

**Department of Developmental Services (DDS) and Connecticut State Department of Education (CSDE)
Suggestions for Conducting (Triennial) Reevaluations**

Intended Audience:

Planning and placement team (PPT) members and
DDS psychologists who are involved in the reevaluation process.

Document Purpose:

To highlight the procedural and legal requirements as they relate to the reevaluation of students with an intellectual disability (ID) and/or an autism spectrum disorder (ASD). This document uses a crosswalk table format to describe the approaches to the reevaluation process by DDS and CSDE.

Item	DDS	CSDE-IDEA
<p>Eligibility Determination for Intellectual Disability (ID) Services</p>	<p>Connecticut General Statutes require deficits in individualized IQ and adaptive behavior during the developmental period from birth through 17 years. Evidence should indicate that the deficits are concurrent.</p> <p>Families may apply for DDS eligibility (via the Internet at www.dds.ct.gov or request a hardcopy of the application by mail or phone). Families may be prompted by the school system or other agencies to apply.</p>	<p>A comprehensive evaluation is required under the Individuals with Disabilities Education Act (IDEA 2004) to ensure that the student continues to meet the criteria for receiving special education services. Assessment outcomes are used to inform the student’s present levels of academic and functional performance, as well as to determine appropriate goals and objectives, accommodations and modifications, and needed specialized instruction so that a student may access the general education curriculum and make progress in school.</p> <p>Significantly limited intellectual functioning that is two standard deviations below the mean on an individually administered, standardized measure of intelligence is required in the eligibility determination for Intellectual Disability (ID) process. Such outcomes indicate that the student has satisfied ONE CRITERIA for identification within special education under the primary disability category of Intellectual Disability. In order to receive a primary disability designation of Intellectual Disability, the student’s PPT should: (1) review a variety of sources to inform the decision of eligibility, (2) use the CT ID Eligibility documentation form, (3) use eligibility criteria that addresses intellectual and adaptive (conceptual, social, and</p>

		practical) behavior functioning, and onset within the developmental period (before age 18); and (4) document the adverse effect of the student’s disabilities on educational performance resulting in the need for special education.
Autism Spectrum Disorder (ASD)	Given the length of the requirements, see the attached document (See Attachment A).	A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, which adversely affects a child’s educational performance. Other associated characteristics may include: repetitive behaviors, resistance to change, and unusual responses to sensory experiences. Deficits can occur in any combination and in varying degrees of severity. The student’s cultural background, primary language, and the individual’s particular circumstances are all factors to be considered when determining a student’s eligibility.
Individualized IQ and Adaptive Behavior Scores are Sub-average	A valid Full Scale IQ score and an adaptive composite score that are both 69 or below are necessary to be found eligible for DDS. These deficits need to occur simultaneously and prior to the age of 18.	See first item above: “Eligibility Determination for Intellectual Disability (ID) Services”
Selection of IQ Tests	Selecting the appropriate IQ test is crucial. There is no one IQ test that fits all students. Factors to consider include cultural background, primary language, primary disability, and the individual’s particular circumstances. For example, if a student’s primary language is Spanish, and an English-based IQ test is administered, it may lead to inaccurate results. Similarly, if a student has a primary disability of speech/	The student’s PPT decides whether further evaluation is warranted to ensure the student still meets eligibility criteria for special education services. The PPT determines, among the variety of technically sound assessment tools and strategies, how to most appropriately gather relevant functional, developmental, and academic information in order to determine if the student is a student with a disability. The PPT also determines the content of the student’s IEP, including information related to enabling the student to be involved in and progress in the general education curriculum. These assessment tools and strategies must assess the student in all areas of suspected disability in order to provide relevant information that directly assists the PPT in determining the educational needs of the student.

