

# Significant Cognitive Disability Determination

## Documentation Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Part A: Determining SCD Status

1. Does the student have a current IEP?	YES	NO
2. Student's current eligibility category is one of the following? a. Autism b. Deaf-blindness c. Intellectual Disability d. Multiple Disabilities e. Other Health Impairment f. Traumatic Brain Injury	YES	NO
3. Student's IQ score is two or more standard deviations below the mean?	YES	NO

### Part B: Analysis of Adaptive Skills

The student's cumulative scores in the Conceptual, Social, and Practical Domains equals 11 points or more?	YES	NO
--	-----	----

### Part C: Determining the need for direct individualized instruction.

The student's cumulative scores in the Curriculum, