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ABSTRACT

The task force report examines the civil rights, definitional issues, assessment, classification, and placement issues related to the adaptive behavior deficiencies of mild mentally disabled pupils in Iowa. Specific sections speak to the following areas: the adaptive behavior issue, functions of the task force on adaptive behavior, suggestions for expanding the definitions of mental disabilities and adaptive behavior, classification of a mental disability via comprehensive assessment procedures and approaches to assessing adaptive behavior, placement considerations including reporting and programing for adaptive behavior on the individualized education program, the need for a continuum of services for the mildly retarded, and the review and the reevaluation process. A major task force conclusion is that adaptive behavior should no longer be neglected in the assessment and placement of children classified as mentally disabled, that adaptive behavior should be assessed carefully and thoroughly, that no placements should be made without considering adaptive behavior data and a full continuum of placement options, and that each child's program should focus on adaptive behavior deficiencies as well as academic deficits. Appended are suggestions for selecting tests, an annotated listing of assessment instruments, and a staffing team checklist for placing mildly mentally disabled children. (DB)

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ASSESSMENT, DISCRIMINATION AND PROGRAMMING FOR ADAPTIVE BEHAVIOR

IOWA TASK FORCE REPORT

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PREFACE

Adaptive behavior is the issue in the classification and programming of children identified as mentally disabled. In Illinois as in other states, the assessment, documentation, and programming of adaptive behavior deficits has been difficult to deal with effectively. Part of the problem is that adaptive behavior has never been well defined and appropriate assessment practices have not always been applied. In addition, assessing adaptive behavior is part of a controversial civil rights issue.

This paper is designed to report on the civil rights, definitional, assessment, classification, and placement issues related to the adaptive behavior deficiencies of mildly mentally disabled pupils. The suggestions and recommendations contained in this report are designed to represent the current state of the art and should not be construed as required actions. Each local or area education agency will need to establish its own policies and procedures to ensure that adaptive behavior is adequately and appropriately assessed, documented and considered in classification and programming decisions for mentally disabled pupils.

PART I: THE ADAPTIVE BEHAVIOR ISSUE

Adaptive behavior is represented by an individual's ability to cope effectively with his or her environment. As defined by the American Association on Mental Deficiency (AAMD), inadequate adaptive behavior is one of two major dimensions of mental retardation (Grossman, 1973). In addition, deficits in adaptive behavior play an equivalent part in the Iowa definition of mental disability. The AAMD defines adaptive behavior as follows:

> Adaptive behavior is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group. Since these expectations vary for different age groups, deficits in Adaptive Behavior will vary at different ages. These may be reflected in the following areas:
>
> During infancy and early childhood in:
> 1. Sensory-motor skills development and
> 2. Communication skills (including speech and language) and
> 3. Self help skills, and
> 4. Socialization (development of ability to interact with others) and
>
> During childhood and early adolescents in:
> 5. Application of basic academic skills in daily life activities and
> 6. Application of appropriate reasoning and judgement in mastery of the environment
> 7. Social skills (participation in group activities and interpersonal relationships) and
>
> During late adolescence and adult life;
> 8. Vocational and social responsibilities and performance (Grossman, 1973).

For the purpose of identification, the American Association on Mental Deficiency established that a score of more than two standard deviations below the mean on intelligence tests must be obtained to determine mental retardation (Grossman, 1973). In contrast, AAMD provided no specific

guidelines on what constituted a retarded level of adaptive behavior. The AAMD did indicate that adaptive behavior correlates with intelligence, but the degree of correlation and the degree of deficiency was not specified. Subsequent to the AAMD's inclusion of adaptive behavior deficits as an equal dimension of mental retardation with significant subaverage intellectual functioning, several educators have assumed that a level of functioning consistent with two standard deviation below the mean on an assessment of adaptive behavior was necessary to verify the classification of mental retardation.* Since the definition of mental disability in Iowa includes reference to a single standard deviation below the mean on IQ tests, many Iowa educators have similarly concluded that children identified as mentally disabled should perform at a level consistent with one standard deviation below the mean on a standardized assessment of adaptive behavior. There appears to be no grounds for these assumptions other than as extrapolated from the AAMD criteria for establishing deficits on the intellectual dimension.

In the late 1960s, racial imbalances in classes for the educable mentally retarded led to criticism of intelligence tests and encouraged interest in assessing adaptive behavior. The fact that adaptive behavior does not correlate perfectly with intelligence led to the conclusion that unless a person exhibits poor performance on both measures of adaptive behavior and intelligence, the individual should not be regarded as mentally disabled. In recent years, adaptive behavior has been conceived

*Prior to 1973, the AAMD defined mental retardation as one standard deviation below the mean on an intelligence test with associated deficiencies in adaptive behavior. The current Iowa definition of mental disabilities is in accord with that older definition.

of as a check against exc[illegible]ve reliance upon measures of intelligence. For this reason, the Of[illegible]or Civil Rights determined that an assessment of adaptive behavior wa[illegible]ssential component of a non-biased assessment (OCR, 1976). From this [illegible] of view, assessing adaptive behavior has become a significant ci[illegible] rights issue.

Conceptually, this [illegible] and balance scheme included in the definition of mental disabilities made perfect sense. Unfortunately, adaptive behavior has not been easily assessed nor precisely defined. Since adaptive behavior changes in relation to age levels and occurs across a number of behavioral domains, few discriminating features could be consistently utilized to classify a particular behavior as deficient or adequate. In brief, adaptive behavior did not appear to be a unitary concept. Instead, an individual's adaptive behavior represented an aggregate of social, emotional, self-care, motor, independent living, vocational, and school related behaviors which differed according to age. One suggested way to assess adaptive behavior was to collect data in all of the separate domains, and deficient adaptive behavior would be evident by the presence of a profile which indicated consistent subaverage performance across several domains.

Another dimension to the adaptive behavior issue relates to the purposes of assessment. Adaptive behavior is assessed for the following two reasons:

1. To determine the existence of a handicap.
2. To determine appropriate treatment and programming (Coulter and Morrow, 1977).

Unfortunately, appropriate standardized assessment instruments are not available to achieve either or both purposes in all cases. Nearly all of the existing assessment devises have age range, norming, or item inadequacies that limit their use. No single instrument meets all the necessary criteria for validity, reliability, standardization, and cultural fairness for direct application to classification or program decisions.

Although many adaptive behavior scales have been published, the task of assessing mildly handicapped children has been difficult. Underlying the association between adaptive behavior and mental retardation is the notion of competence. Competent performance of age appropriate skills is not easy to assess because there are both quantitative and qualitative difference in behavior which may represent competence. For example, a particular behavior related to independent functioning may be absent for the moderately impaired individual, be present but not efficient for a mildly handicapped child, and be intact and effective for the child performing in the normal range. When the differences are as subtle as determining how efficiently a child performs certain tasks, assessment becomes very difficult. Many adaptive behavior scales that are currently available measure only quantitative differences and do not address qualitative differences very well.

Assessment of adaptive behavior is particularly problematic in Iowa due to the relatively high ceiling scores that determine the mental disability category. The differences in adaptive behavior between children

functioning in the normal range and those in the subaverage range are often only qualitative and therefore are not addressed by many assessment devices. One solution to this problem would be to lower the ceiling level. This solution, however, does not address another factor which is peculiar to Iowa. Pupils in Iowa schools perform higher on intelligence tests and on academic measures than students in other parts of the nation. In a relative sense, the Iowa pupil who functions above the ceiling level used by other states but below the ceiling used in Iowa may be handicapped only in relation to his environment in an Iowa school. The same child probably would not be considered handicapped in many other states or would not be classified in other states as mentally disabled.

These problems associated with assessing adaptive behavior and making placement decisions led to the creation of an adaptive behavior task force.

PART II: TASK FORCE ON ADAPTIVE BEHAVIOR

At the request of supervisors and consultants for mental disability services, a statewide task force on adaptive behavior was created to examine the problem of adaptive behavior assessment and placement of children in programs for the mentally disabled. To study the problem, task force members thoroughly reviewed assessment, legal, and programming issues related to adaptive behavior.

During the examination of adaptive behavior issues, the task force was able to consider: (1) the need to assess adaptive behavior, (2) specific

problems concerned with definition, (3) assessment practice concerns, and (4) placement concerns. As a result of the examination of problems and concerns the Task Force on Adaptive Behavior made some critical determinations prior to making recommendations. In Part II of this paper the following topics are discussed: need, problem, limitation of concerns, guidance from the Office for Civil Rights, and critical determinations.

