Minnesota Department of Education

Developmental Cognitive Disability

Student Name: _____ DOB: _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ____Yes ____ No

____ Evaluation⇨ (Must meet initial criteria)

____ Reevaluation⇨ (Must address criteria components)

Based on information in the Evaluation Report and the student file, the student must meet the requirements in A and B below.

A. Adaptive Behavior

_____ The student demonstrates below-average adaptive behavior in *school* by a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior.

Adaptive behavior test name _____

Composite score percentile _____

_____ The student demonstrates below average adaptive behavior at *home* by a composite score at or below the 15th percentile on a nationally normed, technically adequate measure of adaptive behavior.

Adaptive behavior test name: _____

Composite score percentile _____

AND

Documentation of needs and the level of support required in **at least four of the seven** adaptive behavior domains across multiple environments.

Domain	Home	School	Community	Need(s) & Level of Support Required
daily living and independent living skills				
social and interpersonal skills				

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1333.

Domain	Home	School	Community	Need(s) & Level of Support Required
communication skills				
academic skills				
recreation and leisure skills				
community participation skills				
work and work-related skills				

AND

Is supported by BOTH of the following:

_____ A systemic observation

_____ Parent input

Other sources of documentation may include checklists, classroom or work samples, interviews, criterion-referenced measures, educational history, medical history, or pupil self-report.

B. General Intellectual Functioning

The student demonstrates significantly below-average general intellectual functioning as measured by an individually administered, nationally normed test of intellectual ability.

Intellectual Ability Test:_____ Full Scale Score:_____ SD: _____

____ Mild-moderate range = 2 standard deviations below the mean (+ or – 1 standard error of measurement)

____ Severe-profound range = 3 standard deviations below the mean (+ or – 1 standard error of measurement)

AND

The student's significantly below-average general intellectual functioning is verified through:

____ A written summary of results from at least two systematic observations with consideration for culturally relevant information, medical and education history **and at least one of the following**:

____ Supplemental tests of specific abilities

____ Alternative methods of intellectual assessment

____ Criterion-referenced tests

____ Clinical interviews with family members

____ Observation and analysis of behavior across multiple environments

Note: DCD does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorder, severe multiple impairments, cultural influences, or inconsistent educational programming.

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following MUST be checked.

____ The documentation supports the team decision.

____ The documentation does not support the team decision.