	language impairment, then reliance on an IQ test that has a heavy verbal component may lead to distorted results.	
Inclusion of Index and Subscale IQ Scores in Evaluation Reports	Access to Index and Subscale scores, as opposed to only the Full-Scale IQ score, provides a more comprehensive understanding of overall intellectual functioning and enables a closer examination of performance across domains (e.g., verbal comprehension, perceptual reasoning, working memory, and processing speed).	Evaluation data is used to verify educational exceptionality and determine strengths and weaknesses which are reported on the Present Levels of Academic Achievement and Functional Performance (PLOP) section of the IEP. The inclusion of index, subscale, and standard scores in evaluation reports are important to provide a comprehensive understanding of the student and to ensure appropriate services are identified.
Timing when Obtaining Cognitive and Adaptive Measures	An Adaptive Behavior score that is obtained at a significantly different point in time (e.g., several years) from an Individual IQ score may misrepresent the person’s actual level of functioning. DDS prefers that Individualized IQ and Adaptive Behavior scores be obtained simultaneously. IQ and adaptive deficits should be present concurrently. All testing of this nature is best performed within the age range of 8 to 17 years.	Convergent validity examines a wide variety of information to determine if a consistent pattern is apparent that supports identifying a significant limitation in intellectual functioning and adaptive behavior during the developmental period (Birth-to-18). If the student’s PPT determines that a review of previous evaluation data are currently valid, the team may determine that further cognitive and adaptive measures do not need to be re-administered during the reevaluation process.
Administration of Abbreviated IQ Tests	Abbreviated tests often do not provide results that are reliable and valid when compared to administration of a full IQ test because fewer areas of	Ultimately, a multidisciplinary team reviews all pertinent data, including IQ assessment data if appropriate, and makes a final determination regarding eligibility. IQ tests must be standardized, allowing the PPT to use such data, including data obtained from abbreviated IQ tests, to

	<p>functioning are assessed. However, in some instances, reliance on abbreviated testing may be unavoidable, such as when an individual exhibits significant resistance to testing, demonstrates an inability to sustain attention and concentration, and/or has physical impairments that preclude participation on certain measures. If an abbreviated test is used, the reason for its administration is important to include in the evaluation report.</p>	<p>distinguish between individuals with and without intellectual disability.</p>
<p>Description of Cognitive and Adaptive Strengths and Weaknesses</p>	<p>Information about cognitive and adaptive strengths and weaknesses helps to identify levels of intellectual disability (i.e., mild, moderate, severe, or profound). Information of this nature may also inform the Level of Need (LON) scores. The LON is a standardized assessment tool designed specifically for use by DDS case managers along with families to determine the need for supports and the allocation of resources.</p>	<p>Strengths and concerns/needs are described annually in detail on the PLOP section of the student’s IEP. These levels directly inform the development of individualized goals and objectives, services, supports and accommodations. If an IQ test and adaptive behavior evaluation are administered, the results of these assessments should also be included on the PLOP pages of the IEP as they relate to developing the student’s IEP goals and objectives.</p>
<p>Documenting Significant Changes in Individualized IQ and/or Adaptive Behavior Scores Between Current and Previous Administrations.</p>	<p>Intellectual development is a fluid process. It is important to note how current testing is consistent with, or is a departure from, previous testing. If current scores are significantly lower than</p>	<p>Convergent validity, defined as examining a wide variety of information within and across time to determine if a consistent pattern is apparent that supports identifying a significant limitation in intellectual functioning, lowers the levels of inference and clinical judgment necessary to make appropriate decisions. Note, the PPT makes the</p>