Need

The need to assess adaptive behavior and consider adaptive behavior information in placement decisions occurs for legal and educational reasons. Among the legal reasons are: first, the Iowa Rules for Special Education defines mental disabilities as a deficit in adaptive behavior and subaverage intellectual functioning; and second, the Office for Civil Rights directed states to eliminate cultural bias from the process of placing pupils in programs for the educable mentally retarded. Included in the Office for Civil Rights' directive is a statement which identifies assessment of adaptive behavior as one of the essential components of non-biased assessment. Further, as required by federal regulations for PL 94-142 adaptive behavior information is necessary to identify needs of the child when making programming and placement decisions.

Unfortunately, not all aspects of adaptive behavior have always been assessed accurately or adequately in Iowa. Over the past year, members of the Department of Public Instruction staff discovered numerous errors in the assessment and documentation of adaptive behavior deficits. These

discrepancies ranged from no documentation of any data related to adaptive behavior to use of inappropriate data collection procedures. Some examples of the assessment and documentation errors are:

1. Psychological reports indicate that adaptive behavior had been assessed by some instrument but data from the assessment had not been reported.

2. Adaptive behavior was assessed with instruments which are not designed for the population or person being assessed. Since the data had limited utility, adaptive behavior was ignored when the placement decisions were made and individualized educational programs were written.

3. Inconsistent procedures such as, an unstructured interview with the child were the only means employed to assess adaptive behavior.

4. Norm referenced tests of academic skills were recorded as the only evidence of adaptive behavior assessment.

5. In several cases, adaptive behavior was not assessed.

Problem

Three major problem areas appear to account for the inadequacies cited above. They are:

1. The Iowa Rules for Special Education make only a brief reference to adaptive behavior without defining its meaning. In addition, there are no clear guidelines for how adaptive behavior may or should be assessed.

2. The problem of assessing adaptive behavior is further compounded by the shortcomings of available adaptive behavior scales. Several adaptive behavior scales have been developed for and normed on institutional populations, several others are suitable only for moderate and severely retarded children, and the ones designed for public school use have norming and content inadequacies as they apply to the Iowa population. In short, satisfactory adaptive behavior scales which are suitable for identifying mildly mentally disabled students in accordance with the Iowa definition are not available.

3. Without adequate instrumentation to assess adaptive behavior, school officials are forced to rely solely on clinical judgments to determine the adequacy of a child's adaptive behavior. While clinical judgments are necessary, without an adequate definition or instrumentation these judgments are subject to personal bias and can result in misdiagnosis or misplacement. In addition, some individuals involved in the diagnostic process have little or no formal preparation in mental disabilities and they lack the appropriate background for making clinical judgments.

Limitations of Concerns

Although the purpose of the adaptive behavior task force was to address adaptive behavior as a concurrent element of mental disabilities, they limited their current concerns regarding adaptive behavior to the issues surrounding eligibility of mildly handicapped children for placement in mental disability programs. The reasons were as follows:

1. Assessment of adaptive behavior of the moderately mentally disabled is not a controversial issue and the instruments available are generally adequate for assessing this population.
2. The issues related to adaptive behavior raised by the Office for Civil Rights and recent litigation concern only the placement of children in programs for the mildly handicapped.
3. Many mildly mentally disabled children exhibit poor adaptive behavior exclusively in the school environment.

Guidance from the Office for Civil Rights

As a result of the Office for Civil Rights directives and litigation where lack of adaptive behavior assessments have been cited as evidence of placement bias, the task force sought guidance from OCR before attempting to make recommendations. To accomplish this task, the Department of Public

Instruction requested that the Office for Civil Rights send a representative to Iowa to make a presentation at a special study institute and respond to questions. In addition to the presentation, members of the task force carried on lengthy discussions with the OCR representative.

The following conclusions were drawn from the presentation and discussion:

1. The Office for Civil Rights will not require radical changes in assessment practices unless results of a three year study being conducted by the National Academy of Science proves that current assessment practices are biased.

2. School districts must be able to demonstrate that assignment of minority children to special education classes does not reflect an intent to segregate.

3. The Office for Civil Rights will not mandate the use of a single adaptive behavior scale.

4. The Office for Civil Rights will not require the use of norm reference adaptive behavior assessment.

5. Special class programs must meet the test for educational validity. This means that the children assigned must benefit from special class programming.

6. The Office for Civil Rights does not see the use of the single standard deviation cut-off score on individual tests of intelligence by the state of Iowa as justifiable when other states have much more stringent identification criteria.

7. The Office for Civil Rights would make no distinction between the term "mentally disabled" used in Iowa and the term "mentally retarded" used throughout the rest of the nation. They regard both terms as having the same connotations, and referring to the same handicap.

8. The respresentative from the Office for Civil Rights saw the continuum of services available to mentally disabled children in Iowa as a positive aspect of our special education programs. A true continuum of services could mitigate the negative stance that OCR might take regarding the state's use of a one standard deviation cut-off score on intelligence measures.

After considering national issues related to the topics of adaptive behavior, Office for Civil Rights pressures to use non-biased assessment, the problems with assessment instruments, and circumstances within the state of Iowa, the adaptive behavior task force needed to make some critical determinations before it could provide recommended practices to service providers in Iowa.

Critical Determinations

The Adaptive Behavior Task Force determined that it lacked the capacity to solve all dilemmas surrounding issues related to assessment of adaptive behavior. Instead, they directed their efforts toward expanding definitions that clarify the meaning of adaptive behavior, and the recommended procedures would will help service providers cope with requirements to assess adaptive behavior and make educational placements in the least restrictive and most appropriate environment. More specifically, the task force could not:

1. Recommend a single assessment instrument or procedure because none are adequate in all situations.
2. Recommend a combination of assessment instruments or procedures which meet all the criteria for good assessment because none of the available instruments meet all the criteria for validity, reliability, norming, and cultural fairness.
3. Create an assessment instrument which will satisfy criteria for a good assessment instrument.
4. Provide a set of guidelines or recommended procedures which will not be criticized for some kind of inadequacy.

The task force could:

1. Provide an expanded definition of mental disability.

2. Provide an expanded definition of adaptive behavior.
3. Recommend procedures for determining classification.
4. Recommend procedures for comprehensive assessment.
5. Provide suggestions for assessing adaptive behavior.
6. Recommend considerations for making placements.
7. Recommend documentation of adaptive behavior on Individualized Eduational Programs (IEP).
8. Provide some suggestions for test selection.
9. Provide lists of assessment instruments.
10. Provide a staffing team checklist.

The content of the recommendations was based upon the best information available at the time. The task force believes its recommended procedures will help prevent service providers from being cited by Civil Rights enforcement agencies and will result in quality assessment and programming for mentally disabled children. However, the recommended procedures will not protect service providers from changes in interpretation, either by the courts or enforcement agencies. The recommendations represent the philosophy that the best should be done within the limits of our current knowledge and capability.

The task force recognizes that better assessment procedures and devises may be developed in the future that will assist individuals in their efforts to collect information essential for making the best classification and placement decisions. The task force is hopeful that adaptive behavior instruments will be developed which meet all the criteria for validity, reliability, standardization, and cultural fairness that will make them more useful in making classification and placement decisions. They would

like to see an instrument which will yield standard scores that can be used as cut-offs for determining handicaps; has content and a norming population which will be meaningful for Iowa's children, and yields information which will enhance the process for making appropriate placement and programming decisions for mildly mentally disabled children.

Part III

EXPANDED DEFINITION OF MENTAL DISABILITIES

Part of the difficulty with determining appropriate assessments and placement of children in special education programs is the brevity of the definition of mental disabilities contained in the Iowa Rules for Special Education. The current definition is as follows:

> 12.3(4) b. "Mental disability" is the inclusive term denoting significant deficits in adaptive behavior and subaverage general intellectual functioning. For educational purposes, adaptive behavior refers to the individual's effectiveness in meeting the demands of one's environment and subaverage general intellectual functioning as evidenced by performance greater than one standard deviation below the mean on a reliable individual test of general intelligence valid for the individual pupil.

The task force takes the position that additional clarification of the definition of a "Mental Disability" is needed before appropriate determination of a handicap and placements can be addressed. The clarification should consist of exclusions and distinctions for ranges of severity within the category. The task force recommends the following clarifications:

1. Exclusions: Evidence of adaptive behavior deficiencies and subaverage intellectual functioning are the consequence of a mental disability and shall not be primarily attributable to:

   a. cultural, linguistic, or racial differences;

   b. learning disabilities;

   c. emotional disabilities;

   d. temporary health impairments;

   e. physical handicaps;

   f. sensory deficits;

   g. experiential deprivation resulting in temporary delays in intellectual, social, emotional, and academic growth. (An underlying assumption of this exclusion category is that through adequate opportunity and compensatory assistance these children are likely to catch up with their same age peers.)

   h. communication disabilities

2. Levels of Severity: Mentally disabled children exhibit a wide range of behavioral, academic and intellectual deficits. Some pupils exhibit intellectual and adaptive behavior deficits only in school settings; others exhibit adaptive behavior and intellectual deficits across all settings; and severe and profoundly mentally disabled pupils exhibit severely retarded development in language, emotional, social, self care, and motor functioning.

