



# **ETS Policy Statement for Documentation of Intellectual Disabilities in Adolescents and Adults**

First Edition

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Office of Disability Policy  
Educational Testing Service  
Princeton, NJ 08541

## Introduction:

ETS is committed to serving test takers with intellectual disabilities (ID) and providing them with services and reasonable accommodations. An intellectual disability is diagnosed by limitations in intellectual functioning and adaptive behavior. An ID is life-long and has its onset before age 18. Intellectual functioning is assessed by a comprehensive measure of intelligence, and adaptive behavior is assessed by a standardized measure of three domains: conceptual, social, and practical.

As stated in the *Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> edition (DSM-5) [American Psychiatric Association], 2013, “The *conceptual* (academic) domain involves competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgment in novel situations, among others. The *social* domain involves awareness of others’ thoughts, feelings, and experiences; empathy; interpersonal communication skills; friendship abilities; and social judgment, among others. The *practical* domain involves learning and self-management across life settings, including personal care, job responsibilities, money management, recreation, self-management of behavior, and school and work task organization, among others.” (p 33.)

## Requirements for disability documentation

### **1. Identification of the evaluator and client**

- A qualified evaluator has comprehensive training and experience in diagnosing intellectual disabilities and in recommending academic accommodations.
- Include the name, title, credentials, and signature of the licensed qualified professional. All reports must be written in English, typed or printed on professional letterhead, and dated.
- Include the test taker’s identifying information: name, date of birth, and date of evaluation
- Include the source of the referral and the reason for referral

### **2. Recency of documentation**

- Documentation should have been completed or updated within the past five years.
- A documentation update is a report by a qualified professional that includes a summary of the original disability documentation, as well as additional clinical evidence necessary to establish the test taker’s current eligibility and the appropriateness of the requested accommodations.
  - An update typically includes
    - verification of the continuing strengths and weaknesses identified in prior evaluations
    - a discussion of current impact on academic performance in general and test taking in particular
    - a history of the types of accommodations received and used
    - a discussion of the appropriateness of the requested accommodations.
  - The updated evaluation need not include IQ measures if the previous IQ measures were obtained using the WAIS-IV, WJ-III Cognitive Battery, or another comparable adult measure.

### **3. A comprehensive history that includes:**

- a history of presenting problems associated with the disability as well as information on the test taker’s medical, developmental, educational, and family history. The age at which the disability was first apparent should also be indicated.
- relevant medical and medication history, including the individual’s current medication regimen as well as both positive responses to medication and adverse side effects of medication.
- a description of the test taker’s current behavioral adjustment across multiple settings (e.g., home, school, and/or place of employment).
- information regarding involvement with or support from agencies such as vocational rehabilitation, community mental health services, and developmental disabilities organizations.

**4. A diagnostic assessment that includes:**

- evidence that intellectual functioning was assessed by a comprehensive measure of intelligence and that the individual is functioning approximately two standard deviations or more below the mean when compared with same-age peers (Appendix A: DSM-5 Diagnostic Criteria for Intellectual Disability).
- evidence that adaptive behavior was assessed by a nationally normed standardized measure of adaptive behavior and that the individual is functioning approximately two standard deviations or more below the mean when compared with same-age peers on either (a) a score for one or more of the following types of adaptive behaviors: conceptual, social, and practical; or (b) an overall score on a standardized measure of conceptual, social, and practical skills (Appendix B: Clinical Instruments in Common Use for Documenting Intellectual Disabilities).
- all subtest, index, and/or cluster scores as both standard scores and percentile ranks

**5. Relevant observations of behavior during testing**

- These observations help to form a diagnostic impression when combined with the clinician's professional judgment and expertise.

**6. Current impact on academic performance, employment, and other daily activities**

- Documentation should include evidence that academic skills are substantially limited as determined by nationally normed standardized measures of achievement (Appendix B).
- Assessments of basic skills (word identification/decoding, spelling, calculation), application (reading comprehension, written expression, mathematics reasoning), and fluency are recommended. Include evidence of cognitive (e.g., executive functioning, memory) and/or linguistic (e.g., receptive and expressive language) deficits that could aid eligibility determination and support recommended accommodations.

