education services.

Reason(s) for the evaluation plan, the basis for this decision, and other options and factors that were considered, including behavior, limited English proficiency, blind or visually impaired, deaf or hard of hearing, assistive technology, race, culture and language (for example): *A three year re-evaluation is needed at this time to establish a continued need for special education services, confirm that student continues to have a disability, and that supports are needed. Transition assessment is also necessary because the student will be turning 14 during the next school year.*

If appropriate, the following adaptations will be used for the evaluation:

Area (s)	Materials and Procedures	Evaluators
■ Intellectual Functioning	Record review to determine intellectual school performance levels; systematic observation	School Psychologist
■ Academic Performance	Record review; work samples; educational history; systematic observation	Special Education Teacher
☐ Social, Emotional, Behavioral		
☐ Communication		
☐ Motor Ability		
■ Functional Skills	Enderle-Severson Transition Scale	Special Education Teacher
☐ Physical Status		
■ Sensory Status	Review of school health records	School Nurse
■ Transition, including Vocational	Enderle-Severson Transition Scale; Interest Determination, Exploration Assessment System; systematic observation	Special Education Teacher, Student, Parent
☐ Observation (s)		
☐ Other:		

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■ Initial Evaluation   Student's Full Name: Student C________________________

☐ Re-evaluation   Identification number:________________________________

Birthdate:__________________ School:__________________

Date of this Report _____________   Age at Evaluation ___________   Grade at Evaluation _______

This evaluation report must include:

1. Reason for referral
2. Information reported by parents
3. Record review
4. Evaluation results
5. Interpretation of evaluation results, addressing all criteria components, and determination of eligibility verifying the child has a disability and is in need of (or continues to need) special education and related services
6. The educational needs of the child

REASON FOR REFERRAL

This referral was made to compile C's most current present levels of performance. The team felt that this information was necessary in determining the most appropriate placement for his kindergarten year and beyond.

INFORMATION REPORTED BY PARENTS

Information reported by C's parents is embedded in all areas of this report. C's parents are seeking outside evaluations that are still being completed at this time. They are getting an evaluation at PACER Center and Courage Center for computers and accessibility. They are also seeing a neuro-psychologist. The team will attach this information to the evaluation, as it becomes available.

REVIEW OF RECORDS

C was adopted from India at the age of 3 months. He was diagnosed as an infant with Cerebral Palsy. In April 1998, C's parents referred him for an evaluation. His parents had concerns about his overall development, especially in the motor area. He began to receive services from the birth-2 team upon completion of that evaluation. He has received services in his home, as well as private therapies. Last year, C attended the Bright Beginnings Program. This program offered 2 integrated days and 1 small group day. At this time, he is currently attending the Kids Count Program, 4 half days per week. This program has an integrated component. Two days a week, C is with typical peers. The other two days, C is in a class with fewer students who also have special needs.

C receives Occupational Therapy, Physical Therapy, Developmental Adapted Physical Education, and Speech/Language support at school. He is still receiving private therapies outside of school.

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Evaluation Results

Adaptive Behavior Skills

C's adaptive behavior was evaluated using the Adaptive Behavior Assessment System (ABAS). The ABAS is a measure of overall adaptive skills. The primary relevance for children's functioning in the home and community is based on an average of ten different skill areas of adaptive functioning: communication, community use, functional academics, home living, health and safety, leisure, self-care, self-direction, social, and work. His scores are compared to the adaptive skill level that is expected of children his age.

C's mother completed the ABAS on March 5, 2002. A social worker facilitated this process.

	Scaled Score
Communication	5
Community use	3
Functional academics	6
Home living	7
Health and safety	1
Leisure	6
Self-care	3
Self-direction	7
Social	5
Work	N/A
General Adaptive Composite	68
Percentile	1.6%
Confidence Intervals	65-72 (90% confident that C's true score is between 65 and 72)

C obtained 68 points on the General Adaptive Composite. His true score is likely to fall within the range of 65 to 72, at a 90% confidence interval. Relative to individuals of comparable age, C currently is functioning at the 1.6 percentile and can be described as being in the extremely low range in reference to his level of adaptive skill. C's greatest areas of strength are home living and self-direction. C will require frequent to extensive support across all domains.

In the area of communication, C is able to use simple sentences with his family and friends. He readily says the names of others and is able to tell them about his favorite activities. He needs adult

assistance (frequent– extensive) to: speak clearly and distinctly, listen to conversations at home and at school, and take turns during conversations.

In the area of community use, C needs adult support (frequent-extensive), to: look both ways before crossing the street, ask for food or snacks that he might want, and to go to a friend's house. C was observed on 2/26/02, during the snack activity, where the children were eating popsicles. He sat and did not ask for help to get the wrapping off. The other children were independent or asked for help. He did not notice when the popsicle was melting and dripping down his chin. When given a napkin, he had to be cued to wipe his chin each time it was needed.

In the functional academics area, C needs adult support (frequent-extensive) to: read his own name, read command signs like Exit or Restroom, and to state the days of the week. When it was time to return to the table, C used his walker to get over to the table, but needed staff assistance to look where his chair was before sitting down. He used a rifton chair with a safety belt when at the table. C used a name stamp to put his name on the paper. He was cued to stamp his own name just one time, but needed manual guidance to accomplish this. During the coloring activity, he was able to pick colors and label them (purple, yellow, and green).

In the daily and independent living areas (home living, self-care, and health and safety), C needs adult assistance (frequent-extensive)to: put things in their proper place when finished using them; keep his toys, games, or other belongings neat and clean; and to clean around the house (folding clothes, dusting furniture, cleaning his room, etc.). C also needs assistance from an adult to buckle his seat belt in the car, follow general safety rules at home and at school, and test hot foods safely. C needs frequent to extensive adult assistance in: using the restroom, as he is not yet toilet-trained; using a fork to eat; washing his hands with soap; brushing his teeth; blowing and wiping his nose; drinking liquids without spilling; and bathing and dressing himself.

In the leisure area, C enjoys playing with toys, games, or other fun items with other people. He needs adult support (frequent-extensive) in looking at pictures or reading books, waiting his turn in games and other fun activities, and following the rules in games.

In the social area, C has a good relationship with his parents. He also has friends and seeks friendships with others in his age group. He is able to express when he feels happy, sad, scared, or angry. C needs adult support (frequent-extensive) in keeping a stable group of friends and maintaining personal space. Throughout the observation, C was easily distracted by other students and also enjoyed looking out the window.