   "Mentally retardation" is not synonomous with, but is a term denoting a subset of mental disabilities and is indicated by the existence of significant deficits in adaptive behavior and performance greater than two standard deviations below the mean on a reliable test of general intelligence. The term "mentally retarded" is defined for the purpose of identifying pupils who would qualify for services from non-educational agencies.

EXPANDED DEFINITION OF ADAPTIVE BEHAVIOR

Adaptive behavior, as a term, does not mean the same for every person, in every setting, or at every age level. Further, confusion exists within professional literature as to whether adaptive behavior for school age children should include only the school setting or if it denotes only out-of-school behaviors. Some adaptive behavior assessment scales evaluate

behavior wit[illegible]n the school environment and others only examine behaviors outside the [illegible]hool. The Iowa Rules for Special Education offer no [illegible]arity to the confu[illegible]on. The current Rules define adaptive behavior as individual's effectiveness in meeting the demands of his environme

To provide greater clarity as to what adaptive behavior means and how it relates to making eligiblity and placement decisions, the task force is offering an extension to the current definition of adaptive behavior contained in the Rules for Special Education.

Definition for Educational Purposes

For the purposes of determining eligibility for and placement in mental disability programs, adaptive behavior refers to both age appropriate in-school and out-of-school behaviors. In-school adaptive behavior refers to the child's ability to cope with academic tasks, school activities, and peer relationships within the school setting. Out-of-school adaptive behavior refers to the child's activity and coping behavior in the home and community settings. In addition, adaptive behavior generally refers to the child's age-appropriate performance within the context of his or her cultural milieu. Further, out-of-school adaptive behavior generally falls into the following domains:

1. Language Development
2. Self Care Skill Development
3. Emotional Development
4. Independent Living Skill Development
5. Social Skill Development
6. Vocational Development

Adaptive behavior deficiencies are represented in three dimensions which are consistent with an assumption of low intellectual functioning. The first two include: (1) absence of age appropriate behaviors and (2) qualitatively deficient age appropriate behaviors when a child has had an opportunity to learn. The third dimension includes the existance of excessive behaviors which may inhibit the child's ability to learn or gain social acceptance.

Examples of In-School Adaptive Behavior Deficits

To provide added clarity to the meaning of adaptive behavior, lists of adaptive behavior deficiencies are provided. Low performance occurring in the academic areas of language, reading, writing, and math can only be considered to represent deficient adaptive behavior if the child has had adequate opportunity to learn. For all the deficiencies listed, an assumption is made that the child has passed the age when the specified behavior would be appropriate. For example, thumbsucking and inability to tell time are deficiencies when exhibited by a nine-year-old but not by a five-year-old. Examples of some in-school adaptive behavior deficiencies which may be attributable to a mental disability deficiencies for school age children are listed as follows:

1. Lack of school coping behaviors related to attention to learning tasks organizational skills, questioning behavior, following directions, maintaining school supplies, and monitoring time use.
2. Poor social skills as related to working cooperatively with peers, social perceptions, response to social cues, use of socially acceptable language, and acceptable response to teacher.
3. Poor language skills as related to the ability to understand directions, communicate needs, express ideas, listen attentively, and voice modulation.

4. Poor emotional development related to avoidance of school work and social experiences as exemplified by tardiness, chronic complaints of illness, sustained or frequent idleness, aggressiveness under stress, classroom disruption, and social withdrawal.

5. Poor self-care skills related to personal hygiene, dress, maintaining personal belongings, and mobility in and about the school.

6. Limited success in applied cognitive skills related to initiating age appropriate tasks, solving non-academic problems, drawing conclusions from experience, and planning activities.

7. Delayed academic development related to ability to form letters, blend letter sounds, recall content from reading and listening, make mathematical computations, and repeat information in a logical sequence.

Many of the in-school adaptive behavior deficits in the areas listed above may be attributable to causes other than a mental disability. Evidence of these problems does not prove the existence of a mental disability by themselves. For a diagnosis of mental disability, patterns of adaptive behavior deficiency must be consistent with the assumption of low intellectual functioning as opposed to other contributing factors, such as, cultural differences or other handicapping conditions.

Examples of Out-of-School Adaptive Behavior

As the severity of in-school adaptive behavior deficiencies increase, greater emphasis should be placed upon assessment of out-of-school behaviors. Below, definitions of the out-of-school adaptive behavior domains are provided and examples of some deficits are illustrated:

1. Language development relates to the childs age and culturally appropriate use of speaking, writing, and listening skills. These include adequate expression and understanding of syntax, vocabulary, idea expression, recognition of functional signs, conventions of social interaction, and directions.

2. Self-care skill development relates to age appropriate skills of feeding, dressing, grooming, personal hygiene, maintenance of personal belongings, personal mobility, avoidance of danger, and attending to personal ailments.

3. Emotional development relates to the child's age appropriate interactions and adults, response to frustration, understanding of reality, willingness to initiate tasks, acceptance of responsibility, ability to delay gratification, ability to sustain personal relationships, ability to determine likes and dislikes, acceptance of criticism, and acceptance of personal strengths and weaknesses.

4. Independent living skill development relates to the child's age and culturally appropriate travel outside the home and neighborhood, purchasing skills, use of money, preparation and storage of food, selection of housing, use of time, use of public resources, personal decisions, and management of personal finances and resources.

5. Social development relates to the child's age and culturally appropriate relations with families, use of social conventions, relations with peers, playmate selection, response to social cues, ability to obtain and retain friends, responses to strangers, responses to authority, respect for public property, respect for others' property, ability to participate in groups, recognition of rules and laws, understanding of boy-girl relationships, social situation behavior, dress for social occasions, and use of leisure time.

6. Vocational development relates to the child's age appropriate understanding and knowledge of worker roles, businesses within the community, a variety of occupations, task completion, vocational strengths and weaknesses, worker responsibilities, job seeking skills, job retention skills, rewards for working, independent sustained work, tool usage, production rates, responses to employers, co-worker relations, punctuality, attendance rules, work tolerance, and wage rates.

For the purposes of illustration, five adaptive behavior discrepancies in the Vocational Development domain are listed below. In addition an age is listed when the behavior might be considered deficient. The ages were not scientifically derived.

Behaviors	Age when behavior may be non-adaptive
1. cannot distinguish work from play	7
2. cannot work independently	9
3. does not accept criticism of work	12
4. cannot identify jobs in the community	14
5. does not have simple job seeking skills	18

Lack of many of the skills listed in the previous examples of out-of-school adaptive behavior may not be deficits for all children. For a poor or culturally different child, tasks such as making out a personal budget and arriving at appointments on time may be skills and values that the child has had no opportunity to learn. In addition, many middle class children have had no opportunity to learn how to use public transportation and some 14 year old girls have had no opportunity to learn to use hand tools. Before a child can be determined to have an adaptive behavior deficiency warranting a special education placement, they must exhibit a pattern of deficits across domains which are not solely attributable to cultural differences, lack of opportunity to learn, or sensory impairments. Mildly poor performance on a single item or domain is not sufficient to infer a deficit in adaptive behavior.

For comprehensive lists of adaptive behaviors, the reader should review a variety of adaptive behavior scales, developmental checklists, language inventories, social skill inventories, vocational skill inventories, and curriculum for the educable mentally retarded.

Part IV

CLASSIFICATION OF A MENTAL DISABILITY

To receive special education services as a consequence of being mentally disabled, a child must meet classification criteria as stated in the definition of mental disabilities in Iowa Rules for Special Education 12.3(4)b and be in need of special education. A clear distinction must be made between the determination of a handicap and appropriateness of placements. Not all children who meet classifiction criteria need to receive special education services. Further, no single program model is appropriate for every mild mentally disabled child. In accordance with the criteria for classification, more children in the public school population may be classified as being mentally disabled than are currently served. At present, only 1.73 percent of Iowa school children ages 5-17 are served in programs for the mentally disabled. The adaptive behavior task force regards this percentage served as a reflection of lack of referrals in cases where children who may meet classification criteria are accommodated in regular classes, and the attention paid by staffing teams to appropriately placing children in programs that meet their individual needs.

