

**INTELLECTUAL DISABILITY
VERIFICATION**

Student Name: _____ Date of Birth: _____

This student's attached documentation indicates the following criterion have been met:

1. Significant limitations both in intellectual functioning and adaptive behavior that affect and limit the student's ability to access the educational process.
2. The disability originated before the age of 18.

The disability may be verified by using documentation from a referring agency and may be reported in the Intellectual Disability category by meeting one of the five standards:

_____ A. This student has an earned standard score less than or equal to 70 on a professionally accepted ability assessment.

OR

_____ B. The student has an earned standard score of 84 or below and at least one of the seven following indicators is documented.

- _____ 1. History of special education
- _____ 2. History of sheltered or supported employment
- _____ 3. History of unemployment or limited entry level employment
- _____ 4. Dependent / semi-independent living environment
- _____ 5. Client status with the State Department of Rehabilitation
- _____ 6. Client status with the Regional Center
- _____ 7. Academic skill deficiency

OR

_____ C. The student has an IEP or other documentation that indicates the student has ID.

OR

_____ D. The student is a client of the Regional Center and is reported as having ID.

OR

_____ E. The student is a client of the Department of Rehabilitation and is reported as having ID.

This student meets the eligibility criteria of the Intellectual Disability definition.

Signature of DSPS Certificated Staff or DSPS Coordinator

DATE