Chapter 8 - Intellectual Disability

Definition under IDEA of Intellectual Disability

According to IDEA, Intellectual Disability is defined as: significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance.

Overview of Intellectual Disability

Intellectual disability is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a student to learn and develop more slowly than a typical student. Students with intellectual disability may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school, as they will learn, but it will take them longer. For those with intellectual disability, there may be some concepts that cannot be learned (NICHCY). Today, the field of intellectual disability continues to evolve (Baroff) with an emphasis on inclusive practices, recommended strategies, and decreasing the stigma for those diagnosed with intellectual disability.

Over the past decade, several efforts have been made to describe intellectual disability in terms of needed levels of support rather than to define it in terms of deficits. There have also been efforts to shift from the term intellectual disability to intellectual disability, which more accurately connotes the cognitive underpinning of the disability.

Intellectual disability can be viewed as a disorder in three distinct areas: thinking (conceptual), learning (practical), and social competence. Students with ID show more limitations in the spontaneous use of thinking skills that will enable them to learn effectively.

Difficulty is encountered when the student has to make decisions about how to approach the problem. In order for learning to occur, the student has to make decisions about the nature of the information and the steps needed to process the information.

Intellectual disability has traditionally been seen as a deficiency in the area of learning. However, research shows that students with mild to moderate ID can, and do, learn academic and adaptive skills, if appropriate learning strategies and explicit instructions are provided. The research presented in the guidelines provides stronger support for intellectual disability as a thinking disorder, rather than a learning disorder, since thinking appears to be a prerequisite for learning as well as part of the learning process.
The poorly developed social skills of students with ID are a major factor in drawing the attention of school and community personnel to their disability. One of the factors that limits self-determination and quality of life of individuals with intellectual disability is limited social and cognitive problem-solving skills. However, social problem-solving strategies can be learned and used when instructions are explicit.

**Prevalence of Intellectual Disability**

According to the U.S. Department of Education, Intellectual Disabilities represent approximately 7.0 percent of all students having a classification in special education. The prevalence estimate of intellectual disability varies in various research studies. The American Association on Intellectual Disability estimates that 2.5% of the population has this disability (Luckasson et al.), while the Arc estimates prevalence at 3%.

**Characteristics of Students with Intellectual Disability**

Students with intellectual disability may:

- sit up, crawl, or walk later than other students
- learn to talk later, or have trouble speaking
- find it hard to remember things
- not understand how to pay for things
- have trouble understanding social rules
- have trouble seeing the consequences of their actions
- have trouble solving problems
- have trouble thinking logically
- exhibit failure to meet intellectual developmental markers
- exhibit persistence of infantile behavior
- lack curiosity
- have decreased learning ability
- have an inability to meet educational demands of school (National Library of Congress)

Among individuals with intellectual disability, there is a wide range of abilities, disabilities, strengths, and needs for support. It is common to find language delay and motor development significantly below norms of peers who do not have intellectual disability. More seriously affected students will experience delays in such areas of motor-skill development as mobility, body image, and control of body actions. Compared to their nondisabled peers, students with intellectual disability may generally be below norms in height and weight, may experience more speech problems, and may have a higher incidence of vision and hearing impairment.

In contrast to their classmates, students with intellectual disability often have problems with attention, perception, memory, problem-solving, and logical thought. They are slower in learning how to learn and find it harder to apply what they have learned to new situations or problems. Some professionals explain these patterns by asserting that students with intellectual disability
have qualitatively different deficits in cognition or memory. Others believe that persons with intellectual disability move through the same stages of development as those without intellectual disability, although at a slower rate, reaching lower levels of functioning overall.

Many persons with intellectual disability are affected only minimally, and will function only somewhat slower than average in learning new skills and information.

**Procedures and Assessment Measures used to diagnose Intellectual Disability**

When a student has been referred for assessment to determine the presence of a disability, the IEP Committee reviews the documentation of the general education interventions used with the student. The team also collects and reviews a variety of readily available information about the student to determine whether additional formal information gathering is needed.