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At his parent's request, C's mom completed the SIB-R (Scales of Independent Behavior-Revised) on 3/5/02 as an alternative scale of measuring C's adaptive skill level. The social worker facilitated this process. SIB-R is a measure of overall adaptive behavior in the home and community, based on an average of four different areas of adaptive functioning: motor skills, social interaction and communication skills, personal living skills, and community living skills. His scores are compared to the adaptive skill level that is expected of children his age.

	Percentile
Broad Independence	.1%
Community living	.2%
Personal living skills	.1%
Social and communication skills	.4%
Motor skills	.1%

C's Broad Independence, an overall measure of adaptive behavior, is at the .1%. His greatest strengths include his social interaction and communication skills. His functional independence is limited to very limited. When presented with age-level tasks, social interaction, communication skills, and community living skills were limited. His personal living skills are very limited. C's motor skills are very limited to negligible. He has limitations in ten adaptive skill areas: gross-motor skills, fine-motor skills, language expression, eating and meal preparation, toileting, dressing, personal self-care, time and punctuality, money and value, and home/community orientation. He will need frequent to extensive support, much more than others his age, primarily because of his limited to very limited adaptive behavior.

Sensory status: On February 8, 2002, vision screening at ten feet using the HOTV chart was 10/10 for right eye and 10/10 for left eye. These are passing scores. On February 8, 2002, hearing screening for normal puretones was passing for both right and left ears.

Health/physical status: no medications reported; immunizations are up to date; no known allergies. Health history negative. Last physical with Dr. Berry was June 2000. He weighs 45 pounds and measures 42.5 inches tall.

Communication

In March 2002, an MA, CCC-SLP assessed C's receptive and expressive language skills and his articulation abilities. The following assessments, in addition to a language sample, were administered: Preschool Language Scale-3 (PLS-3) and the Photo Articulation Test-3 (PAT-3). In addition, an

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educational speech pathologist observed him in a classroom setting to determine possible eligibility for a system to augment his communication skills.

The Preschool Language Scale-3 is an evaluation tool that looks at Auditory Comprehension (how language is understood), Expressive Communication (how language is expressed), and Total Language (a combination of auditory comprehension and expressive communication). This test uses both pictures and objects to elicit responses from children. C's performance was as follows:

			Percentile Rank
Auditory Comprehension	28	56	1
Expressive Communication	22	50	1
Total Language Score		50	1

Due to C's distractibility, this assessment was administered on two separate occasions. On the first occasion, he was extremely distracted by objects in the room and sounds from the hallway, despite the door being shut. He was able to work for approximately 10 minutes, when he said "done" and "all done, please". C was much more focused on the second occasion. He worked for approximately 20 minutes pointing to pictures and manipulating objects. Throughout testing, he used simple words and some two-word phrases.

In the area of **Auditory Comprehension**, C followed one-step directions that involved the spatial concepts "in" and "out" (i.e. "Put the blocks in the box"; "Take the blocks out of the box"), quantity concepts (i.e. "Give me just one"; "Put all the blocks in the box"). In addition, he successfully identified descriptive concepts (i.e. "big", "wet", "little"), part/whole relationships (i.e. "Show me the door of the car"; "Show me the one that is empty"), colors, and the use of objects (i.e. "Show me what we use to cut paper"). C had more difficulty understanding the use of pronouns (i.e. "Give one to him"), recognizing action in pictures (i.e. "Point to blowing"), grouping objects (i.e. "Show me all the toys"), understanding negatives (i.e. "Who is not eating?"), comparing objects, and making inferences (i.e. "Bobby's dog is dirty. What should Bobby do?").

In the area of **Expressive Communication**, C labeled the objects block, ball, sock, and cup; used the pronouns "my" and "mine"; used plurals (i.e. In answer to, "What are these?": "Socks and shoes"); and used verb+ing (i.e. "eating", "sleeping"). Some areas of greater difficulty included: his understanding and use of plurals; pronouns (i.e. "he", "she", "they"); quantity concepts (i.e. some, all); verb use of objects (i.e. "Show me what you can ride"); descriptive concepts (i.e. "Which one is big?");

and the ability to correctly answer "wh" and yes/no questions. These scores are similar to scores obtained on this assessment in March 2001, where he received an Auditory Comprehension raw score of 29 and an Expressive Communication raw score of 21.

C's articulation skills were assessed using the Photo Articulation Test-3 (PAT-3) to gain a measure of his current articulation development. On the Photo Articulation Test, C achieved a raw score of 36 errors, which places him in the 1st percentile and 2.4 standard deviations below the mean, when compared to other children his same age.

Gross Motor

A DAPE specialist completed the evaluation in this area. In February 2002, C was observed during gross motor time. He enjoys motor time and always has a smile on his face. C moves around the gym using either his walker or by crawling. When he crawls, he does not plant his hand flat on the floor. Instead, he will plant his thumb side on both hands. He does crawl in opposition quite fast. When standing, C needs the assistance of his walker or physical assistance from someone. When supported at the waist, he will bend down and pick something up. He will also attempt to stand on each foot when supported. When walking, C uses his walker. He will stay in movement during the locomotor portion of class. He is not able to perform the movements such as skip, gallop, etc., but he does walk and will do a hurried walk for a run. He usually does not need assistance during this time because it is free movement.

For jumping, he will bounce up and down while being supported. In object control and manipulation, C will hold an object independently. If he needs assistance, it is because he is distracted and not attending to the activity. This was evident during parachute play. C would need hand over hand assistance to hold on while shaking the parachute or going up and down with the parachute. Eye hand coordination skills are difficult because his reaction time is slower. In catching, when a ball is tossed or bounced to him, he will catch it approximately 20% of the time. He uses a trap against his body method.

He needs verbal cues to watch the ball, i.e. "Ready hands, 1, 2, 3, and catch". In throwing, he is not underhand throwing and will use a flinging motion for an overhand throw. Kicking is his favorite thing. He will run after and kick the ball for long periods of time. C requires frequent guidance during gross motor times. If he doesn't need the physical assistance, he needs the assist to attend. C is easily distracted and wanders. He is not always aware/attending to where he is going in his walker. For safety reasons, C needs to become more aware of people and objects around him.

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Functional Skills, Mobility, and Social Function

A physical therapist (PT), a certified occupational therapy assistant (COTA), an occupational therapist (OT), and a teacher completed this portion. The evaluation included observation, record review, and use of the Pediatric Evaluation of Disability Inventory (PEDI). The Pediatric Evaluation of Disability Inventory was used as one measure of the student's functional skills. It is a parent interview tool, standardized, and designed for use with children with special needs. It is a measure of functional skills at home and in the community, for children from 6 months to 7.5 years of age. The three domains measured in the assessment are self-care, mobility, and social function. Both Functional Skills (actual abilities of the child to perform a task) and Caregiver Assistance (ability to complete a task with assistance) are measured in the assessment. The PEDI provides a focus on the development of functional skills and a direction for future interventions. C's scores were as follows:

			STANDARD ERROR
Self Care	26	Below 10	
Mobility	38	Below 10	
Social Function	23	13.2	
Self Care	11	21.7	3.4
Mobility	24	17.8	4.4
Social Function	5	11.3	5.4

C uses two child modifications (mattress on the floor, car seat); three rehabilitation modifications (walker, wheelchair, toilet seat); and his family is purchasing a bath seat (Columbia bath ring).