Classification of a child as mentally disabled is established by meeting two criteria: (1) if performance on an individual test of intelligence is at a level of greater than one standard deviation below the mean; and (2) adaptive behavior deficiencies are exhibited and documented. Not all children who meet the above critera should be placed in a special

education program solely as a consequence of establishing a disability. Eligibility for special education services should be established in conjunction with a comprehensive educational evaluation as listed in the Iowa Rules for Special Education 12.19(1). Placements may only occur after the following is accomplished.

> "The compilation ... of a comprehensive educational evaluation for each pupil which includes recent evaluations of vision, hearing, language and speech, intellect, motor functioning, adaptive behavior, social functioning, academic status, health history, and other elements deemed appropriate by the diagnostic-educational team."

COMPREHENSIVE ASSESSMENT PROCEDURES

To make decisions regarding classification and possible provision of services, each diagnostic-educational team should engage in a comprehensive assessment process. The task force recognizes that most agencies have well developed assessment procedures which thoroughly address pupil evaluation. In this section a model for a comprehensive assessment procedure is provided as an example, and the task force recognizes that other models are equally as appropriate. The model consists of referral, in-building evaluation and considerations, comprehensive multifactored assessment and application of nonbiased assessment procedures at every step of the process.

Referral and In-Building Assessment

The first step in any determination of a disability and possible special education placement begins with the referral. In most instances, mildly handicapped children are not referred for evaluation until after

they enter school. In some cases these children are found through screening procedures, but more often, they are found when the child's teacher or some other staff member perceives that the child is failing to learn or is experiencing behavioral difficulty. Since most schools in Iowa have adequate referral procedures, this report will not address the details of a referral.

When a learning or behavioral problem is perceived, the task force suggests that a number of steps be taken prior to sending a referral to a diagnostic-educational team:

Step 1: Gather in-school adaptive behavior and academic information

This information may be collected through use of methods including behavioral checklists, sociograms, anecdotal records, observation reports, behavior recording systems, tests, interviews, educational histories, and student products.

Step 2: Consider building level and non-special education options.

Before the referral is sent to a diagnostic-educational team, building level solutions to a learning problem should be considered. Two of these options are:

(a) Attempts to accommodate the child in the regular classroom through use of extra help, parent assistance, special materials, preferential seating, or some other appropriate actions;

(b) In some cases, consideration should be given to the influences of culture and language (both non-English and non-standard English) upon the child's academic performance and adaptive behavior. For a child performing poorly in the school setting, the poor performance may be attributable to cultural or linguistic, differences, and attempts should be made to provide special services in compensatory educational programs before the child is referred to a diagnostic-educational team.

If the child is not progressing after attempts to accommodate the pupil in the regular classroom or compensatory education programs, the referral may be processed for further evaluation to the diagnostic-educational team. Care must be taken to insure that handicapped children do not remai in compensatory programs inappropriately. These attempts to modify instruction or utilize regular program interventions should be documented on the referral. Upon receipt of the referral, the diagnostic-educational team will conduct a comprehensive multifactored evaluation.

Comprehensive Multifactored Evaluation

Members of the diagnostic-educational team should be concerned with children who exhibit academic and behavioral deficiencies in the school setting that have not been remediated after appropriate instructional modifications and regular program interventions. The task force suggests that diagnostic-educational teams review the data collected in each child's school setting and then follow a four step evaluation sequence.

STEP 1. Assessment of Environmental and Experiential Influences on Intellectual and Behavioral Development

A child's experiences in life are likely to influence his or her performances on formal tests and adaptive behaviors measures. To assess a child fairly, evaluators must collect information which enables them to make appropriate decisions regarding test selection, test administration, test interpretation, and interpretation of observed behaviors.

Experiential background information may be collected from health histories; educational histories; screening for vision, hearing, speech, language, and motor problems; and interviews and observations in the home environment. A child with poor visual or hearing acuity will obviously demonstrate some poor learning behaviors. Lack of opportunity to learn may be a factor for a health impaired child or a child who has attended several different schools. For a child who is culturally or linguistically different, the considerations become quite complex. For example, if a boy does not use a handkerchief, his behavior may be cited as nonadaptive. However, if the child comes from a part of southern Europe where a man who uses a handkerchief is derided by his peers as being an Englishman and effiminate, not using a handkerchief is cleary appropriate behavior. This same child, if he speaks limited English probably should be given nonlanguage tests or tests in the language of the home.

STEP 2. Administration of an Individual Test of Intelligence

Most children being considered for a placement in mental disability programs are administered either the WISC-R or Stanford-Binet tests of intelligence. Administration of one of these two tests is not appropriate in all cases. After considering the child's experiences, the psychologist

may choose a more appropriate test or give more than one test of intelligence. For example, if the child is hearing impaired (not deaf) both the WISC-R and Hiskey-Nebraska tests might be administered. For a child who is linguistically or culturally different, incorrect test responses may have to be flagged to later judge the influence of language and culture on those items. The overall test results must also be interpreted in light of the child's experiences. For example, the average scores of children from some minority groups are consistently lower than the population average. Special care is required in the interpretation of these scores. (see Appendix A for consideration on selection of tests.)

Although the child's life experiences need to be considered, the assumption should not automatically be made that culturally or linguistically different children performing low on intelligence tests are not handicapped due to the bias in tests. The evaluator should look for evidence which may or may not corroborate the test scores. Where there is concern for bias, additional documentation is warranted to explain the conclusion.

STEP 3. Administration of Tests of Academic Skill Development

Academic tests should be administered by individuals who are most qualified to interpret the child's performance in the testing situation and have adequate knowledge to interpret results. In all cases, tests must be appropriate for the purpose of the evaluation. Some tests yield too little

information to help determine the child's needs. For example, some educational tests yield grade level scores for reading, math, and spelling but offer very little information that can be used to identify specific needs or instructional strategies which may be written into a child's individualized educational program (IEP). Special purpose individually administered tests of academic skills often provide more meaningful information than group or comprehensive tests. The child's life experiences must also be taken into account when selecting, administering, and interpreting results of academic tests.

When considering the results of academic test, only pupils whose scores on standardize tests are greater than one standard deviation below the mean should be considered in need of special education in mental disability programs.

STEP 4. Assessment of Adaptive Behavior

The collection of information related to adaptive behavior does not necessarily need to occur after steps 1 - 3 have been accomplished. These assessments may be conducted either simultaneously or after steps 1-3. There does not appear to be any particular profession which should assess adaptive behavior. Districts and area education agencies should make their own determinations based on the competencies and training of their own staffs.

Adaptive behavior information for the in-school settings should have been collected prior to reaching step 4 of the Comprehensive Evaluation. When other indicators, such as the intelligence and academic tests indicate

that the child's disability is very mild, the evaluation of the child's adaptive behavior in out-of-school settings need not be accomplished as long as experiential information has been collected and considered. As the severity of the child's in-school behavior deficiencies increase, the need for more intensive assessment of adaptive behavior increases. However, if in the judgment of the evaluation team the child may be considered for a special class placement (SCI and S), then an out-of-school assessment of adaptive behavior should be conducted. Evaluation across environments should include assessment of behaviors occurring within the home, neighborhood and community settings. These data gathering procedures should address areas such as language, social, self-care, independent functioning, economic, leisure, and vocational behaviors.

Since no adaptive behavior scale is appropriate, applicable or mandated in all cases, a number of approaches to collecting adaptive behavior data should be considered.

These options include:

1. standardized adaptive behavior scales
2. developmental and behavioral checklists
3. structured interviews with parents, guardians, and significant adults
4. observation of pupils behavior in home, community, and cultural group environments, and consideration of cultural group characteristics
5. combinations of the options listed above.

No matter what procedures are used to collect adaptive behavior information, consideration must be given to the child's experiences when interpreting the data. Similar to the handkerchief example cited

previously, before a particular behavior is identified as nonadaptive, it must be nonadaptive in the child's cultural or racial milieu. Approaches to assessing adaptive behavior are discussed in the following section.

APPROACHES TO ASSESSING ADAPTIVE BEHAVIOR

Two approaches to assessing adaptive behavior are identified in this paper. The first consists of using adaptive behavior scales, and the second is through use of multi-factored assessment procedures.

Great care needs to be taken when selecting an adaptive behavior scale. Generally, when the purpose is to determine the existence of a handicap, a norm referenced scale is most appropriate. When the purpose is to design an educational program, criterion referenced scales are more appropriate.