	<p>previous test scores, a statement about the possible reason(s) for the decline is helpful to place IQ test scores in context with the person’s life experiences. For example, did the person have recent health issues that might have impacted current testing?</p>	<p>final determination of eligibility.</p>
<p>Listing Medical Conditions and Medications</p>	<p>Providing a listing of medical conditions and medications is useful in determining whether the conditions or side effects might have affected test scores. In particular, noting the presence of any significant mental health or psychosocial issues (e.g., anxiety, depression, trauma history, family disruption) may also help DDS to better understand the individual as represented by the evaluation results.</p>	<p>Areas of strengths and concerns/needs, including health and development and behavioral/social/emotional are described annually and provide detail on the PLOP of the student’s IEP. A statement further clarifying the impact of these conditions on general education is also included on these pages of the IEP. Information provided by PPT members who administered assessments that references any conditions or behaviors that might have impacted the validity of the results of the evaluation would be recorded in the reports used to make the eligibility determination. The areas used to re-determine eligibility would be identified on page 3 of the IEP – Prior Written Notice. However, in order to obtain more specific information the actual medical reports would have to be requested separately.</p>
<p>Behaviors During the Evaluation</p>	<p>A behavioral observation section in the evaluation report is essential. A statement about whether a student was cooperative, hostile, distracted, etc. will help the reader understand how behavior during testing may have impacted the testing process. Further, a statement about the reliability and validity of test scores, particularly in light of behaviors during</p>	<p>See above. At the discretion of the evaluator, information pertaining to the student’s behavior during the time of testing may be included in the final evaluation report.</p> <p>In addition, observations by teachers and related services providers must be included during the PPT’s review of all pertinent data when determining the student’s eligibility status.</p>

	testing, is also helpful.	
Age of Re-Testing	As a student approaches the age of 18 (i.e., 16-to-17 years old), it is very helpful to obtain a final set of test scores to determine continued DDS eligibility and to inform planning for the supports and services that will be needed by the student as he/she enters “adulthood.”	<p>Throughout a student’s school years, the PPT must reevaluate the student at least once every three years unless the parent and agency that a reevaluation is unnecessary. Note that formal assessment is not always required, as a review of existing information may be sufficient information for the PPT to re-determine eligibility.</p> <p>IDEA requires that for students ages 15-21, the PPT must develop an IEP with transition goals, objectives and services that facilitate the movement from school to post-school activities. The PPT must identify which evaluation information would facilitate the transition of a student from school to post-school agency involvement in terms of updated levels of performance, strengths, needs, accommodations and services. For a student with an Intellectual Disability, this might include updated IQ and Adaptive Behavior measures.</p> <p>Under §300.303, public agencies must ensure that a reevaluation of each student with a disability is conducted. This occurs under the following conditions: 1) If a public agency determines that the educational or related services needs of the student warrant a reevaluation; or 2) If the student’s parent or teacher requests a reevaluation.</p>
Informing Transitions	Gathering updated information on Individualized IQ and Adaptive Behavior prior to exiting a setting can facilitate the transition to adult life.	Under IDEA, a PPT is not required to provide an evaluation solely for the purpose of determining eligibility for a post-school placement or service. However, in order to facilitate the movement from school to post-school activities, the PPT may need to provide updated evaluation data to assist in the development of future goals, objectives and services in a post-school setting.

ATTACHMENT A

Eligibility criteria for DDS' Autism Spectrum Disorder (ASD) program:

- Applicant must either have Connecticut Medicaid (Title19) or be eligible for Medicaid. (NO services will begin until the applicant has been granted Medicaid by the Department of Social Services).
- A primary diagnosis of an ASD made through an evaluation using tests such as the Gilliam Autism Rating Scale (GARS), Autism Diagnostic Observation Schedule (ADOS), or other similar standardized test. Such evaluations are made by a person with the experience and competency to establish an ASD diagnosis, through a review of personal, clinical, and educational records, and administration of tests. Records reviewed need to indicate a diagnosis of an ASD made through evaluations that utilize best practice methodology, clearly outline the justification for the diagnosis, and utilize appropriate testing protocol and instruments. Evaluations of this type can usually be obtained from schools, agencies, or private psychologists upon your request.
- Legal residency in the State of Connecticut.
- Impairment prior to age 22 years.
- Impairment expected to continue indefinitely.
- Impairment of adaptive functioning (i.e. daily activities skills) must be in at least three of six areas as measured by appropriate test instruments such as the Vineland or Behavior Assessment System for Children (BASC). Impairment should be above the level of mental retardation/intellectual disability.
- Cognitive/intellectual functioning above the level of mental retardation/intellectual disability, which is an IQ of 70 or above.
- For children ages 3 to 7, a valid IQ cannot be determined. Eligibility for these children will be based upon a diagnosis of ASD and developmental delays. When a valid IQ becomes available and the IQ score is below 70, then program participation will end.