C's scores in the mobility area indicate that although he has significant problems with motor control, he is able to perform many functional mobility tasks at home and at school. He is able to do this because of the use of appropriate equipment and caregiver assistance. He has achieved new functional mobility skills this year, especially in the areas of stair use and outdoor mobility. The PEDI also provides direction for intervention in the area of functional mobility in car transfers and continued work on outdoor mobility.

C's scores in the self-care area indicate, again, that he has significant difficulties in performing self-care tasks independently. However, he is able to participate in or complete parts of the tasks with adaptive equipment and adult assistance. He is able to eat all food textures if they are cut-up and in bite

size pieces. He finger feeds himself. He can also use a fork for piercing food. He independently drinks from a hard plastic cup. He has begun toilet training at school and home. He currently wears a diaper or pull up pant. At school, the toilet has been modified with handrails on the sides. A step stool is used for getting on and off the toilet and for supporting his feet while seated. With adult assistance, he attempts to pull up/down his pants. He will inconsistently void on the toilet when at school. He is easily distracted during these activities and needs redirection both verbally and physically to stay on task.

Observation of C's functional skills in school provided additional evaluation information. He has made progress in his independent mobility this year at school. He uses his reverse walker to move around the school building and his classroom. He is able to turn it independently to avoid obstacles and go around corners. He does have more difficulty with this on the days when we have more students, with more chairs around the tables. His gait pattern is good, with both a fast and a slow speed. C makes all transitions in the school building by walking, including going to and from the bus, gym, and classroom. The wagon is sometimes used between the bus and the classroom for speed.

When C is walking through the hall, he does require adult verbal reminders to stay on task. The speed of his transitions in the hallway varies from day to day, depending on his attention to the task of walking. During the walk, he is easily distracted by people greeting him or by open doorways. He uses a rifton chair in the classroom. He requires adult assistance with chair placement, some physical assistance during transition, and verbal reminders for safety during movement into the chair. He is able to independently move between the floor and standing, by pulling up to a standing position using his walker for support. He does need an adult to stabilize the walker for safety. C sits on the floor for group time in a child booster seat. During all functional mobility activities, his level of independence varies from day to day, depending on his level of attention to task and his energy level.

C enjoys being a classroom participant in fine motor and art activities. Using a gross grasp, C can mark paper with paint, markers, and crayons. He is right-hand dominant. He can draw circular scribbles and the letter L. He uses his name stamp with hand over hand assistance. He uses a glue stick to spread glue on large areas of paper. More refined motor skills, such as representational drawings, cutting shapes, drawing shapes, and assembling various types of art materials, requires maximum assistance from an adult. During fine motor/art related activities, C is easily distracted, both visually and auditorally. He requires frequent visual, verbal, and physical prompts to maintain his focus on the task at hand. At times, these prompts are not enough to engage him. He will say "all done" and attempt to leave the activity. During free play, C will often choose to play at the sensory table.

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In the social domain, C has a variety of gifts and skills. He is very cute and often draws people to him. He is very oriented to people, especially adults. He will notice when a new adult comes into the room. He will call out a greeting repeatedly until he is responded to. He does not always seem to notice social appropriateness of one situation over another, i.e. when it is a group listening activity, he will repeatedly say hello to a new adult walking into the room. C tends to be quieter on our large class days. He will often sit back and watch what the other kids are doing. He can be very motivated by what the other kids are doing, i.e. when we recently had beach activities, he really enjoyed watching the other kids slide into a pool of shredded paper. He really wanted to participate and said “C’s turn”. At times, he will be bothered if the other children have left the room or if he has to leave early. We often use the other children’s activities to motivate C, i.e. we might say, “Finish your juice so you can go with the kids to gym”.

On our small group days, C is more aware of specific children. He will often say hi to them, especially the boys. He will still choose to watch more than actively participate with the kids. He rarely engages in conversations with the other kids. Even when playing with another child at the sensory table, he will usually call an adult over to see what he has made. Some of the other children will come over to help him. They will bring his walker over to him or put his papers away. He likes the attention of the children, but he may be inappropriate in gaining their attention. He will often scream when he is excited or to get attention. He may miss the social cues of others, i.e. he does not read the facial or body language of mad or you are bothering me. He does notice if someone is sad and will try to comfort him/her.

Academic Functioning

The Kindergarten Survival Skills Checklist was completed by the teacher. The checklist looks at skills in the following areas: independent task work, group attending and participation, following class routine, appropriate classroom behavior, self-care, direction following, social/play skills, game playing skills, and functional communication.

C’s strength here was in the area of functional communication. He can greet both peers and teachers, although it is not always done appropriately, i.e. during a classroom group activity, he may call out to greet someone. He rarely asks for information or help with materials. C will occasionally give feedback to his peers, usually with 1 or 2 word comments. His game playing skills were primarily observed in his gym class. At this time in school, C has not shown an interest in board games. He can occasionally wait his turn and perform the game actions appropriately. In the area of social and play skills, C can usually spontaneously begin play activities. He is most able to maintain the activity for an appropriate amount of time when it is a sensory activity, like Playdoh, sand, or other items at the sensory table.

During play/pretend play, he will occasionally interact verbally with his peers. Even in his play, C is more adult focused. In the area of direction following, he may follow simple directions or he may not. It is very difficult for him to follow 2 and 3-step directions. In the area of self-care, he needs extensive adult assistance to meet his needs. In the area of appropriate classroom behavior, he can occasionally wait his turn, work without disrupting his peers, and modify his behavior with verbal directions. In following classroom routines, he needs frequent to extensive assistance with locating materials and making transitions. In the area of group participation and attending, he can occasionally sit and focus his visual attention for brief periods of time. He can occasionally participate and follow directions in small or large groups. He will occasionally answer questions, but he never asks them. He will usually volunteer brief comments in group. In the area of independent task work, C can rarely begin the task and complete it in the allotted time. He needs frequent redirection to stay on task. He usually requires hand-over-hand assistance to complete a task.

When observing C in the classroom, it is evident that he is very distractible. At times, it is necessary to redirect him both verbally and physically. The amount of redirection necessary can vary from day to day, depending on stamina, mood, and his interest. His inability to have focused attention on activities or parts of an activity may significantly limit his consistent demonstration of his skills and products he can complete in the classroom.