**7. Diagnostic conclusions that should include:**

- at least one specific diagnosis, based on the latest edition of the DSM or the ICD, indicating the level of severity of the disability.
- an interpretative summary that should rule out, to the extent possible, other potential factors that may alter the expression of the disability, including cross-cultural issues, English as a second language, lack of educational opportunity, and/or medical conditions that may mimic a disability.

**8. Specific recommendations and accommodations**

- Include a listing of requested accommodations that are supported by objective evidence.
- Establish a link between the requested accommodations and the manifested symptoms of the disorder that is pertinent to a standardized testing situation.
- Using unfamiliar accommodations for the first time on a high-stakes test may not be helpful to an individual and is not recommended.

**9. Additional sources of information**

Other sources of documentation can be used to corroborate symptoms of the disorder and support the need for the requested accommodation(s). Relevant information from these sources should be summarized by the evaluator in the current disability documentation and/or included as an attachment by the applicant. Depending on the degree and scope of the information it contains, a school-based document such as an Individualized Education Program (IEP), a Section 504 Plan, or transition documentation can be included as part of the documentation packet. Prior evaluation reports should be reviewed by the evaluator and summarized in the history section or attached to the documentation packet. Teachers' comments from any of these documents may be relevant to the need for accommodations. Such documents may provide useful supplemental information about a test taker's educational history as well as her or his history of eligibility for services, limitations to academic achievement, and accommodation use.

Other supplemental forms of documentation may include evidence of a reduced course load or the number of incompletes or dropped courses in school, a copy of an accommodation letter to faculty, a letter from a content area teacher, and/or official scores on national standardized tests (e.g., SAT® or ACT®) taken with or without accommodations. A detailed letter from a college disability services provider, a vocational rehabilitation counselor, or a human resources professional describing current limitations and use of accommodations also can be helpful to supplement comprehensive documentation.

A personal letter from the applicant in his/her own words explaining academic difficulties and coping strategies may be helpful. The applicant's personal letter should highlight any relevant additional information that further supports the current need for accommodations. The personal letter should not exceed one page and may include information regarding the date of the initial diagnosis, accommodations history in a variety of settings, a statement explaining the need for the accommodations that are presently requested, and any additional supporting information for the requested accommodations. In some instances additional insights regarding the students' disability and use of accommodations could be provided by the disability services coordinator at their campus.

ETS will determine the adequacy of the submitted documentation on a case-by-case basis and will base accommodation decisions on the totality of the information provided.

**Appendix A**  
**DSM-5 Diagnostic Criteria for Intellectual Disability**  
**(Intellectual Developmental Disorder)**

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

- A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
- B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.
- C. Onset of intellectual and adaptive deficits during the developmental period.

**Note:**

The diagnostic term *intellectual disability* is the equivalent term for the ICD-11 diagnosis of *intellectual developmental disorders*. Although the term *intellectual disability* is used throughout this manual, both terms are used in the title to clarify relationships with other classification systems. Moreover, a federal statute in the United States (Public Law 111-256, Rosa's Law) replaces the term *mental retardation* with *intellectual disability*, and research journals use the term *intellectual disability*. Thus, *intellectual disability* is the term in common use by medical, educational, and other professions and by the lay public and advocacy groups.

**Coding note:**

The ICD-9-CM code for intellectual disability (intellectual developmental disorder) is **319**, which is assigned regardless of the severity specifier. The ICD-10-CM code depends on the severity specifier (see below).

*Specify current severity:*

**(F70) Mild**

**(F71) Moderate**

**(F72) Severe**

**(F73) Profound**

**Specifiers**

The various levels of severity are defined on the basis of adaptive functioning, and not IQ scores, because it is adaptive functioning that determines the level of supports required. Moreover, IQ measures are less valid in the lower end of the IQ range.