Norm referenced assessment devices focus on determining the differences between individuals. Their purpose is not to determine all the adequacies or inadequacies of an individual child's adaptive behavior, but to probe a variety of skills to identify the presence of a handicap. The only questions asked are those that tend to distinguish a handicapping condition from a non-handicapping condition. A score on a norm referenced test compares a child's performance with the average performance of all children in the norming group. In contrast, criterion referenced tests assess pupil performance as it relates to the scope and sequence of the criterion. These assessment devices are valuable for identifying specific achievements and deficiencies. As a result, these tests and assessment scales aid in the selection of intervention points and sequences to be stated in an Individualized Educational Program. (Coulter and Morrow, 1977)

Adaptive Behavior Scales

As a general assumption, no single adaptive behavior scale is appropriate for all ages or in all cases. Scales must be selected for appropriateness due to the age, urban/rural environment, and population standardization. Since many norm referenced scales are standardized on handicapped children, criteria for placement such as, one and two standard deviations from the mean are not meaningful. Basically, adaptive behavior scales provide evidence of adaptive behavior deficiency, but they do not provide easy cut off scores for placement purposes. Some adaptive behavior scales have been normed on nonhandicapped populations. Unfortunately, these scales were normed on regional populations and may not be useful here in Iowa. If a norm referenced adaptive behavior scale is developed which is appropriate for use with children in Iowa, an instrument of that sort would represent the preferred assessment practice for purposes of determining a mental disability. A list of adaptive behavior scales, annotated to provide guidance for users, is contained in Appendix B of this report.

Multi-Factored Assessment of Adaptive Behavior

If the steps in the Comprehensive Evaluation procedure are followed, a great deal of the multi-factored assessment of adaptive behavior will have been accomplished by the time Step 4 is reached.

The multi-factorial approach in assessing adaptive behavior consists of using special purposes scales, inventories, structured interviews, and observation to evaluate each domain of adaptive behavior. Multi-factored assessment may include tests and inventories which address social, affective, economic, self care, language, motor and vocational skills. Assessment will be accomplished by the professional appropriately trained to administer the instruments. An example of the multi-factored approach to adaptive behavior is as follows:

- Lincoln-Oseretsky Test of Motor Developement scale
- Utah Test of Language Development
- Piers-Harris Children's Self-Concept Scale
- Pupil Behavior Rating Scale
- Structured parent interview relating to the child's family relations, peer relations, self help skills, leisure activities, economic activities and satisfaction with school.

As a result of evaluating some domains of adaptive behavior with formal devices and other domains through informal data collection procedures, the staffing team makes a joint decision regarding the degree of proficiency the child exhibits in adaptive behavior. However, a deficiency in only a single domain should not be considered as a deficit in adaptive behavior. Before a child is determined to have an adaptive behavior deficit the data should present a profile of poor performance across domains, (See Appendix B for lists of special purpose tests and inventories).

Part V

PLACEMENT CONSIDERATIONS

No placements in special education programs may be made unless a multi-disciplinary staffing team makes three decisions. First, they must determine if the child is mentally disabled; second, they must determine that the child needs special education, and third, they decide on an appropriate placement. Placement decisions must be based upon the needs demonstrated by the child and must be independent of classification decisions. No single program option is appropriate for all eligible mildly mentally disabled children. Making an appropriate placement depends upon the process of matching assessment data and pupil needs to the service options in a complete program model.

Curriculum Match

Matching or comparing adaptive behavior assessment data to the special class curriculum helps in the process of making placement decisions. The content of regular curriculum and special class curriculum are similar in the basic academic skill areas of reading, math and writing, but they differ in the pace of instruction. The matching process in academics involves comparing pace of instruction and the child's rate of learning. For example, non-handicapped children are usually expected to have mastered reading vowel diagraph sounds and silent letters by the end of the primary level, but many special curriculum do not introduce these skills until the intermediate level. In non-academic domains, such as, social skills, vocational skills, self care skills, and independent living skills the

matching process consists of pairing curriculum content with the child's existing competencies. For example, the special curriculum used in the state of Idaho lists as instructional objectives at the intermediate level: sweeping floors, vacuuming, dressing appropriately, and following rules of group games. These are all skills which are not normally taught in the regular school curriculum.

If the curriculum includes such things as grooming, dressing, table manners, family relations, health care and social skills and the child has already acquired the age appropriate competencies in these and other areas of the curriculum, then the child is not likely to need the special class program. For academic deficiencies with only minor school related adaptive behavior deficiencies, the child would benefit more from part-time special education.

IEP: REPORTING AND PROGRAMMING FOR ADAPTIVE BEHAVIOR

The process of developing an Individualized Educational Program (IEP) and making an appropriate least restrictive placement go hand in hand. The least restrictive environment, in keeping with federal and state laws, means that "to the maximum extent possible, children requiring special education shall attend regular classes and be educated with children who do not require special education (Iowa Code, Chapter 281)". The staffing team must carefully consider the amount of time and instruction that will be appropriate for each child to be served in a special environment and regular classrooms. Although there will be some correlation between IQ

scores and adaptive behavior, no child should be placed in a more restrictive setting simply as a result of performing at a low level on a test of intelligence. The process of developing an IEP and matching pupil needs with program features helps the staffing team make appropriate decisions. Before an eligible child is placed, the staffing team should keep in mind that no one program model is appropriate for every mentally disabled child and that an eligible child might be placed in a regular, resource, special class with integration or self-contained special class program. Equally important, the staffing team should consider and program for adaptive behavior deficiencies when creating an IEP for a child who will be placed in a special education. If adaptive behavior deficits are part of what handicaps the child, then treating these deficiencies should be an integral part of the child's program.

To address the needs of a mentally disabled child adequately, the section of the IEP labeled "Present Level of Educational Performance" should contain statements related to the child's needs for special education instruction in academics, support services, and adaptive behavioral areas. The following example is provided for a seven-year-old child in the second grade:

> Present Level: Bobby is reading at the pre-primer level. He is unable to consistently remember short vowel sounds and cannot blend CVC words. He can rote count to 13 and can add sums to 10. He can subtract only inconsistently and uses fingers or manipulatives for all math. Bobby speaks very loudly at all times and does not sense when other children do not want him present. He gives away his lunch money regularly, and he has little regard for time. He needs help dressing, and he cannot be trusted to complete household chores.

Many IEP forms do not have adequate space to document present level statements. In these cases, a recommended practice is either to amend the IEP or reference other support documents. Example:

> Present Level: math, reading, and spelling at kindergarten level (see test profiles--Key math, Woodcock reading, Teacher-made spelling test). Poor social and self-care skills (see teacher anecdotal records and social work report)

Once needs are identified and listed under the "present level" section of the IEP, goals should be accomplished to meet those needs.

Examples of goals for Bobby:

Academic goals:

1. Bobby will read CVC words.

2. Bobby will add and subtract numbers up to 15.

Adaptive behavior goals:

3. Bobby will modulate his voice.

4. Bobby will use money appropriately.

5. Bobby will complete household chores.

Bobby's needs and the corresponding goals and objectives indicate that he might be served best in a special class setting. His needs go beyond acquisition of basic skills and developing school-coping behaviors. Because his needs are likely to be reflected in a conventional special class curriculum, a special class placement would be appropriate.

The following example represents a somewhat different profile than Bobby's:

Missy is nine years old and has had a history of poor school performance. Because the family belongs to a subcultural group (White Appalachian) that is not typical of other members of the community, the school has attempted programming in Title I reading and math. She is not succeeding in these programs and meets mental disability classification criteria.

> Present Level: Missy is performing at two years below grade level in all subjects and cannot decode words with prefixes, suffixes, or read more than two-syllable words. She is able to add and subtract, but not with consistent results; and she has difficulty with the concept of reversibility. She is not a discipline problem but lingers in the back of the room when reading groups are formed and has begun to copy other student's work to complete tasks at the same time as other children.

Missy's needs are basically academic, and her adaptive behavior problem is only school and task related. Appropriate goals for her education might be:

Academic goals:

1. Missy will read words containing prefixes and suffixes.

2. Missy will add and subtract with consistent results.

3. Missy will identify reversible concepts.

Adaptive behavior goals:

4. Missy will start classwork on time.

5. Missy will stop copying schoolwork.

Missy's needs are basically related to school-related tasks. Her needs will not be addressed in a special class curriculum. In fact, social work reports indicate that she does considerable work around the home, travels freely and ably throughout the community, and makes small purchases on a regular basis. She will be best served in a resource program. Because she has deficiencies in academic areas, thinking skills, and needs some behavioral adjustment, she may need to be served in the resource program for up to 30% of the day.