Cognitive/Intellectual Functioning:

Intelligence tests represent samples of prior learning in several domains or skill areas, which are used to predict future learning and potential for academic success. Intelligence tests used for the purpose of special education eligibility are individually administered and are nationally normed. Typically, they use both verbal and nonverbal tasks to measure general intelligence. A variety of factors are measured in these tests, such as verbal and nonverbal reasoning, problem solving ability, short-term and long-term memory, and other cognitive factors specific to the test. Verbal reasoning tasks involve comprehending verbal information and using words to solve new problems or communicate ideas. Nonverbal reasoning tasks involve processing complex visual information, by forming spatial images of whole/part relationships, and by manipulating the parts to solve novel problems without using words. Many other factors are not measured by intelligence tests, such as motivation, curiosity, creativity, and work habits. Cultural, linguistic, and socioeconomic factors may also influence intelligence test performance. These factors must be taken into account when interpreting the results of the IQ testing.

On three occasions starting March 15, 2002, a school psychologist evaluated C’s cognitive development. The Differential Ability Scales (DAS) was administered to provide an estimate of C’s current

thinking, reasoning, and problem solving abilities. The results of the DAS provide 3 scores: a Verbal Score, representing problem solving subtests involving speaking and listening; a Nonverbal Score, representing manipulative subtests; and a General Conceptual Ability (GCA) Score, representing an overall estimate of cognitive abilities. Average scores are considered to fall between 85 and 115.

C received a Verbal Score of 65, which corresponds to a percentile rank of 1. He received a Nonverbal Score of 50, which corresponds to a percentile rank of 1. C received a GCA Score of 57. This score corresponds to a percentile rank of 1 and is in the low range when compared to his peers. There is a 9 out of 10 chance that C's true General Conceptual Ability (IQ) score is between 52 and 64, which falls at or below 1%.

On the DAS, C's performance followed a pattern suggesting development that is uniform. Although the difference between his verbal and nonverbal score is 15 points, this discrepancy is based upon one subtest, and due to the fact, that C has relatively well developed naming or labeling vocabulary skills. He was able to use his knowledge of objects in his environment or objects that he has read about in books, i.e. helicopter, a seashell, and a paintbrush. It has been reported, as well as observed, that C is extremely curious about the people and objects around him. He consistently asks questions (one word) of people and often requests elaboration on his original question. This interest in his world serves him well in developing general knowledge about what things and people are called, and why they do what they do. It has also been reported that C's high interest and well-developed social skills occasionally interfere with his on-task behavior in school. In some situations, he has been observed to require several verbal reminders to attend to task. Environmental modifications, such as moving an adult closer, using seating that limits visual distractions, etc., all appear to help him better attend to his class work, and in this case, the formal testing.

In other verbal and nonverbal areas, C's skill development is at the level more similar to that of a younger child. He is able to problem solve one-step, simple requests. When tasks of typical 5-year olds were requested, his responses were inconsistent. Using pictures, C was able to match and complete simple categorizations. However, when the tasks required more abstract thinking, his responses were inconsistent. For example, C was asked to place a boy figure on top of a toy bridge. He was able to do that. When he was asked to give the tree to the teacher and put the toy car under the bridge, C typcially responded by doing the last step.

C's general behavior was cooperative during testing. He used his words to communicate when he needed a break and responded when limits were set regarding his break, i.e. "two more times; then we

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can be done". He was also observed to respond enthusiastically to verbal praise and gentle touch. Because there has been concern regarding C's ability to attend, it is most appropriate at this time to consider his true IQ score to be within a range 52-64, which is 2 standard deviations below the mean. At this time, this testing represents a valid estimate of C's cognitive functioning.

CORE SUBTESTS	PERCENTILE RANK
Verbal Comprehension	1
Picture Similarities	1
Naming Vocabulary	8
Pattern Construction	1
Early Number Concepts	4
Copying	1
(Average Percentile Ranks are between 25 and 75.)	

CLUSTER SCORES	
Verbal Standard Score	65
Nonverbal Standard Score	50
GCA (IQ) Standard Score	57
GCA (IQ) Range	52-64
(Average Standard Scores are between 85-115.)	

Interpretation of Evaluation Results

Results of evaluations indicate Student C has relative strength in the verbal area. He is able to communicate and use knowledge of objects in his environments to inquire about his interests. Weakness is noted in the non-verbal areas, which involved problem solving, abstract thinking, and impacting his ability to perform at a level commensurate with his peers. His skill development appears to be more similar to that of a child much younger than 5 years of age.

The educational speech pathologist stated that C's primary mode of communication is verbal speech. The intent of his communication includes greetings, gaining attention, commenting, and requesting materials. It was reported that his oral motor skills and breath support appeared to be adequate for speech production. However, although his vocabulary appeared limited, it may be due to low attention span and cognitive skills. Some factors that reduce the effectiveness of his communication

include poor attending/listening to his communication partner, inability to remain on topic, inability to recognize communication breakdown, and the use of clarification strategies.

Test scores, observations and interviews indicate that C's inability to have focused attention on activities or independently complete tasks may significantly limit his consistent demonstration of his skills and products he can successfully complete within the general education curriculum.

He will need frequent to extensive support, primarily because of limited to very limited adaptive behavior. C's scores in the mobility area indicate that, although he has significant problems with motor control, he is able to perform many functional mobility tasks at home and at school because of the use of appropriate equipment and adult assistance.

ELIGIBILITY STATEMENT

Results on the current evaluation indicate a need and eligibility for special education services in the State of Minnesota under the category of Developmental Cognitive Disability. A student meets criteria for services under this category when significant deficits are evident with respect to both adaptive behavior and intellectual functioning. The team has determined that the disability is not primarily the result of sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, or cultural influences.

A. For this evaluation, the following areas were included: communication, daily living skills, socialization, motor, community use, functional academics, home living, health and safety, leisure, self-care, self-direction, and social skills. C's composite score is at or below the 15th percentile. These were measured in school, home, and his community, and are nationally normed, technically adequate measures of adaptive behavior. C's scores on the Vineland Adaptive Behavior Scale - Classroom Version and the Adaptive Behavior Assessment System (ABAS) all fall below the 15th percentile. His overall scores were .4% and 1.6% on these measures.

   This data is supported by written evidence from the following:

   - documented systematic observation
   - checklists
   - classroom work samples
   - interviews
   - criterion-referenced measures
   - educational history

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B. C has intellectual functioning 2 standard deviations below the mean, 1 SEM, as indicated by an intelligence quotient of: a score of 57, using the Differential Ability Scales > Developmental Cognitive Disability: Mild-Moderate range. This was completed by the school psychologist and verified through observations in his classroom and small group instruction.

