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# Determining Special Education Eligibility - Intellectual Disability

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Department of Education, Office of Special Education



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## Introduction

This technical assistance document was written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification and determination of eligibility for special education services for children with intellectual disabilities.

This disability category has been defined by both federal and state regulations. A three- part eligibility requirement for a child to be identified as a child with an intellectual disability is as follows:

- Meet eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance; and
- Determination that a need for special education is evident.

There are three important components of the definition for children to be identified as having an intellectual disability:

1. 1) Intellectual functioning
2. 2) Adaptive behavior
3. 3) Educational/Developmental performance

## State Definition

**Intellectual Disability-** To be eligible for special education services in the category of intellectual disability, the child must demonstrate: 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, or in the case of a child below age five, a child's developmental performance.

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## **Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS**

The Multidisciplinary Team (MDT) should include at least:

- The child's parent(s);
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
  - For a child below age five, a teacher qualified to teach a child below age five;
- Special educator with knowledge in the area of intellectual disabilities;
- A school district administrator or a designated representative; and
- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training (i.e., school psychologist, speech language pathologist, or other instructional specialist).

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## **Section 2: GUIDELINES**

In order for a child to be identified as a child with an intellectual disability, the evaluation should include the analysis and documentation of functioning in:

- ▶ Significantly below average functioning, at least 2.0 standard deviations below the mean (30 standard score points) in adaptive behavior across settings (school, home, and community), based on assessment and analysis of adaptive skills in the three component areas of adaptive behavior, academic achievement, and intellectual functioning.

### **1 . Adaptive behavior**

- Communication
- Self-care
- Independent living skills
- Safety
- Participation and use of community resources
- Work-related performance skills
- Travel skills
- Recreation/leisure
- Social-interpersonal skills
- Self-direction
- Motor skills

### **2 . Academic achievement**

- Individual achievement testing
- Classroom assessment data
  - Oral expression
  - Listening comprehension
  - Written expression
  - Basic reading skills
  - Reading comprehension
  - Mathematics calculation
  - Mathematics reasoning
- Norm-referenced testing
- State and district-wide assessment
- Curriculum-based assessment
- Teacher anecdotal records

For a child below age 5, the evaluation shall include the analysis and documentation of significantly below average functioning in basic concepts and pre-academic skills.

### **3. Intellectual functioning**

- Attention
- Perception
- Memory
- Problem solving
- Logical thought
- Speed of processing and/or capacity for abstract thinking
- Other relevant factors which impact learning

- ▶ Documentation of adverse effect on development and/or educational performance
- ▶ Determination that a need for special education is evident

These characteristics are generally evident during the child's early years and must adversely affect developmental and/or educational performance. An intellectual disability is an educational determination and is a term used to facilitate early identification by public school personnel.

The following formal/ informal evaluations and assessments to identify strengths and limitations may include a combination of:

- Information provided by parents
- Individual achievement test
- Classroom assessment data
- Norm referenced testing including
  - Adaptive behavior measures
  - Academic achievement
  - Intellectual assessment
- Criterion-referenced assessment
- Curriculum-based assessment
- State and District-wide Assessment
- Observation and analysis of behavior
- Teacher anecdotal records
- History of interventions and responses
- Medical history and medications
- Developmental inventories
- Speech and language assessments
- Social emotional behavior

**Sensory impairments, medical or health conditions, cultural differences, or a lack of instruction may not be the basis for identification of an intellectual disability. A medical diagnosis is not required in order for a child to be eligible as having an intellectual disability.**

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## **SECTION 3: PROCEDURES TO DETERMINE ADVERSE EFFECT DEVELOPMENT/EDUCATIONAL PERFORMANCE**

### **FACTORS TO CONSIDER**

Many factors must be considered in determining if an Intellectual Disability is causing, or can be expected to produce significant delays in the child's development or educational performance. The factors include, but are not limited to:

- ▶ Age of identification
- ▶ Current age
- ▶ History of intellectual delays
- ▶ History of adaptive behavior delays
- ▶ History of intervention and response
- ▶ Relevant family/medical history
- ▶ Current educational placement
- ▶ Current levels of performance
- ▶ Current language delays
- ▶ Current motor delays
- ▶ Vocational/postsecondary transition needs

Examination of these factors may lead to additional factors to consider. Psychologists, teachers of children with intellectual disabilities, and speech language pathologists (SLP) are the primary professionals who can determine how these factors may impact the child. Parents, teachers, medical professionals, and the child him/herself can also provide important information in determining the impact of an intellectual disability.

The MDT must determine whether the adverse effects on communication, language, educational performance, or adaptive behavior skills are primarily a result of an intellectual disability.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance.

- ▶ Delays in some developmental milestones
  - What is the child's level of attention (i.e., time on task, ability to listen to story/discussion, ability to complete assignments, etc.)?

