



## **GUIDANCE DOCUMENT: VAAP Participation Criteria and the Determination of Significant Cognitive Disabilities Revised August 2019**

This document provides Individualized Education Program (IEP) Teams with additional information to guide their decision making related to students' participation in the Virginia Alternate Assessment Program (VAAP). This guidance document focuses on the second question on the VAAP Participation Criteria, **“Does the student have a significant cognitive disability?”**

In making an assessment decision for a student to participate in the VAAP, teams must review, consider, and discuss a variety of sources of information, including psychological assessments, observations, achievement test data, and curricular content for evidence of a significant cognitive disability. Because reliance on Intelligence Quotient (IQ) scores alone is insufficient, IEP Teams should review all information available pertaining to the cognitive abilities of the student, including ability tests and adaptive behavior measures. The focal point for discussion needs to be on the impact of the cognitive disability.

A history of poor performance on state assessments and/or deficient reading scores does not qualify a student as having a significant cognitive disability. The group of students referred to in the *Individuals with Disabilities Education Improvement Act* and the *Elementary and Secondary Education Act (Every Student Succeeds Act (2015))* as having “significant cognitive disabilities” constitutes less than one percent of the student population. When examining incidence data, this one percent contains the following disability categories: moderate and severe intellectual disabilities, as a primary, secondary, and/or tertiary disability as well as classifications of multiple disabilities, autism, and Deaf-Blindness where intellectual disabilities are moderate and/or severe.

Note: *Every Student Succeeds Act (2015) (ESSA)* does not define the term *Significant Cognitive Disability*. However, ESSA does limit the participation to less than one percent of the general population of students. Not every individual with a developmental or cognitive disability (such as Autism, Multiple Disabilities, or Intellectual Disability) fits within the one percent criteria. Although IQ scores should not be used exclusively to determine that an individual qualifies for the alternate assessment, an IQ or adaptive behavior score above 65 is sufficient to exclude individuals from the significant cognitive disability category. If teams are considering using normative scores from IQ tests as part of the decision making process, the team should be aware that a standard score of 70 with a standard deviation of 15 includes approximately two percent of the population.

When considering participation in the alternate assessment, teams should carefully document the cognitive limitations for individuals with disability identifications that are incompatible with cognitive disabilities (e.g., learning disabilities, sensory disabilities, and/or other health impairments).

A number of organizations and associations have used various descriptors to define characteristics of students with significant cognitive disabilities. Use the information below to help guide the discussion of whether a student has a significant cognitive disability. All information below should be considered collectively and IEP Teams should not rely solely on IQ scores. The following information represents what is traditionally found in the literature regarding the characteristics of children who have significant cognitive disabilities. The IEP Teams should review this information in making decisions for question number two of the VAAP participation guidelines: Does the student have significant cognitive disabilities?

### **AREA I: LEARNER CHARACTERISTICS**

Students who are appropriately identified as participating in the Virginia Alternate Assessment Program may exhibit some or all of the following characteristics:

1. Communication difficulties that affect self-determination, behavior, social interactions, and participation in multiple learning environments.
2. Uneven learning patterns in all domains including cognition, communication, socialization, and self-help.
3. Multiple disabling conditions concurrent with an intellectual disability, including physical disabilities, sensory challenges, and medical needs that impact health, stamina, and engagement in learning tasks.
4. Motor impairments, in addition to cognitive/developmental delay, that makes participation in routine tasks challenging.
5. Difficulty learning new tasks, maintaining new skills, and generalizing skills to new environments.
6. Individualized methods of accessing information in alternative ways (tactile, visual, auditory, and multi-sensory).