Educational Needs

- Increase knowledge of his personal information
- Increase comprehension of simple stories and number concepts of 1-10
- Increase his ability to be more independent in the classroom by attending to task and using his fine motor skills
- Improve functional self-care skills to be more independent in his environment.
- Increase ability to safely and independently make transitions throughout his day
- Increase his independent participation and motor skills to more fully and appropriately participate in motor activities
- Increase word/syllables per sentence, use and understanding of “wh” questions, social interactions, and following directions

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Student C needs a functional curriculum containing math, writing, and reading. If possible, C should be placed in a setting that is small enough for him to receive more individual help to increase his work production.

Based on the information included in this report, the student:

A. **does not** meet eligibility criteria for special education for the following reason(s):

- [ ] Does not have a disability.
- [ ] Does not demonstrate need for special education service at this time.
- [ ] Learning difficulty is primarily due to lack of instruction in reading or math or to limited English proficiency.
- [ ] No longer qualifies for special education services.
- [ ] Is no longer eligible under Developmental Delay criteria and does not meet other eligibility criteria.

B. **does** meet eligibility criteria for special education for the following reason(s)

- [x] Meets entrance criteria for the disability(ies) indicated below (initial evaluation).
- [ ] Continues to have a disability and demonstrate a need for special education services (re-evaluation).
- [ ] Qualifies through a team override decision in accordance with 3525.1354 for the following disability(ies).

(P) indicates primary disability and (S) indicates secondary disability(ies):

	Autism Spectrum Disorders		Deaf/Blind		Physical Impairment
	Blind/Visual Impairment		Developmental Delay		Severely Multiply Impaired
P	Developmental Cognitive Disability		Emotional/Behavior Disorder		Specific Learning Disability (SLD)
	Deaf/Hard of Hearing		Other Health Disability		Speech/Language Impairment
					Traumatic Brain Injury

If a team member disagrees with the decision in A or B, a statement as to the reason must be attached.

Team signatures and indication of agreement with conclusions are required only for SLD evaluations and for an override of any criteria		AGREEMENT WITH CONCLUSIONS	
SIGNATURE	**TITLE**	**YES**	**NO**
	Parent		
	Regular Education Teacher (K-12)		
	Special Education Teacher		
	District Representative		
	Student (by grade nine or age 14)		
	Social Worker		

This document is available in several languages, Braille or other formats. Contact the IEP manager for an alternative format.

EVALUATION REPORT

Re-Evaluation | Student's Full Name: Student D
Identification number ____________________________________
Birth Date _____ _________ School ___________________
Date of this Report ________ Age: 13_____ Grade: 8th______

This evaluation report must include:

1. Reason for referral
2. Information reported by parents
3. Record review
4. Evaluation results
5. Interpretation of evaluation results, addressing all criteria components, and determination of eligibility verifying the child has a disability and is in need of (or continues to need) special education and related services
6. The educational needs of the child

Reason for referral

Student D is being re-evaluated to determine continuing need for special education services under the disability category of Developmental Cognitive Disability (DCD) and to complete a transition assessment.

Information reported by parents

D lives with his mother, twin brother, and 2 other siblings. His mother states that he is not as mature and independent as he should be. His transition to high school has been slow. He often depends on his twin brother to do many things that he is capable of doing himself. His health has also greatly affected his educational progress. His mother shared that D tires easily and wishes, at times, that he could have shortened school days. She is working with the team to help them understand D's unique health difficulties and how his cognitive ability can be influenced by health issues. She is pleased with his progress in school. She also wants to know how he will do during his high school years, considering his limitations.

Present Levels of Performance/Intellectual Functioning

<u>Review of records</u>

D has been in special education services since age 2. He is currently qualifying for special education services under the category of Developmental Cognitive Disability – Mild/Moderate. D was last formally assessed in 2/99. At that time, results of the WISC-III indicated that he was functioning in the

Mild-Moderate Mentally Impaired (MMMI) range of intellectual abilities (Verbal IQ 67; Performance IQ=58; and Full Scale IQ 62). He was previously assessed in 12/95. At that time, he was also found to be functioning in the MMMI range (Verbal 69; Performance 56; and Full Scale 61).

Academic Performance

On May 30, 2001, D was administered the Woodcock Johnson Reading Mastery Test-Revised, Form G. This evaluation was conducted by his special education teacher to determine if it was appropriate to exempt D from the Basic Standard Assessments. The WJ Mastery Test consists of six clustered tests. The Total Reading Cluster consists of readiness, basic skills, and comprehension clusters. The readiness cluster addresses visual-auditory learning and letter identification. The basic skills cluster looks at word identification and word attack skills.

The Reading Comprehension cluster tests areas of word comprehension and passage comprehension. D s skills generally range from standard scores of 18 - 58. Of special interest are his standard score of 18 in visual-auditory learning, standard score of 56 in word identification, but only 30 in word comprehension.

On May 31, 2001, and using favorable testing conditions based on D’s needs, he was given the Key Math - Revised Diagnostic Inventory of Essential Mathematics. That was done in order to assess his skill level to determine if exemption from Basic Standard Assessments was appropriate. The Key Math consists of 13 subtests that assess basic math concepts, operations, and applications. D was given the test without the use of a calculator. His grade equivalent scores in operations and applications indicate a relative strength in concrete types of learning, compared to a lower score in basic concepts, which tends to be more abstract concepts.

D is observed in the classroom as being independently on task and attentive, provided he is given a task at or slightly below his ability level. His performance on such tasks, however, fluctuates greatly from day to day. For example, when given a weekly worksheet of sentences with missing spelling words, D is usually able to complete them independently with no more than one error (85% accuracy). On 3-7-02, D made 3 errors (56% accuracy) while working independently. When he was asked to re-read sentences with errors, D was immediately able to recognize and correct the errors.

When working on instructional level tasks, D needs frequent supervision and ongoing support in order for him to stay on task and experience success. D is not independent when given a task if he is unsure of the expectations. Rather than attempting the task, he will wait until an adult notices he is not working and helps him get started. He works well with one-on-one support. D is very persistent in

ensuring the adult working with him understands his communication. Most often, he is able to get his needs met with a one or two word utterance. He will, however, expand the statement when required.

D takes a great deal of pride when he independently completes an assignment that he views as difficult. He is especially pleased when he is able to independently complete a difficult assignment quicker and more accurately than a peer that D views has similar abilities.