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- Is the child's perception of concepts and topics realistic (i.e., ability to generalize)?
  - Does the child meet developmental milestones (i.e., emotional, cognitive, language, motor, social) for his/her age?
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- ▶ Inability to comprehend and utilize instructional information
    - Does the child use appropriate oral expression skills?
    - Does the child exhibit appropriate listening comprehension skills?
    - Does the child use appropriate written expression skills?
    - Does the child have basic reading skills and use those skills in reading both for instruction and for pleasure?
    - What is the child's reading comprehension level and is that level commensurate with his/her age level?
    - What is the child's math calculation ability and is it commensurate with his/her age level?
    - Does the child use mathematical reasoning skills appropriate to his/her age level?
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- ▶ Ability to generalize skills consistently
    - Does the child follow directions given by the teacher or other adults?
    - Does the child exhibit the ability to work independently?
    - Does the child follow simple rules?
    - Does the child respond in a positive manner to school structure and routines?
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- ▶ Ability to communicate fluently
    - Does the child interact meaningfully with others?
    - What is the child's ability to generalize word meanings? What is the child's ability to understand questions?
    - What is the child's ability to understand and use both nonverbal and verbal communication?
    - What is the child's ability to initiate conversation with others?
    - In play situations, does the child interact with others?
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- ▶ Ability to demonstrate problem-solving skills when information is presented in traditional academic curriculum
    - How does the child respond to change within the classroom or school (i.e. schedules, teachers, classrooms, etc.)?
    - When presented with a problem within the classroom setting, what is the child's ability to solve that problem with others?

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## Section 4: RELATED DEFINITIONS

**Adaptive Behavior** - is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment. Limitations in adaptive behavior can be determined by using standardized tests that are normed on the general population including people with disabilities and people without disabilities. Examples of specific Adaptive Behavior skills include:

- Conceptual skills: receptive and expressive language, reading and writing, money concepts, self-directions.
- Social skills: interpersonal, responsibility, self-esteem, gullibility (likelihood of being tricked or manipulated), naiveté, follows rules, obeys laws, avoids victimization.

**Criterion-referenced testing (CRT)** - Measures a student's absolute level of mastery of a particular skill, often developed locally to reflect the content of the school district's curriculum; does not measure a student's level of mastery against that of other students. As opposed to the norm-referenced test. (*LRP, 2020*)

**Curriculum-based Assessment (CBA)** - A formative evaluation method designed to evaluate performance in the particular curriculum to which children are exposed; usually involves giving students a small sample of items from the curriculum in use in their schools; proponents argue that CBA is preferable to comparing students with national norms or using tests that do not reflect the curriculum content learned students. (Hallahan and Kauffman, 2011, and The Iris Center)

**Curriculum-based measures (CBM)** - Series of incremental assessments of what a student has learned. See also short-term instructional objectives.

**Daily living skills** – Skills needed for personal self-care: on the lowest level include toileting, feeding, and dressing. (Norlin, 2003)

**Functional skills** – Generally considered skills for self-care, social skills, domestic maintenance (housekeeping), employment or vocational skills, and recreation. Also called independent living skills. (Norlin, 2003, p. 90)

**Intelligence** – Refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Although not perfect, intelligence is represented by Intelligent Quotient (IQ)

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scores obtained from standardized tests given by a trained professional <https://www.aaid.org/>

**Metacognition** – Process through which one comes to understand one's own learning, to organize one's own thinking before acting, or to relate information just learned to information already stored in the brain; thinking about thinking (IRIS 2020.)

**Natural supports** – Resources in a person's environment that can be used for support, such as friends, family, co-workers. (Hallahan and Kauffman, 2011)

**Normalization** - A philosophical belief in special education that every individual, even the most disabled, should have an educational and living environment as close to normal as possible. (Hallahan and Kauffman, 2011)

**Norm-referenced measure** - A standardized assessment tool that compares a student's test scores to the average score of a representative group (IRIS 2020.)

**Self-determination** – A set of behaviors that includes decision-making, self-regulation, goal setting, problem-solving, and self-advocacy; a curriculum target for many students with disabilities, particularly those with intellectual disabilities (IRIS 2020.)

**Self-regulation** – Refers generally to a person's ability to regulate his or her own behavior (e.g., to employ strategies to help in a problem-solving situation) (Hallahan and Kauffman, 2011)

**Standard Deviation** - in connection with standardized assessments, a statistical measure that expresses the variability and the distribution of the mean of a set of scores (IRIS, 2020.)

**Systematic instruction** – Teaching that involves instructional prompts, consequences for performance and transfer of stimulus control Explicit, systematic instruction, sometimes simply referred to as *explicit instruction*, involves teaching a specific concept or procedure in a highly structured and carefully sequenced manner. (IRIS Center pulled from website 7-23-2020)

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## Section 5: FREQUENTLY ASKED QUESTIONS

### 1. What is intellectual disability?

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.

### 2. Is a medical diagnosis required in order for a child to be verified as a child with an intellectual disability?

No. A medical diagnosis is not required as part of the Multidisciplinary Team (MDT) process. However, the MDT may request any relevant medical information from the child's physician with the parent's written permission. This information cannot be used as the sole basis for eligibility.

### 3. Can children with an intellectual disability also have other disabilities?

Yes. Many times the child will have another disability; however, it is important to determine the primary disability. Related services may be provided for other disabilities.