### **AREA II: ADAPTIVE BEHAVIOR**

The American Association on Intellectual and Developmental Disabilities (AAIDD, 11<sup>th</sup> Edition) and the American Psychiatric Association have defined one component of having an intellectual disability as including at least two or more of the following impairments in adaptive behavior:

**Conceptual Skills:** Language, reading and writing, money, time, number concepts

**Social Skills:** Interpersonal skills, social responsibility, self-esteem, gullibility, naïveté, follows rules/obeys laws, avoids being victimized, social problem solving

**Practical Skills:** Activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines, use of telephone

**Consideration for Discussion:** *Students with significant cognitive abilities probably have difficulty both learning most or all of these skills and using or transferring the skills across different settings and/or*

*\*\*Performance on standardized adaptive behavior scales that is at least three standard deviations below the mean.*

Example: The Adaptive Behavior Assessment System-II has a mean of 100 and a standard deviation of 15 points. A score of 55 or below would indicate adaptive behavior functioning that is three standard deviations below the mean.

### AREA III: INTELLECTUAL FUNCTIONING

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) outlines a range of severity, ranging from mild to profound intellectual disabilities.

#### ***Mild Intellectual Disability***

- Standard Score Ranges: 50-55 to 70
- DSM-5 Severity Levels based on levels of support required in areas of adaptive functioning
  - *Conceptual Domain:* Difficulties in learning academic skills with support needed in one or more areas to meet age-related expectations.
  - *Social Domain:* Displays immaturity in social interactions compared to typically developing peers. Could include difficulty in accurately perceiving peers' social cues, uses concrete communication and language skills, difficulties regulating behavior, limited understanding of risk in social situations, and is at risk for being manipulated by others.
  - *Practical Domain:* May function age appropriately in personal care, but need some support with complex daily living tasks in comparison to peers. Recreational skills resemble those of age-mates, but require support in judgment related to well-being and organization around recreation.
- **Consideration for Discussion:** The student might not be considered to have significant cognitive disabilities. Other factors should be considered such as impact from communication skills, sensory disabilities, and physical disabilities.

#### ***Moderate Intellectual Disability***

- Standard Score Ranges: 35-40 to 50-55
- DSM-5 Severity Levels based on levels of support required in areas of adaptive functioning:
  - *Conceptual Domain:* Conceptual skills lag markedly behind those of peers. Progress in academic skills occurs slowly across the school years and is markedly limited compared with that of peers. Ongoing assistance on a daily basis is needed to complete conceptual tasks of day-to-day life.
  - *Social Domain:* Displays marked differences from peers in social and communicative behavior across development. Spoken language is typically a primary tool for social communication but is much less complex than that of peers. Capacity for relationships is evident but individuals may not perceive or interpret social cues accurately. Social judgment and decision-making abilities are limited and caretakers must assist the person with life decisions. Communication and social limitations affect friendships with typically developing peers and significant social and communicative support is needed in work settings for success.
  - *Practical Domain:* Can care for personal needs involving eating, dressing, elimination, and hygiene although an extended period of teaching and time is needed for the individual to become independent in these areas, and reminders may be needed. Participation in all household tasks can be achieved by adulthood, although an extended period of teaching is needed, and ongoing supports will typically occur for adult-level performance. Independent employment in jobs that require limited conceptual and

communication skills can be achieved, but considerable support from co-workers, supervisors, and others is needed to manage social expectations, job complexities, and ancillary responsibilities such as scheduling, transportation, health benefits, and money management. A variety of recreational skills can be developed but typically require additional supports and learning opportunities over an extended period of time.

Maladaptive behavior is present in a significant minority and causes social problems.

- **Consideration for Discussion:** *\*\*Performance on standardized intelligence tests that represent at least three standard deviations from the mean IQ score. These scores may indicate that a student has significant cognitive disabilities.*

### ***Severe Intellectual Disability***

- Standard Score Ranges: 25 to 35-40
- DSM-5 Severity Levels based on levels of support required in areas of adaptive functioning:
  - *Conceptual Domain:* Attainment of conceptual skills is limited and generally there is little understanding of written language or of concepts involving numbers, quantity, time, and money. Caretakers provide extensive supports for problem solving throughout life.
  - *Social Domain:* Spoken language is limited in terms of vocabulary and grammar. Speech may be single words or phrases and may be supplemented through augmentative means. Speech and communication are focused on the here and now within everyday events. Language is used for social communication more than for explaining things, and there is understanding of simple speech and gestural communication. Relationships with family members and familiar others are a source of pleasure and help.
  - *Practical Domain:* Requires support for all activities of daily living, including meals, dressing, bathing, and elimination and requires supervision at all times. Cannot make responsible decisions regarding well-being of self or others. Skill acquisition in all domains involves long-term teaching and ongoing support. Maladaptive behavior, including self-injury is present in a significant minority.
- **Consideration for Discussion:** *\*\*Performance on standardized intelligence tests that represent at least three standard deviations from the mean IQ score. These scores may indicate that a student has significant cognitive disabilities.*

