



# Intellectual Disability

## Multidisciplinary Evaluation Form—CONFIDENTIAL

Office of Special Education  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**MCPS Form 336-66**  
**July 2017**  
**Page 1 of 2**

Attach this supplement to the evaluation Individualized Education Program (IEP) team meeting notes when Intellectual Disability is suspected.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. Previously Identified Educational Disability (Check as many as are confirmed.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Emotional Disability    | <input type="checkbox"/> Other Health Impairment      |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf/Hard of Hearing    | <input type="checkbox"/> Multiple Disabilities   | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Developmental Delay     | <input type="checkbox"/> Orthopedic Impairment   | <input type="checkbox"/> Traumatic Brain Injury       |

**B. Assessment Data**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) **Intellectual** Ability Levels (Test Name & Scores) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) **Adaptive** Ability Levels (Test Name & Scores) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) **Achievement** Levels (Test Name & Scores) \_\_\_\_\_

Additional data used to compare **rate of learning** to **chronological age**: \_\_\_\_\_

**C. Characteristics of Intellectual Disability**

*The school psychologist must certify that the student demonstrates the following: (all criteria **MUST** be met for **Intellectual Disability** to be confirmed)*

- Is the age of onset before age 18? Yes  No
- Does the student exhibit significantly subaverage intellectual functioning, demonstrated by comprehensive measures of verbal and nonverbal reasoning competencies at or below two standard deviations below average  $\pm$  the standard error of measurement? Other formal/informal measures may be used to clarify intellectual strengths/weaknesses. Additionally, the psychologist should support/refute the validity of test data when necessary. Yes  No

**NOTE:** If a discrepancy between verbal and nonverbal scores is statistically significant (.05 level), according to the test manual of instrument utilized, a composite score **cannot** be considered as a valid measure of a student's intellectual potential or justification for a diagnosis of Intellectual Disability. In the event of such a discrepancy, the **higher score** should be considered as the best measure of the student's intellectual potential.

- Are the scores on the assessment instrument(s) two or more standard deviations below the mean on multiple measures of verbal and nonverbal reasoning, including the use of adaptations when necessary due to severe physical disability, speech, hearing, or vision impairment? Yes  No
- Does the student exhibit significantly subaverage adaptive functioning in areas not excluded by documented vision, hearing, medical, or physical disability, or cultural or religious factors? **Two or more informants**, who know the student well, report:
  - (a) Significant limitations in the level of adaptive functioning (i.e., practical, social and/or conceptual skills), and
  - (b) Limitations are apparent in both academic **and** nonacademic settings. Yes  No

Check each area of adaptive functioning rated as significantly sub-average by one or more raters:

<input type="checkbox"/> Practical Skills	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Conceptual Skills
---	--	--

Please note any special circumstances that may compromise the validity of accurate adaptive skill measurements (e.g., physical limitations).

\_\_\_\_\_

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. Previously diagnosed medical and/or psychiatric conditions which support/refute the diagnosis of Intellectual Disability. Please list, including date of diagnosis & evaluating examiner.**

Date/Examiner	Diagnosis
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. Confirmation**

- The school psychologist states that the student exhibits significantly subaverage intellectual functioning, concurrent with deficits in adaptive behavior, and that these deficits manifested themselves during the development period? **Yes**  **No**
- The school psychologist states that these deficits adversely affect the student’s educational performance? **Yes**  **No**

\_\_\_\_\_ Signature of MCPS School Psychologist

*If the answer to either question is “No,” the special education process stops here if no other educational disability is suspected. If another educational disability is suspected, the student is referred back to the IEP team for further intervention and/or additional assessments.*

**F. Conclusion of the IEP Team**

- Are Special Education Services warranted? **Yes**  **No**
- Areas in which goals are required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. Signatures of IEP Team Members:** The team decision reflects my opinion.

Name	Title	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** Dissenting team members **must** attach a separate statement presenting their conclusions. When there is a dissenting opinion, send a copy of the dissenting opinion, along with a copy of this completed form, to the Resolution and Compliance Unit, CESC, Room 208.