### 4. Is there another term that is used for intellectual disability?

Yes. Other states and organizations use several different terms; States use terms that include: Cognitive Disability, Cognitive Impairment, Developmental Disabilities, and Mental Impairment. IDEA and the Office of Special Education and Rehabilitation Services (2013) amended multiple department acts by removing the phrase "mental retardation" and replacing it with the words "intellectual disability" or "intellectual disabilities."

### 5. Do all children with intellectual disabilities have the same I.Q. level?

No. If you refer to the definition for intellectual disability listed earlier in this document, you will find that the I.Q. level can vary from a range of 70 or lower. Characteristics and needs of children will vary across these I.Q. ranges.

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## **6. Can a child who has an Intelligence Quotient in the 71-80 range be verified as a child with an intellectual disability?**

No. The American Association on Intellectual and Developmental Disabilities, the American Psychiatric Association (see DSM-IV), and the World Health Organization (see ICD-10) require IQs to fall at least 2 standard deviations below the mean for this category. No reputable national or international authority endorses including children who have an IQ in the 71-80 range with an intellectual disability category.

The MDT would be expected to consider the Standard Error of Measurement (SEM) of any test, and it would be a consideration in interpreting the IQ score.

Adaptive behavior and academic achievement scores are also important elements of consideration in an intellectual disability determination.

## **7. What is intellectual disability?**

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.

## **8. Is intellectual disability the same as developmental disabilities?**

"Developmental Disabilities" is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.

Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome.

Intellectual disability encompasses the "cognitive" part of this definition, that is, a disability that is broadly related to thought processes. Because intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities.

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## **9. Is intellectual disability determined by just an IQ test?**

No. The evaluation and classification of intellectual disability is a complex issue. There are three major criteria for intellectual disability: significant limitations in intellectual functioning, significant limitations in adaptive behavior, and onset before the age of 18.

The IQ test is a major tool in measuring intellectual functioning, which is the mental capacity for learning, reasoning, problem solving, and so on. A test score below or around 70—or as high as 75—indicates a limitation in intellectual functioning.

Other tests determine limitations in adaptive behavior, which covers three types of skills:

- Conceptual skills—language and literacy; money, time, and number concepts; and self-direction
- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules, obey laws, and avoid being victimized
- Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone

## **10. What causes intellectual disability?**

There are a number of causes. Our understanding of the causes of intellectual disability focuses on the types of risk factors (biomedical, social, behavioral, and educational) and the timing of exposure (prenatal, perinatal, and postnatal) to those factors.

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## SECTION 6: RESOURCES AND REFERENCES

Nebraska Department of Education, Rule 51: Regulations and Standards for Special Education Programs. Title 92, Nebraska Administrative Code, Chapter 51. [https://cdn.education.ne.gov/wp-content/uploads/2017/10/Rule51\\_2017.pdf](https://cdn.education.ne.gov/wp-content/uploads/2017/10/Rule51_2017.pdf)

Office of Special Education and Rehabilitation Services [www.ed.gov/about/offices/list/osers/index.html](http://www.ed.gov/about/offices/list/osers/index.html)

Council of Exceptional Children [www.cec.sped.org](http://www.cec.sped.org)

Education Resources Information Center [www.ed.gov/EdFed/ERIC.htm](http://www.ed.gov/EdFed/ERIC.htm)

Exceptional Parent [www.eparent.com](http://www.eparent.com)

Guide to Disability Resources on the Internet [www.disabilityresources.org](http://www.disabilityresources.org)

The IRIS Center <https://iris.peabody.vanderbilt.edu/>

Hallahan, Daniel P., and James M. Kauffman. Exceptional Learners, 12th Edition. Boston: Ally and Bacon, 2011.

Mental Health Mental Retardation Center [www.atcmhmr.com/](http://www.atcmhmr.com/)

National Association for Down Syndrome (NADS) [www.nads.org](http://www.nads.org)

National Dissemination Center for Children with Disabilities [www.fhi360.org/projects/national-dissemination-center-children-disabilities-nichcy](http://www.fhi360.org/projects/national-dissemination-center-children-disabilities-nichcy)

National Rehabilitation Information Center [www.NARIC.com](http://www.NARIC.com)

The Arc of the United States [www.thearc.org](http://www.thearc.org)

The Association for Severely Handicapped (TASH) <https://tash.org/>

United Cerebral Palsy Association, Inc. (UCP) [www.ucp.org](http://www.ucp.org)

Center for Parent Information and Resources [www.parentcenterhub.org](http://www.parentcenterhub.org)

National Association on Councillors for Developmental Disabilities <https://www.nacdd.org/>

American Association on Intellectual and Developmental Disabilities <https://www.aaidd.org/>

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[About the National Institute on Disability, Independent Living, and Rehabilitation Research \(NIDILRR\)](#)

Norlin, John W. Special Education Dictionary, Revised Edition. Horsham, Pennsylvania: LRP Publications, 2003.

Transition Planning Guidance Document <https://www.education.gov/sped/technical-assistance/>

The IRIS Center, Glossary of Terms, <https://iris.peabody.vanderbilt.edu/resources/glossary/>