

Washington State Association of School Psychologists
Professional Practice Standards Guidelines in
Evaluation and Identification of Students with Mental Retardation

Background

The American Association on Mental Retardation (AAMR), the nation's oldest and largest professional organization concerned with individuals who have mental retardation, first defined mental retardation in 1921. The definition has been revised several times, in 1959, 1961 and again in 1973. That definition, with minor rewording, was retained in the organization's 1983 manual on terminology: "Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period." IDEA (1997) relies on the 1983 AAMR definition but specifically defines mental retardation relative to a student's educational performance: "*Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period that adversely affects a child's educational performance*" (34 CFR Section 300.7 [b] [5]).

WAC 392-172-134

The definition of mental retardation in WAC 392-172-134, with a significant addition, uses the exact language found in the Federal Regulations that define each federally identified disabling condition for children: "*Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period that adversely affects a child's educational performance and requires specially designed instruction*". The added component is that the student "*requires specially designed instruction*". Under WAC Rules and Regulations a student with mental retardation will meet the Federal definition and requires specially designed instruction. Thus a student who may have significantly subaverage general intelligence and concurrent deficits in adaptive behavior that have arisen during the developmental period, but does not require specially designed instruction would not be eligible under WAC Rules and Regulations. This definition

does not reference etiology but refers to a level of behavioral performance. The key phrases in the definition will be expanded upon below.

Specific Eligibility Criteria

- ◆ *Significantly subaverage* refers to performance that is 2 or more standard deviations below the population mean. This has been the AAMR standard since 1973, is the standard in the Diagnostic and Statistical Manual 4th Edition (DSM: IV) and the standard accepted by Sattler in Assessment of Children, 3rd Edition.
- ◆ *General intellectual functioning* refers to performance on a standardized intelligence test that measures general cognitive ability, as opposed to a more specific ability such as receptive vocabulary or spatial ability. The intelligence test must have a significant loading on the “g” factor in order to meet this standard. The “g” is defined as the factor that accounts for the largest portion of the variance on an intelligence test.
- ◆ *Adaptive behavior* refers to “the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and social group” (Grossman, 1983, p. 157). Adaptive behavior is considered to be developmental in that as individuals grow older the adaptive skills required increase in number and complexity. Adaptive behavior is composed of several specific domains, including self-help skills, interpersonal/socialization skills, physical and motor skills, communication, cognitive/pre-academic/academic skills, domestic skills, vocational/occupational skills and responsibility. For eligibility under the mentally retarded category, a student must fall 2 or more standard deviations below the mean in adaptive behavior.
- ◆ *The developmental period* is noted as the period between birth and 18 years of age.

- ◆ *Adverse education affects* refers to how the mental retardation effects the student's performance in his or her current educational environment. Significant deficits must be identified in all core academic areas (math, reading, and language arts). Classroom performance data must demonstrate significant differences between the student's performance and the performance of same-age peers from the same cultural background.

- ◆ *Requiring specially designed instruction* refers to ability of the general education program to meet the needs of a student with mental retardation. If the student were successful in general education, then under WAC, the student would not be eligible for special education. To meet this standard documentation must exist of unresponsiveness to direct general education interventions.

The above definition indicates that levels of general intelligence and levels of adaptive behavior must be jointly considered prior to determining eligibility under the mentally retarded category. For eligibility under the mentally retarded category, a student must fall 2 or more standard deviations below the mean in both general intellectual functioning and adaptive behavior. Intelligence is assessed through objective measurement, adaptive behavior is typically assessed by means of an objective scale. The definition also indicates that the deficits in intellectual functioning and adaptive behavior must occur during the developmental period (birth to 18) to distinguish mental retardation from other disabilities (e.g. impaired ability by an older adolescent due to traumatic brain injury).

Recommended Measures and Procedures for General Intelligence

The following are recommended instruments for evaluation of mental retardation. The list includes measures that have been well developed, empirically validated and have been widely used in evaluations for mental retardation. This list is not exhaustive and interested professionals should consult additional resources (e.g. Sattler, Salvia &

Ysseldyke, Tests in Print, & 11th Mental Measurement Yearbooks, etc) for reviews of the listed instruments. Measures of intellectual ability must meet the following standards: normed on a representative, national sample, have adequate reliability and validity, and measure general intelligence: *Wechsler Intelligence Scale for Children 3rd Edition*, *Wechsler Preschool and Primary Scale of Intelligence-Revised*, *Wechsler Adult Intelligence Scale 3rd Edition*, *Differential Abilities Scale*, *Stanford-Binet: IV*, *Cognitive Assessment System*, and *McCarthy Scales of Children's Abilities*. These measures should only be administered, scored and interpreted by qualified professionals who have formal training in the administration, scoring and interpretation of cognitive test batteries for children and adolescents.

Recommended Measures and Procedures for Adaptive Behavior

Adaptive behavior measures while normed on representative, national samples, which have extensive reliability and validity information are heavily dependent upon the informant's ability to give reliable and valid information. Several of the more widely used adaptive behavior instruments include: *Vineland Adaptive Behavior Scales*, (Sparrow, Balla, & Cicchetti, 1984a, 1984b, 1985), *AAMR Adaptive Behavior Scale-Second Edition*, (Lambert, Nihira, & Leland, 1993), *Comprehensive Test of Adaptive Behavior and Normative Adaptive Behavior Checklist* (Adams, 1984a, 1984b, 1986), *Scales of Independent Behavior*, (Bruininks, Woodcock, Weatherman, & Hill, 1984), and *The Adaptive Behavior Inventory*, (Brown & Leigh, 1986). AAMR recommends that information about a student's adaptive behavior should come from a variety of sources and that strengths as well as weaknesses be considered when developing an intervention plan. In addition both in-school and out-of-school adaptive behavior should be addressed prior to making a determination of special education eligibility.

Evaluation of Bilingual/Bicultural Students

It should be noted that significant concerns have been raised over the validity of intellectual assessment with students from bilingual or bicultural environments. The concern has been that many of the more typically administered measures of intelligence fail to adequately assess intellectual functioning. What is assessed is the student's bilingual language ability. For bilingual students it would be helpful to administer several different measures, one of which is a nonverbal measure. Spanish versions of the WISC-R and WAIS are also available. In addition, the bilingual student's performance on nonverbal subtests of the DAS, WISC-II, and Stanford-Binet should be carefully considered. If a bilingual student performs in the low to average range on these subtests, a determination of mental retardation should not be made. For further information see the 1994 WSASP Position Paper on Best Practices for Bilingual/Bicultural Assessment. (This document has not been formally adopted at this time).

Supplementary Information

Although not adopted by the Federal Rules and Regulations it is interesting to note that in 1992, AAMR published a new definition that is similar but more skill based than the 1983 definition: "Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use,

self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18."

This revised definition maintains the standard of subaverage intellectual functioning, concurrent adaptive behavior deficits and manifestation prior to age 18. The revised definition adds to the 1983 definition in that it focuses on limitations in current functioning and the global term, adaptive behavior, has been extended to 10 specific adaptive skill areas. The AAMR 1992 definition is provided for supplementary guidance to further elaborate the concept of adaptive behavior because this definition has not been adopted by most state departments of mental retardation, the mental retardation division of the American Psychological Association, the revision committees of the DSM: IV and members within AAMR.

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