In the two examples cited above, both children were eligible for special education services as a consequence of being mentally disabled and in need of special education. That means that they exhibit adaptive behavior deficiencies and scored on individual tests of intelligence at levels greater than one standard deviation below the mean, plus they were in need of special education. In these cases, adaptive behaviors were the major determinants in selection of appropriate programs. For Bobby, life experience unit activities, where he will be taught skills such as how to use money and the proper way to hang up clothes, will be used to improve his adaptive behaviors. In contrast, Missy's in-school adaptive behavior problems may be approached by developing a reward system for starting schoolwork on time and for completing her math independently.

Part VI

NEED FOR A CONTINUUM OF SERVICES

As part of the placement decision making process, a full continuum of service alternatives must be considered. Placement recommendations should not be based on what is available or what has been traditional. Fortunately, the Iowa Rules for Special Education make a continuum of services available to the mildly mentally disabled. This review of the continuum is presented because an analysis of placement data revealed that the full continuum of services is not being made available to mentally disabled children in all areas of the state. Historically, children who were identified as trainable mentally retarded were placed in self-contained classes and children identified as educable mentally retarded were placed in self-contained or special class with integration programs. In some communities these traditional placement patterns are still being employed despite the federal mandate for placement alternatives including options for part or full time in the regular classroom.

In Iowa, before making placement decisions, four modes of service delivery available to mildly mentally disabled children ought to be considered. For each program model, variations within the model are possible. Mentally disabled children who are proficient in their academic and adaptive behavior skills in relation to other mentally disabled children should be placed in the least restrictive environment. In contrast, students who are most deficient in their adaptive behavior and academic skills may be better served in more restrictive environments. The following diagram represents the continuum of services for mildly mentally

disabled children. The task force is aware that in some rural areas only one program model is available. In these cases, the rule exception process can be employed and the instruction provided can be adjusted to meet the needs of the child.

Four Program Options and Variations

Least Restrictive

1. - Regular Program
   - Regular Program with modification
   - Compensatory education programs
2. - Resource teaching program - (minimum time)
   - Resource teaching program (maximum time)
3. - Special class with integration (2/3 day integrated)
   - Special class with integration (moderate integration)
   - Special class with integration (1/3 day integrated)
4. - Self-contained special class (little integration)
   - Self-contained special class (no integration)

Most Restrictive

Each of the numbered program models are explained as they relate to providing service to mentally disabled children.

1. Regular Program -- The regular program with special adaptions, although seldom used, is an option open for some students who can succeed in the regular class environment with support in the form of special materials, techniques, strategies, props, and consultant services. Many more children may meet the elibility criteria, but are capable of succeed in the regular classroom with no special assistance.

2. Resource Teaching Program -- (RC or RM) Resource teacher programs are designed to maximize the child's ability to benefit from regular curriculum. In most instances, emphasis is directed toward bolstering academic skills, teaching school coping skills, assisting students through regular classes and occasionally offering alternative instructional approaches to the content of the regular curriculum. The resource teacher also works to facilitate success in regular classes through consultation and cooperation with regular class teachers.

3. Special Class with Integration (SCI) -- The special class with integration model is a very flexible program option. The purposes for some children are identical to those enrolled in self-contained classes, but for others the purposes are closer to the resource program. These programs address both academic and adaptive behavior needs of the assigned child. Children placed in the SCI programs may receive a majority of their instruction in a special class setting or in regular classes. They are selectively placed in regular education classes when the regular class can meet the child's needs as adequately as the special class. Special Class with Integration programs need to maintain a special curriculum, but some children will take part in only selected portions of the special instructional program. The overall responsibility for the child's education belongs to the Special Class with Integration teacher. The special education teacher is responsible for facilitating the handicapped child's success in regular classes.

4. Self-Contained Special Class (CC) -- The self-contained special class program is distinctive from the regular education program in that curriculum in the special program has traditionally been directed toward instruction in functional academics and areas of adaptive behavior. Some of the traditional curriculum such as the "Persisting Life Problems Curriculum" of Cincinnati, the "Basic Life Functions" curriculum of Wisconsin, the "ComPET" curriculum of Pennsylvania and the "Life Centered Career Education" curriculum (Brolin, 1975) place a significant emphasis upon teaching adaptive behavior. In part, these curriculum were developed with the assumption that adaptive behaviors are the amendable component of mental disabilities and instruction can facilitate acquisition of adaptive behaviors. Self-contained special class programs for mentally disabled students are traditionally designed to ameliorate existing age related adaptive behavior deficits and teach functional academic skills.

After considering all the placement options, a staffing team may make a placement decisions similar to the following eight examples for children who meet the mental disabilities classification criteria.

1. Children who perform on individual intelligence tests at levels close to the normal range, exhibit only minor in-school adaptive behavior problems, and perform on norm referenced tests of academic skills at levels higher than one standard deviation below the mean may receive services in the regular classroom.

2. Children who perform on individual tests of intelligence at levels near the normal range, score at greater than one standard deviation below the mean on one or more tests of academic skills, and exhibit only minor deviations in in-school adaptive behavior may be considered for placement in the regular school program with accommodation in instruction or for placement in the resource teacher program.

3. Children who demonstrate difficulty in one or more academic skills at levels below one standard deviation and exhibit in-school adaptive behaviors which may interfere with their ability to profit from regular instruction may be placed in resource teacher programs.

4. Children who have failed to progress in compensatory education programs, perform on one or more norm referenced academic tests at levels greater than one standard deviation below the mean and exhibit in-school adaptive behavior deficits may be placed in resource teacher programs.

*5. Children who perform on norm referenced academic tests at levels greater than one standard deviation below the mean, and exhibit broad deficits both in-school and out-of-school deficits in adaptive behavior, may be provided services in special class with integration programs. The appropriateness of the placement depends upon the severity of the child's adaptive behavior deficiencies in out-of-school settings. If the child does not exhibit deficits that are addressed in the special class curriculum, then a resource program is usually more appropriate.

*6. Children who perform at greater than one standard deviation below the mean on norm referenced tests of academic skills, exhibit in-school and out-of school adaptive behavior deficits and perform on individual tests of intelligence within the mildly retarded range may be placed in RTP or special class with integration.

*7. Children who have failed to benefit from a resource teacher program and exhibit in-school and out-of-school adaptive behavior deficits may be placed in special class with integration or self-contained special class programs.

*8. Children who perform within the mildly retarded range on individual tests of intelligence, exhibit broad adaptive behavior deficits, and perform at levels greater than one standard below the mean on tests of academic skills may be placed in special class with integration or self-contained special class programs.

*NOTE: One of the most important decisions that staffing teams must make when considering a special class placement is to determine if the child will benefit from the special class curriculum. The question should be asked: "Does this child need to be taught the social, self-care, independent living, leisure, economic, and vocational skills that are emphasized in the special class curriculum? If a child exhibits only a severe deficit in academic skills, the most restrictive environment that will ever be appropriate is a special class with integration program where nearly maximum use of integration is used.

The following placement considerations chart, reinterates the previously stated placement considerations. The chart is presented for the purpose of illustrating the choices which are available to staffing teams involved in making placement decisions. The task force wishes to stress that all placement options should be considered regardless of IQ scores. The adaptive behavior and academic status of the child should be of significant importance in making placement decisions.

PLACEMENT CONSIDERATIONS CHART FOR
MILD MENTALLY DISABLED PUPILS

Intelligence	Adaptive Behavior	Academic Status	Suggested Placement
IQ 85-73 (WISC-R scores)	No unmanageable problems	< 1 standard deviation below mean on all academic tests	Regular classroom
IQ 85-73	Exhibits in-school adaptive behavior deficits	> 1 standard deviation below the mean on one or more individual tests	Regular classroom with accommodation or Resource room
IQ 85-73	Exhibits adaptive deficits which inhibit learning	> 1 standard deviation below the mean on standardized achievement tests	Resource room
IQ 85-73	In-school adaptive behavior deficits	Failed to benefit from regular program interventions or compensatory program	Resource room
IQ 73-55	In-school adaptive behavior deficits	> 1 standard deviation below the mean on standardized achievement tests	Resource room
IQ 85-73	In-school and out-of-school adaptive behavior deficits	> 1 standard deviation below the mean on standardized achievement tests	Resource room or special class with integration depending on the nature of adaptive behavior deficit and school curriculum
IQ 73-55	Mild in-school and out-of-school adaptive behavior deficits	> 1 standard deviation below mean on standardized achievement tests	Resource room or special class with integration

Intelligence	Adaptive Behavior	Academic Status	Suggested Placement
IQ 73-55	In-school and out-of-school adaptive behavior deficits	Failure to benefit from resource teaching program	Special class with integration or self-contained special class
IQ 73-55	Broad adaptive behavior deficits	Significant deficits in academic achievement	Special class with integration or self-contained special class

Part VII

REVIEW AND RE-EVALUATION

Federal and state laws require that each handicapped child's educational program be reviewed at least annually. In addition, each handicapped child must be re-evaluated every three years. Consideration of the appropriateness of an individual child's placement should be made at each annual review. When a placement is suspected to be inappropriate, a new staffing may be requested and a change of placement may be made. In some instances, requesting a re-evaluation earlier than the three year interval will be appropriate.