**\*Note**

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**Appendix B**  
**Clinical Instruments in Common Use for Documenting Intellectual Disabilities**  
**in Adolescents and Adults**

**Tests of Intellectual Ability**

- Cognitive Assessment System Das-Naglieri (CAS)
- Comprehensive Test of Nonverbal Intelligence – Second Edition (CTONI-2)
- Kaufman Adolescent and Adult Intelligence Test (KAIT)
- Kaufman Brief Intelligence Test – Second Edition (KBIT-2)
- Leiter International Performance Scale – Third Edition (Leiter-3)
- Reynolds Intellectual Assessment Scales (RIAS)
- Slosson Intelligence Test – Revised Third Edition (SIT-R3)
- Stanford-Binet Intelligence Scales – Fifth Edition (SB5)
- Test of Nonverbal Intelligence – Fourth Edition (TONI-4)
- Universal Nonverbal Intelligent Test (UNIT)
- Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)
- Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV)
- Woodcock-Johnson III Normative Update Tests of Cognitive Abilities (NU)

**Adaptive Functioning Scales**

- Comprehensive Test of Adaptive Behavior – School 2<sup>nd</sup> Edition (ABS-S:2)
- Adaptive Behavior Assessment System – Second Edition (ABAS – II)
- Comprehensive Test of Adaptive Behavior (CTAB)
- Scales of Independent Behavior Revised (SIB-R)
- Vineland Adaptive Behavior Scales, Second Edition (Vineland-II)

**Achievement Measures**

- Gray Oral Reading Test (GORT-5)
- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Test of Written Language (TOWL-4)
- Wechsler Individual Achievement Test-III
- Wide Range Achievement Test, 4 Edition (WRAT-4)
- Woodcock Reading Mastery- Third Edition
- Woodcock-Johnson Psychoeducational Battery-III

## **Appendix C**

### **Recommended Resources for Consumers**

1. *For assistance in finding a qualified professional*
  - a. contact the school counselor or disability services coordinator at the institution you attend(ed)
  - b. discuss your future plans with your vocational rehabilitation counselor, employer, or school counselor or disability services coordinator at the institution you attend(ed) or plan to attend; and
  - c. refer to the attached list of resources and organizations (Appendix D)
  
2. *In selecting a qualified professional:*
  - a. ask what his or her credentials are;
  - b. ask what experience he or she has had working with adolescents or adults with intellectual disabilities
  - c. ask if he or she has ever worked with the service provider at your institution.
  
3. *In working with the professional:*
  - a. take a copy of this policy to the professional; encourage him or her to clarify questions with the person who provided you with these guidelines;
  - b. provide the evaluator with a copy of the ETS "Tips for evaluators" brochure or the web link: [www.ets.org/disability](http://www.ets.org/disability).
  - c. If you were evaluated in the past, bring a copy of your original documentation to the evaluator. Provide the evaluator with copies of any previous assessments and available educational records (e.g., report cards, transcripts, standardized test scores, etc.). This will assist your evaluator in understanding your educational history and guide the scope and direction of this re-evaluation.
  - d. be prepared to be forthcoming, thorough, and honest with requested information; and
  - e. know that professionals must maintain confidentiality with respect to your records and testing information.
  
4. *As follow-up to the assessment by the professional:*
  - a. request a written copy of the assessment report;
  - b. request the opportunity to discuss the results and recommendations
  - c. request additional resources if you need them; and
  - d. maintain a personal file of your records and reports.

## Appendix D Resources and Organizations

### **Association on Higher Education and Disability (AHEAD)**

107 Commerce Center Drive, Suite 204

Huntersville, NC 28078

704-947-7779 voice

704-948-7779 Fax

Internet: <http://www.AHEAD.org>

An excellent organization to contact for individuals with disabilities who are planning to attend college training programs, workshops, and conferences.

### **American Association on Intellectual and Developmental Disabilities**

501 3<sup>rd</sup> Street, NW Suite 200

Washington, DC 20001

202-387-1968 (voice)

202-387-2193 (fax)

### **National Center on Secondary Education and Transition**

Institute on Community Integration

University of Minnesota

6 Pattee Hall

150 Pillsbury Drive SE

Minneapolis MN 55455

612-624-2097 (voice)

612-624-9344 (fax)

### **National Association of School Psychologists**

4340 East West Highway, Suite 402

Bethesda, MD 20814

301-657-0270 (voice)

(866) 331-NASP (toll-free, voice)

301-657-0275 (fax)

301-657-4155 (tty)