### ***Profound Intellectual Disability***

- Standard Score Ranges: Below 20-25
- DSM-5 Severity Levels based on levels of support required in areas of adaptive functioning:
  - *Conceptual Domain:* Skills generally involve the physical world rather than symbolic processes. May use objects in goal-directed fashion for self-care, work and recreation. Certain visuospatial skills, such as matching and sorting based on physical characteristics may be acquired. However, co-occurring motor and sensory impairments may prevent functional use of objects.
  - *Social Domain:* Has very limited understanding of symbolic communication in speech or gesture. May understand some simple instructions or gestures. May express own desires and emotions largely through nonverbal, nonsymbolic communication. Enjoys relationships with well-known family members, caretakers, and familiar others, and initiates and responds to social interactions through gestural and emotional cues. Co-occurring sensory and physical impairments may prevent many social activities.
  - *Practical Domain:* Dependent on others for all aspects of daily physical care, health, and safety, although may be able to participate in some of these activities as well. Individuals without severe physical impairments may assist with some daily work tasks at home. Simple actions with objects may be the basis of participation in some vocational activities with high levels of ongoing support. Recreational activities may involve, for example,

enjoyment in listening to music, watching movies, going out for walks, or participating in water activities, all with the support of others. Co-occurring physical and sensory impairments are frequent barriers to participation (beyond watching) in home, recreational, and vocational activities. Maladaptive behavior is present in a significant minority.

- **Consideration for Discussion:** *\*\*Performance on standardized intelligence tests that represent at least three standard deviations from the mean IQ score. These scores may indicate that a student has significant cognitive disabilities.*

**\*\*Note:** Section 200.1 in the Notice of Proposed Rule Making in the Federal Register on March 20, 2003, proposed defining “students with the most significant cognitive disabilities” as students with disabilities under the IDEA whose intellectual functioning and adaptive behavior are three or more standard deviations below the mean.

### References

American Association on Intellectual and Developmental Disabilities (2010). *Intellectual Disability: Definition Classification, and Systems of Supports, 11<sup>th</sup> Edition*. American Association on Intellectual and Developmental Disabilities.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition*. Washington, DC: American Psychiatric Publishing.

Browder, D. M. (2001). *Curriculum and assessment for students with moderate and severe disabilities*. New York: Guildford Publications.

Collins, Belva C. (2007). *Moderate and Severe Disabilities: A Foundation Approach*. New Jersey: Pearson Education, Inc.

Kleinert, H.L., & Kearns, J. (2001). *Alternate assessment: Measuring outcomes and support for students with disabilities*. Baltimore: Paul H. Brookes Publishing.

Knowlton, E. (1998). Considerations in the design of a personalized curriculum for students with developmental disabilities. *Education and Training in Intellectual Disabilities and Developmental Disabilities*, 33, 95-107.

Orelove, F.P. Sobsey, D., & Silberman, R.K. (2004). *Educating children with multiple disabilities: A collaborative approach (4<sup>th</sup> ed.)*. Baltimore: Paul H. Brookes Publishing Co.

Snell, M.E., & Brown, F. (2000). Development and implementation of education programs. In M.E. Snell, & Brown (Eds.), *Instruction of students with severe disabilities (5<sup>th</sup> ed., pp. 115-172)*. Upper Saddle River, NJ: Merrill Prentice-Hall.

Virginia Department of Education, (2018). *Students with Disabilities: Guidelines for Assessment Participation A Guide for Educators and Parents*.