As a result of changing pupil needs, serious consideration must be given to the review and re-evaluation process. In some instances, false positives occur in the assessment process and a child who has had no opportunity to learn is believed to be handicapped. In contrast, some children who are found not to need special education during an initial assessment will later demonstrate a clear need for special assistance or programming. Another aspect of the review and re-evaluation process relates to the child whose adaptive behavior deficiencies have been ameliorated. Some children may be appropriately returned to the regular education program, but other pupils will need to remain in the special class setting to sustain gains made as a result of special education programming.

Movement Between Program Models

The review and re-evaluation process is equally important for children who will always need some form of special education. As children grow older, adaptive behavior and academic needs can change. Movement from one program model to another more restrictive or less restrictive environment may be necessary. A child should not be placed in a program where emphasis is on teaching skills he or she has already acquired. During the primary years young mentally disabled children often need to be taught self-care and socialization skills in a special class, but they may only need resource help in academics during the intermediate years. Likewise, as the mentally disabled student in a resource program reaches adolescence, the need for prevocational or vocational training becomes more evident and important. At this point, the mentally disabled adolescent may be moved from the resource program to the special class program to benefit from the vocational emphasis of the special class curriculum. In contrast, some mentally disabled adolescents develop vocational skills outside the school environment and can best be served in resource and regular classes.

Conclusions

The task force concludes that adaptive behavior should no longer be neglected in the assessment and placement of children classified as mentally disabled. Adaptive behavior is an integral component of the handicapping condition and should be assessed carefully and thoroughly. In addition, no special education placements for mentally disabled pupils should be made without considering adaptive behavior data and a full continuum of placement options. Each mentally disabled child's special education program should focus on adaptive behavior deficiencies as well as academic deficits.

Appendix A

CONSIDERATIONS FOR SELECTION OF TESTS

Test information is used as part of the determination of a child's eligibility for placement in special education programs. Test data are also used to determine the specific content of individualized educational programs. Unfortunately, test bias can interfere with the appropriate placement, can lead to provision of inappropriate services, and may work to the detriment of culturally different children.

Culturally different children are not necessarily deprived, but many have experiences, skills, knowledge, and potentialities which are not measured by conventional standardized tests. All children, whether members of an identifiable group or simply recipients of widely different early life experiences, deserve the opportunity to demonstrate their skills in the least biased testing situations.

For information and instruction related to selecting the non-biased testing procedures, the reader is referred to the following sources:

Oakland, T. (Ed) Psychological and Educational Assessment of Minority Children. New York, Brunner-Mazel, 1977.

Reschly, D. J. Nonbiased Assessment and School Psychology. Iowa Department of Public Instruction, 1978.

Appendix B

ASSESSMENT INSTRUMENTS

This appendix is designed to provide a brief listing of adaptive behavior scales and other assessment tools which may be used as parts of an adaptive behavior assessment. The list includes adaptive behavior scales, behavior rating scales, vocational assessment instruments, sources structured family interview forms, and a source for an in-school adaptive behavior checklist. The lists are not comprehensive. For a comprehensive list of assessment devices, the reader may wish to consult the "PERFORMANCE MEASURES OF SKILL AND ADAPTIVE COMPETENCIES OF MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PERSONS." This directory is published by:

MRRC-UCLA Research Group
Laterman State Hospital
3530 W. Pomona Boulevard
P. O. Box 100
Pomona, California 91766

For instruments not specifically listed as adaptive behavior scales, no single instrument should be considered as adequate for an adaptive behavior assessment. These instruments should be used in conjunction with other formal and informal assessment procedures as part of a multi-factored assessment process.

Adaptive Behavior Scales

DiNola, A. J.; Kaminsky, B. P. and Sternfeld, A.E. Y.E.M.R. Performance Profile. Educational Performance Associates, 1967. This instrument is a rating scale suitable for monitoring skill acquisition of young moderately and mildly retarded children. Areas evaluated include: social behavior, self-help, safety, communication skills, manipulative skills, perceptual and intellectual development, academics, imagination, and emotional behavior. Best used for purpose of program development for young children. Ratings are made by teachers.

Address: 563 West View Ave.
Ridgefield, N.J. 07657

Doll, E. A. Preschool Attainment Record. American Guidance Service, Inc., 1966. This scale is designed to measure physical, social, mental, and language attainments of children from 6 months to 7 years. It is an expansion of the Vineland Social Maturity Scale for young children. This scale is best suited for assessment of children whose handicaps are severe.

Address: Publishers Building
Circle Pines, Minn. 55014

Doll, E. A. Vineland Social Maturity Scale. American Guidance Services, Inc., 1965. This adaptive behavior scale was normed on an institutional population and is most useful when evaluating severe and moderately handicapped children. Users report a number of inadequacies when applying it to the identification of mildly handicapped children.

Address: Publishers Building
Circle Pines, Minn. 55014

Foster, R. Camelot Behavioral Checklist. Edmark Associates, 1974. This rating scale covers ten domains such as self-help, vocational behavior, independent travel, etc. The instrument provides normative data, but users cite lack of appropriateness for assessing mildly handicapped children.

Address: P.O. Box 3903
Bellevue, Wa. 98009

Lambert, N.; Windmiller, M.; Cole, L. and Figeroa, R. Adaptive Behavior Scale--Public School Version. Edmark Associates, 1974. This instrument can be used for the identification of children who may be mentally retarded between the ages of 7 and 13. Administered to the child's teacher, the ABS-PS was normed in California and has been criticized for some internal inadequacies. Users have found it most useful with moderately retarded children.

Address: P.O. Box 3903
Bellevue, Wa. 98009

Mercer, J. R. and Lewis, Jr. Adaptive Behavior Inventory for Children (ABIC). The Psychological Corporation, 1977. This instrument which is part of SOMPA is administered to the parents of children ages 5-11. Most items relate to functional level in out-of-school environments. The ABIC tends to reduce the number of minority children who are identified as mentally retarded, but some reports indicate that the instrument under identifies pupils needing special assistance. (Iowa norms have been established for this instrument)

Address: 757 Third Avenue
New York, N.Y. 10017

Nihra, K.; Foster, R.; Shellhaas, M. and Leland, H. AAMD Adaptive Behavior Scale. Edmark Associates, 1975. This instrument was designed for use with institutionalized populations. This instrument is not recommended for the purpose of identifying or placing mildly mentally disabled children in special education programs. It is appropriate for use with moderately retarded children.

Address: 5201 Connecticut Ave.
Washington, D.C. 20015

Richman, B. O. & Kicklighter, R.H. Childrens Adaptive Behavior Scale. Humanics Ltd., 1980. This instrument differs from most others in that it assesses the child's adaptive behavior directly. Administration is easy and economical. Critics of the CABS state that there is not enough difference between this instrument and intelligence tests. Another weakness is that it was normed on pupils in the state of Georgia. These norms may not be appropriate for Iowa children.

Address: P.O. Box 7447
Atlanta, Ga. 30309

Secondary Level

Halpern, A.; Raffeld, P.; Irvin, L. K. and Link, R. Social and Prevocational Information Battery (SPIB). McGraw-Hill, 1975. The SPIB is a paper and pencil test which is read to students between ages 12 and 19. The test assesses social and vocational knowledge in nine domains which include: (1) Job Search Skills, (2) Job Related Behavior, (3) Banking, (4) Budgeting, (5) Purchasing Habits, (6) Home Management, (7) Physical Health Care, (8) Hygiene and Grooming, and (9)

Functional Signs. This test was standardized on mildly retarded adolescents in Oregon.

Address: Publishers Test Service
2500 Garden Rd.
Monterey, Ca. 93940

Halpern, A.; Irvin, L. and Landman, J. J. Test for Everyday Living. McGraw-Hill, 1979. This test was designed to assess knowledge of life skills for low functioning students. The seven subtests are: Job Search Skills, Job Related Behavior, Health Care, Home Management, Purchasing Habits, Banking, and Budgets.