**Examples of sources of information include, but are not limited to the following**

- Information from School Records
- Information from the Teacher
- Grades Instructional levels based on daily
- Attendance pattern Classroom behavior
- Health record General education interventions
- Screening records: attempted
- Vision Peer relationships
- Hearing Information from parent/guardian conferences or
- Speech/Language interviews
- Discipline records Home behavior
- Hobbies and interests
- Neighborhood friendships

The following high-risk factors may indicate the presence of intellectual disability:

- Academic skill development and adaptive behavior is below that of most, if not all, of the students in the class.
- Work samples evidence delay across all academic areas.
- Low performance level cannot be attributed to factors other than intellectual disability (i.e., social/emotional, visual, or hearing problem).
- It is difficult for the student to retain information taught from one day to the next.
- There is a delay in development of gross and fine motor coordination.

The IEP Committee gathers all pertinent data (e.g., documentation of general education interventions, written records, observations, tests, and interviews) to identify the presence of factors indicative of intellectual disability.

The assessment for the diagnosis of intellectual disability needs to include:
• An individually administered standardized intelligence test administered by a qualified professional
• An adaptive behavior scale
• A developmental history of the student
• A medical statement or a health assessment indicating whether there are any sensory or physical factors that may be affecting the student’s educational performance
• Assessments to determine the impact of the suspected disability:

Eligibility for a Diagnosis of an Intellectual Disability

Based on the results of assessment, in order to meet eligibility standards for the diagnosis of intellectual disability, a student has to meet all of the following:

1-Determine whether the student exhibits “significantly impaired intellectual functioning.”
Significantly impaired intellectual functioning, which is two or more standard deviations below the mean, which usually indicates an IQ score of less than 70 when the standard deviation is 15.

Interpretation of evaluation results shall take into account factors that may affect test performance, including:

(a) limited English proficiency;
(b) cultural background and differences;
(c) medical conditions that impact school performance;
(d) socioeconomic status; and
(e) communication, sensory, or motor disabilities.

Difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning; and

2-Determine whether the student exhibits “significantly impaired adaptive behavior in the home or community.”

Significantly impaired adaptive behavior can be determined by:

(a) a composite score on an individual standardized instrument to be completed with or by the student’s principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score. A composite score two or more standard deviations below the mean cannot be primarily the result of:

• limited English proficiency
• cultural background and differences
• medical conditions that impact school performance
• socioeconomic status
• communication, sensory, or motor disabilities; and

(b) additional documentation which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting; and

(3) significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:

   (a) systematic documented observations by an appropriate specialist, which compare the student with other students of his/her chronological age group.

Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range are to include:

• birth – 6 years—communication, self-care, social skills, and physical development
• 6 – 13 years—communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure
• 14 – 21 years—communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work; and

(b) when appropriate, an individual standardized instrument may be completed with the principal teacher of the student.
(c) limited English proficiency
(d) cultural background and differences
(e) medical conditions that impact school performance
(f) socioeconomic status, or
(g) communication, sensory, or motor disabilities

b. Developmental history (birth to age 18) indicates delays in cognitive/intellectual abilities and a current demonstration of delays I present in the student's’ natural (home and school) environment; and

c. The characteristics as defined above are present and cause an adverse affect on educational performance in the general education classroom or learning environment.
Final Thoughts

Historically, intellectual disability has either been described in controversial terms or presented as a clear-cut disability category. At various times, subcategories of intellectual disability have been identified based on degree of severity, with concomitant labels such as “educable” versus “trainable”, “moderate”, “severe” and “profound”. Recent systemic changes in education emphasize that “special education is a set of services brought to natural environments rather than a set of places where services are provided” (Iowa Technical Assistance Guide for Mental Disability). In such a system, all subcategories have disappeared.