Social, Emotional, Behavioral

D is not observed consistently interacting with his peers. When a peer does something that displeases him, D makes it very clear to that student that he is unhappy and even angry at that behavior. D tends to have a better rapport with the adults he works with, rather than other students. D is very willing to work hard to please adults. However, after a period of time developing relationships with classmates, D has been observed as being very pleased when playing a favorite game with peers.

As referenced in Academic Performance, D is very aware of his classroom performance. He is quite proud when he completes an academic task with more accuracy and in less time than a peer. He has a good sense of humor and laughs at appropriate times.

The Broad Independence section of the SIB-R (Scales of Independent Behavior - Revised) is a measure of overall adaptive behavior, based on a sampling of four different areas of adaptive functioning: motor skills, social interaction/communication skills, personal living skills, and community living skills. D s functional independence is limited. His performance is comparable to that of an average individual at age 7 years.

Even though D is not considered a behavior problem in the classroom, the Problem Behaviors section of the SIB-R was also completed, simply as a means to document behaviors that do occur. Specifically, it was noted that D does make noises ("frog noises") on occasion, which are easily controlled by cueing him “quiet voice”. D also frequently touches his genitals. Because this is due to rashes, this is not considered a serious problem in his current educational setting. Overall, D s "problem behaviors" are well within the normal range.

Intensity of needed support

Based on D s levels of functional independence and "problem behaviors", he will need intermittent support. That means he will need much more support than others his age, but not an inordinate amount of support for adaptive behavior purposes.

On February 9, 2002, D was observed by his Special Education teacher while attending his birthday party in his home. Behavior and communication patterns noted were consistent with patterns observed at school, even though he was noticeably more comfortable sitting in his own living room, than in his wheelchair at school. He openly greeted familiar people at his home. He did need encouragement to greet less familiar people, which is a similar pattern noted at school.

While at school, if D wishes to move from one location to another, he will begin to wheel his chair rather than ask for assistance to move. At home, he got up from his chair and moved to the desired location. His facial coloring and vitality were especially good during this day, possibly due to the excitement of the number of people arriving to see him and the number of gifts he received.

D enjoys telling jokes at school. He keeps one written joke in his pocket. At the beginning of this year, D was usually able to tell the joke without looking at the paper. Currently, however, he takes out the paper prior to attempting to tell the joke.

D is observed to be happy in school. He enjoys visiting with the school secretaries while in the office to sort/deliver the mail. He enjoys visiting with others as his schedule permits: i.e. cafeteria staff, nurse, nurse assistant, principal, and/or familiar teachers.

<u>Communication</u>

D has been receiving speech/language services in the areas of articulation and language since Early Childhood programming. He is hearing impaired and wears two hearing aids. These are very effective in raising the level of his hearing threshold. During instruction, staff members also use a phonic ear (personal amplification system) to cut down on background noise.

D was administered the Peabody Picture Vocabulary Test, which is used to assess receptive vocabulary. There are four pictures per page and the examiner names one. D scored 81 points on this test. The Arizona Articulation Proficiency Scale consists of naming pictures using a targeted sound/sounds, with testing done in several positions. This instrument showed D s speech to be intelligible, although noticeable in error. D has difficulty with L, ch, r, th, and some 2 blends. D has also been working on L blends. While reading, with the target words underlined, D is able to use them correctly.

Team members also took language samples. A total of 78 sentences, containing 312 words were recorded. This calculates to a mean length of utterance (MLU) of 4.0 words. The sample showed D uses plurals, but does not use past or future tense. D does not use "ed" or "will". He has worked on the use of "will" and can construct sentences when asked. He does show use of the irregular past tense forms of

got, saw, and went. The sample also shows use of the pronouns: you, me, and I. There were two prepositional phrases used in the sample from home.

D and the speech clinician have been spending time on "wh" questions. D does well with construction, but experiences difficulty with answering them. He has worked on the skill in several ways, including a picture book that has "wh" questions to answer. D consistently answers 12/20 correctly, with most difficulty encountered when asked to answer "why" questions. D is most successful with "who" and "what" questions. This is also evident in his reading/academic work.

D was also observed on February 7, 2002. He was asked what he would like as a birthday gift. His verbal response was "Merry Christmas tapes", but the adult was unable to understand what he said. At that point, the adult needed to begin eliciting responses by asking D to: write it (wouldn't/couldn't), finger spell it (only attempted the first letter, signing K), or tell what kind of tape (video/audio - D did not understand video/audio, so once video/movie were eliminated, audio was determined to be music). Then the adult asked D to hum a song that would be on that type of tape. D wouldn't or couldn't. Finally, the adult began humming/singing familiar songs: Happy Birthday, God Bless America, Star Spangled Banner, Twinkle Twinkle, Jingle Bells. D stated an emphatic "no" to each song until Jingle Bells. Once D reacted positively to Jingle Bells and the Twelve Days of Christmas, the adult was able to guess that "Merry Christmas tapes" had been D's initial response.

Motor

D is an 8th grade student receiving DAPE service. Due to health issues, D only participates in DAPE service for community bowling. D also completed a recreation and leisure survey for his three year re-evaluation. He loves to bowl. D can aim the ramp at the pins with good accuracy. In the survey, D said he would like to try photography, woodworking, and horseshoes for next year. D's rec/leisure activities include: board games, cards, bowling, watching sporting events, reading books, pet care, and the computer. He loves to listen to music. He also keeps very busy with family activities. D will continue to have DAPE support in bowling during the duration of this evaluation. However, D's health has deteriorated to the point where the team is recommending D participate in the community outing, but i.e. play a board game, rather than exerting the energy needed to bowl.

Physical Status

A health review and assessment was requested as part of this educational re-evaluation.
ALLERGIES: SEASONAL ALLERGIES (POLLEN) - SPRING AND FALL
LACTOSE INTOLERANCE
MEDICATIONS: Levoxyl 100 mg in AM; Previcid 20 mg in PM
GROWTH: (3-6-02)

Height: 50 1/4 inches; Weight: 95 pounds

ATTENDANCE: During this school year, D has missed 19 days due to illness.

IMMUNIZATIONS: D is currently in compliance with Minnesota State Law for immunizations.

MEDICAL HISTORY and HEALTH/PHYSICAL ASSESSMENT: Health concerns/issues include:

1. &Down Syndrome
2. &Irreversible and progressive heart disease: cardiac defects > trial septal and ventricular septal (holes between heart chambers resulting in impaired blood flow). This causes decreased oxygenation which results in typically dusky skin appearance with bluish colored lips, ears, hands, and nose. It also causes intermittent decreased cognitive functioning. D's mother reports that his blood oxygen levels have been progressively decreasing. Because of decreased oxygen levels, he has regressed from ambulating some of the time to requiring use of his wheel chair most of the time. D is no longer able to participate in physical education activities.
3. &D has had two episodes of tonic-clonic seizure activity: 10/01 and 3/02. His EEG is normal. D s physician believes decreased oxygen levels, related to cardiac insufficiency, and also possibly connected to overheating, likely cause the seizures.
4. Seasonal allergies: pollen in spring/fall; takes Wal-finate, which is an allergy medication during times of symptoms.