Address: Publishers Test Service
2500 Garden Rd.
Monterey, Ca. 93940

Vocational Tests

Bitter, J. A. Work Adjustment Rating Form (WARF). Educational Testing Service, 1966. This instrument can be used with mentally retarded adults and adolescents. It evaluates work readiness for amount of supervision required, realistic job goals, teamwork, acceptance of rules and authority, work tolerance, perseverance in work, extent of assistance seeking and importance attached to job training.

Levine, S. and Elzey, F. San Francisco Vocational Competency Scale. Psychological Corporation, 1968. This behavior rating scale is designed to assess vocational competence of mentally retarded adults in workshop settings. Motor skills, cognition, dependability-responsibility, and social-emotional behavior area evaluated.

Parnicky, K. and Parnicky, J. The Vocational Interest and Sophistication Assessment (VISA). Edward R. Johnstone Training and Research Center, 1968. The VISA was normed on a mentally retarded population and assesses level of vocational sophistication and vocational interest. The test requires no reading and is useful with the moderately retarded.

The Texas Career Education Measurement Series. Texas Education Agency, 1977. This test is designed as a diagnostic tool to determine pupil progress toward mastery of basic career education competencies. The instrument is designed for use with nonhandicapped youth, but it has been used with the educable mentally retarded.

Tiedman, A. M. Individual Career Exploration (ICE). Scholastic Aptitude Corporation, 1976. This instrument is an inventory used to help students gain awareness of the world of work. The ICE is in picture form and can be used with slow learners and mildly retarded students.

Behavior Rating Scales

Cassel, R. N. The Child Behavior Rating Scale. Western Psychological Associates, 1962. Provides child adjustent scores for children in grades K-3. Ratings are made by teachers or parents in areas of: self adjustment, school adjustment, physical adjustment, social adjustment, and total domains. Reviewers indicate that test items are often inferential in nature.

Address: 12031 Wilshire Blvd.
Los Angeles, Ca. 90025

Spivak, G.; Spotts, S. and Haimes, P. E. Devereaux Adolescent Behavior Rating Scale. Devereaux Foundation Press, 1967. This scale is designed to profile 15 problem behavior dimensions characteristic of youngsters aged 13 to 18. Scale is most suited with distrubed adolescents. Some items are inferential.

Address: Devon, Pa. 19333

Spivak, G. and Spotts, S. Devereaux Child Behavior Rating Scale. Devereaux Foundation Press, 1966. Ratings may be made by parents or child care workers. 17 scores: distractibility, poor self-care, pathological use of senses, emotional detachment, social isolation, poor coordination, incontinence, messiness-sloppiness, inadequate need for independence, and others. It is designed to be used with children ages 8-12. Instrument is useful for determining behavior disorders.

Address: Devon, Pa. 19333

Spivak, G. and Swift M. Devereaux Elementary School Behavior Rating. Devereaux Foundation Press, 1967. This instrument is helpful in classifying behavior problems. Ratings can be made by teachers. There has been little work establishing reliability and validity.

Address: Devon, Pa. 19333

Structured Observational System: A Record of Pupil Behavior, Southern Prairie AEA, 1980. This observational system was developed for the purpose of collecting data on observable behaviors of children in school systems. Training is required to use the system appropriate.

Available from: Area Education Agency 15
Ottumwa Industrial Airport
Building #40
Ottumwa, Iowa 52501

Vinter, R. D.; Sarri, R. C.; Vorwaller, D. J. and Schafer, W. E. Pupil Behavior Inventory. Campus Publishers, 1966. This rating scale provides scores for: classroom conduct, academic motivation, personal behavior, socio-emotional and teacher dependence. It is designed to be used with students in grades 7-12. This scale, although easy to use, fails to meet rigorous development standards.

Walker, H. M. Walker Problems Behavior Identification Checklist. Western Psychological Services, 1970. This rating scale is designed to provide scores for acting out, withdrawal, distractibility, disturbed peer relations, and immaturity. The ratings are made by teachers and it is a useful instrument for identifying behavior problems.

Address: 12031 Wilshire Blvd.
Los Angelos, Ca 90025

Informal Collection of Adaptive Behavior Data

The task force does not endorse any single informal data collection practices. However, adaptive behavior data may be collected through informal procedures, such as, locally developed interview forms and behavior checklists. Adaptive behavior data collection forms have been developed by the following agencies:

Agency	
Heartland AEA 11 1932 S.W. 3rd Ankeny, Iowa 50021	Both out-of-school and in-school check lists
Mississippi Bend AEA #9 800 23rd Street Bettendorf, Iowa 52722	Out-of-school interview

At this writing, a number of other area education agencies were in the process of rewriting their home interview forms to collect relevant adaptive behavior information.

Appendix C

STAFFING TEAM CHECKLIST FOR PLACEMENT:
MILDLY MENTALLY DISABLED CHILDREN

For a child to be identified as a mentally disabled and subsequently placed in a special education program, the following sequence of actions should be undertaken during a placement staffing:

Determination of a Mental Disability

1. Have the following steps been taken prior to assessment of intelligence and adaptive behavior?

a.	Attempts made to accommodate child in the regular classroom	___yes ___no
b.	Investigate cultural, linguistic, and racial background	___yes ___no
c.	Reviewed health and medical history	___yes ___no
d.	Reviewed educational history	___yes ___no
e.	Review social and family relationships	___yes ___no
f.	Visual screening	___yes ___no
g.	Hearing screening	___yes ___no
h.	Speech and language screening	___yes ___no
i.	Motor functioning screening	___yes ___no

If any responses above are negative, these steps should be undertaken before an classification or placement decision is made.

2. Has the child met classification criteria in the following areas:

a. Failed to benefit from compensatory education ___N/A ___yes ___no

b. IQ score greater than one standard deviation below the mean ___yes ___no

c. Evidence of in-school or out-of-school adaptive behavior has been presented ___yes ___no

d. Intelligence test scores and adaptive behavior are unlikely to be primarily attributable to cultural, linguistic or racial differences ___yes ___no

e. Has information from above areas been documented ___yes ___no

If all responses to above questions are affirmative or not applicable, the child meets classification criteria as a result of being mentally disabled.

Determining Need for Special Education

Since not all classified children need special education services, the staffing team must determine the need before prescribing the service.

1. Has the child performed on one or more norm referenced tests of academic skills at levels greater than one standard deviation below the mean? ___yes ___no

2. Are deficiencies in adaptive behavior exhibited which may interfere with the child's ability to cope at an age-appropriate level with school and social demands? ___yes ___no

If the above questions are answered in the affirmative, the child has a need for special education services.

Determining Extent of Need

If the staffing team wishes to go no further, placement options are the regular class and Resource Teaching Program. If a more restrictive setting is contemplated the following considerations should be made:

1. Has the child failed to benefit from the Resource Teacher Program? ___N/A ___yes ___no

2. Has information in out-of-school environments been collected, reported, and document related to:

   a. Social skills ___yes ___no

   b. Self-care skills ___yes ___no

   c. Independent living skills ___yes ___no

   d. Emotional Development ___yes ___no

   e. Vocational skills ___yes ___no

   f. Language skills ___yes ___no

3. Does the child demonstrate academic and behavioral deficiencies which are addressed in the special class curriculum? ___yes ___no

If responses to all the above questions are affirmative or not applicable, the service delivery options are Resource Teaching P ograms and special class with integration.

Determining Need for Restrictive Environment

1. Does the child exhibit a pattern of performance that would make success in most regular classes unlikely? ___yes ___no

2. Is the child's performance on an individual test of intelligence at a level greater than 1.75 standard deviations below the mean? ___yes ___no

3. Does the special class program and curriculum address the child's needs? ___yes ___no

If responses to the above three questions are affirmative, placements may be made in special class with integration and self-contained special class programs.

Completing the IEP

Have the following steps been taken to develop IEP?

1. Documented needs in "present level of educational performance" section. ___yes ___no

   a. The present level statement includes academic information ___yes ___no
   b. The present level statement includes adaptive behaior information ___yes ___no

2. Establish goals that relate to needs ___yes ___ no

3. Identified needed support services ___yes ___no

4. Establish goals for support services ___yes ___no

5. Determined the amount of time in the regular classroom ___yes ___no

6. Written measurable objectives to accomplish goals ___yes ___no

7. Established evaluation criteria ___yes ___no

8. Determined beginning and ending dates for services ___yes ___no

9. Determined time for annual review ___yes ___no

10. Allowed the parent to provide input into the IEP development ___yes ___no

11. Determine career/vocational needs ___yes ___no

12. Selected appropriate physical education program ___yes ___ no

13. Selected an appropriate program ___yes ___no

14. Determined special transportation needs ___yes ___no

If responses to the above list of steps are affirmative, the staffing team has completed the placement process.

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