Sensory Status

Vision: screened with glasses, using the Sloan Vision Chart on 3/6/92 > right eye 20/60; left eye 20/40. D s vision is assessed on a regular basis by his ophthalmologist. D s mother reports that without glasses, D s visual acuity is right eye= 20/500; left eye= 20/800.

Hearing: D has a bilateral sensorineural hearing loss. He wears personal hearing aids at home and in school, and uses an FM amplification system in the classroom. This system helps him hear and understand his teacher s voice when she is at a distance or when there is typical classroom noise interference. D is very competent in determining when his amplification is working or not working appropriately. On 3/8/02, the school audiologist conducted a hearing evaluation. D's hearing levels were noted at a mild-moderate hearing loss level. This is reasonably similar to other test results. D s hearing does fluctuate depending on his middle ear status. He currently has an eardrum perforation. The type of hearing loss that he has is "mixed". This means that it is the result of a nerve and middle ear problem. Bone conduction testing was not done at this evaluation, but has been done on other occasions. On the day of this test, based on the tympanogram results, eardrum mobility in his left ear was within normal range. His right ear wasn't tested because of the eardrum perforation.

Hearing Aid Status: When using his hearing aids, D is able to detect speech at 20dBHL. This is considered within the normal range of hearing. While using his hearing aids, his ability to recognize words was also tested. With the evaluator speaking through a speaker into the sound proof booth, D’s task was to point to the picture that matched the sound. To make the task slightly difficult for D, the volume level of the evaluator was presented at a "quiet speaking" level (45dBHL). D was able to appropriately identify 88% of the words presented, which is "good" with this difficult listening task. Results support that D s hearing aids are working well for his listening needs.

Transitional

D's Special Education teacher completed the Enderle-Severson Transition Rating Scale. The ESTR is an informal, criterion-referenced assessment used to provide statements of transition needs. The categories reflect the domains of recreation/leisure, vocational, community, domestic, and post-secondary. Profile scores have been reported in percentages: Jobs and Job Training - 19%; Home Living - 19%; Post Secondary Training/Learning - 0%; Recreation/Leisure - 43%; Community Participation - 30%; and Total Performance Score - 23%

Jobs and Job Training:

D delivers mail to the office on a daily basis. He is able to sort mail independently. D is not able to follow his daily schedule using the clock/written schedule. However, he is able to state what activity is next when his daily schedule is routine. D's critical health needs/concerns will make it very challenging in seeking employment after his school based program ends.

Home-Living:

D lives at home with his mother. D s health prevents him from doing many tasks related to self-care and home care. He takes great pride in setting the table for dinner. He typically sleeps fourteen hours per night, in order to maintain the energy level needed for school/family activities. D enjoys listening to music, watching videos, and engaging in family activities.

Post Secondary:

D is able to work independently for increased periods of time, provided the task is familiar. He is writing sentences daily much more independently. He often omits words (with, in) in both written and spoken language, but he is still able to get his point across. D derives satisfaction from doing well on something that he knows he put his effort into. D often looks back at assignments at home and enjoys reviewing them. He has made a point of making sure a family member views papers that he is especially proud of. D is happiest when he is able to attend school and be with his friends/familiar adults.

Recreation/Leisure:

With his DAPE classmates, D goes to the bowling alley twice a month. Because of his reduced energy level, he will begin playing board games at the next scheduled outing. D is no longer able to participate in the physical part of the DAPE classes because of his health. Oxygen has been liberally administered when D was bowling. The most recent bowling activity resulted in two days of missed school due to fatigue and what D indicated to be pain in his chest. D enjoys playing computer games and board games, watching videos, and listening to music. His leisure time is well utilized both at school and home.

INTERPRETATION OF EVALUATION RESULTS

D continues to meet criteria as a student with a mental impairment. He is in need of special education and related services for DCD - Mild/Moderate, due to below average adaptive behavior and a cognitive deficit. He has a below average adaptive behavior composite score on the SIB-R. Based on his levels of functional independence and "problem behaviors", D will need intermittent support. That is, he will need much more support than others his age, but not an inordinate amount of support for adaptive behavior purposes. That level of support/intensity might change as his health issues fluctuate.

D needs intermittent to extensive support, throughout his day, across all domains. In daily living/independent living skills, he has partial participation, with intermittent support needed. He is consistent in his social skills with familiar adults, inconsistent with same age peers, and unable to engage/connect with unfamiliar adults/peers. D s communication skills require intermittent support, except when others are unable to understand him. If he is unable to properly produce the word, he either needs extensive support at that time to be able to communicate effectively or someone to redirect him to another task. If he isn't redirected, he can become stuck, trying to get his point across. It is very difficult for him to successfully participate in any level of academic type activities. Due to health concerns, and coupled with his cognitive challenges, D requires moderate to frequent support in community activities.

Cognitive deficit component of criteria is met through a Composite Score of 68, which is 2 standard deviations below the mean on the Stanford Binet Intelligence Scale. This intellectual functioning level has been certified by at least two systematic observations, supplemental tests of specific abilities, and observation/analysis of behavior across environments. D s ability level is not primarily due to sensory or physical impairments, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences, or inconsistent educational programming.

D s level of health has been gradually decreasing, allowing him to participate less fully in school activities, in which he has participated in the past. There is concern that increased stress in the past has exacerbated many of his health issues. So, planning to keep stress levels at a minimum is increasingly important for D s well-being, as his health becomes more fragile.

D continues to have a significant speech/language delay and continues to qualify for services through the school.

RECOMMENDATIONS/PUPIL NEEDS

Skills in the areas of time telling, money, measurement, and functional reading (recipes, craft directions) continue to need review, practice, and development. D will need a small classroom setting,

with a small student to teacher ratio, in order to maximize his learning. D will need extensive adult assistance, across all domains, and in all environments.

D needs to learn additional sentence construction allowing him to increase his sentence length. He also needs to learn both future and past tense verbs. Usage of a correct t in conversation, as well as in answering "wh" questions, continue to need work.

D continues to have needs in the area of recreation and leisure skill development. However, due to D's decreased strength and vitality, those needs may be best addressed on a more indirect basis at this time. Skills to be considered may be asking a peer to play a game with him and playing according to the rules of the game.

D needs to increase his social skills to include social greetings with unfamiliar adults in familiar, safe settings, and requesting that age mate peers play a favorite game with him, rather than playing with an adult or with peers, only with encouragement.

Public School Name	EVALUATION
School Address	REPORT
School City, State, Zip code	

D needs a functional curriculum containing math, writing and reading. If possible, D should be placed in a setting that is small enough for him to receive more individual help to increase his work production.

Based on the information included in this report, the student:

A. **does not** meet eligibility criteria for special education for the following reason(s):

- [ ] Does not have a disability.
- [ ] Does not demonstrate need for special education service at this time.
- [ ] Learning difficulty is primarily due to lack of instruction in reading or math or to limited English proficiency.
- [ ] No longer qualifies for special education services.
- [ ] Is no longer eligible under Developmental Delay criteria and does not meet other eligibility criteria.

B. **does** meet eligibility criteria for special education for the following reason(s)

- [ ] Meets entrance criteria for the disability(ies) indicated below (initial evaluation).
- [X] Continues to have a disability and demonstrate a need for special education services (re-evaluation).
- [ ] Qualifies through a team override decision in accordance with 3525.1354 for the following disability(ies).

(P) Indicates primary disability and (S) indicates secondary disability (ies):

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	Blind/Visual Impairment		Developmental Delay		Severely Multiply Impaired
P	Developmental Cognitive Disability		Emotional/Behavior Disorder		Specific Learning Disability (SLD)
	Deaf/Hard of Hearing		Other Health Disability		Speech/Language Impairment
					Traumatic Brain Injury

If a team member disagrees with the decision in A or B, a statement as to the reason must be attached.

Team signatures and indication of agreement with conclusions are required only for SLD evaluations and for an override of any criteria		AGREEMENT WITH CONCLUSIONS	
SIGNATURE	**TITLE**	**YES**	**NO**
	Parent		
	Regular Education Teacher (K-12)		
	Special Education Teacher		
	District Representative		
	Student (by grade nine or age 14)		
	Social Worker		

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REFERENCES

Acronyms. Retrieved May 15, 2002, from http://www.rushservices.com/Inclusion/acronyms.htm

Alexander, D (1998). Prevention of Mental Retardation: Four Decades of Research. Mental Retardation and Developmental Disabilities Research Reviews: 4: 50-58

American Association on Mental Retardation, 10th Edition (2002). Mental Retardation: Definition, Classification, and Systems of Support

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Washington, DC

The ARC (1982). The Prevalence of Mental Retardation (out of print). Retrieved May 25, 2002 from http://TheARC.org/faqs/down.html

Assessment/Tools. Retrieved from http://search.netscape.come/ns/boomframe.jsp?query

Batshaw, M (1997). Children with Disabilities. Baltimore, MD: Paul H. Brookes Publishing

Bender, M., Valletutti, P.J., Baglin, C.A., Smith-Hoffnung, A. (1998). Functional Curriculum for Teaching Students with Disabilities

Biasini, Grupe, Huffman, Bray. Mental Retardation: A Symptom and a Syndrome Birmingham, AL: Department of Psychology, University of Alabama

Cegelka, P. (1995). Who's Teaching Our Children with Disabilities?

Clark, GM (1991). Barriers to the Implementation of Any Functional Curriculum. The Career Educator, 3 (3), 1-2

Clarifying Levels of Support. Retrieved from http://www.isd.net/bbill/support.htm.

Compass Rose Nautical Books, Ltd.; Sidney, British Columbia

Definition of Terms. Retrieved May 15, 2002, from http://www.giantstepsinc.net/definition_of_terms.htm

Disability Resources. Retrieved May 27, 2002, from http://www.disabilityresources.org/ABC.html

Encyclopedia.com: Mental Retardation. Retrieved May 25, 2002, from
http://www.encyclopedia.com/html/ml/mentalre.asp
http://www.encyclopedia.com/html/section/mentalre_History.asp

Federal Law: Section 300/536. Re-Evaluation

Gelhaus, Lisa (2002). Policies Stress More Freedom of Choice for People with Disabilities. The Provider, 12/02, 27-36

Historical Information Regarding Cognitive Development and Mental Retardation. Retrieved May 25, 2002 from http://www.uab.edu/cogdev/mentreta.htm

Mental Retardation: Frequently Asked Questions. Retrieved June 4, 2002 from http://www.okdhs.org/ddsd/Frequently%20Asked%20Questions.htm

Mental Retardation Local Authority. Retrieved June 5, 2002, from http://www.MRLA/acronyms.html.

Minnesota Department of Children, Families, and Learning, (2000). Promising Practices for the Identification of Individuals with Autism Spectrum Disorders. Minnesota Autism Project.

Minnesota Department of Children, Families, and Learning. Conducting Functional Behavioral Assessments and Developing Positive Programs for Students with Challenging Behaviors Manual.

Minnesota Department of Children, Families, and Learning, (Draft – 2002). Other Health Disabilities Manual.

Minnesota Department of Children, Families, and Learning (1998). Reducing Bias in Special Education Assessment for American Indian and African American Students.

Minnesota Department of Children, Families, and Learning (1998). Specific Learning Disabilities (SLD) Companion Manual. Retrieved from www.cfl.state.mn.us/speced/guidelines/SLD_companion.pdf.

Minnesota Department of Children, Families, and Learning web site http://cfl.state.mn.us/speced; *replaced by* Minnesota Department of Education (MDE) web site: http://education.state.mn.us

Minnesota Rule, Developmental Cognitive Disability, Severely Multiply Impaired, and Teacher Licensure Eligibility Categories. Retrieved from http://www.revisor.leg.state.mn.us/arule/3525/1333.html; http://www.revisor.leg.state.mn.us/arule/3525/1339.html; and http://www.revisor.leg.state.mn.us/arule/8710.5400.html

Minnesota SONAR Rationale: Statement of Needs and Reasonableness for Developmental Cognitive Disabilities (Fall, 2000)

Parents Inc. Retrieved from Parents@Parentsinc.org/Special Education http://www.parentsinc.org/spedhist.html

Polloway, Patton, Payne, Payne (1989). Handbook of Research on Curriculum

Rickabaugh, Jim. Compass Guide. The MASTER Teacher, Inc. Manhattan, KN. 1-800-669-9633

SOAR: Searchable Online Accommodation Resources (2002). Mental Retardation and Other Developmental Disabilities. Retrieved May 9, 2002, from http://www.jan.wvu.edu/soar/mr.html

Valletutti, P.J., Dummett, L. (1992). Cognitive Development: A Functional Approach. San Diego, CA: Singular Publishing Group

Valletutti, P.J., Dummett, L. Functional Based Curriculum: Determining IEP Goals/Objectives

Wheeler, M.E. (1987). Functional Curriculum – Vocational Course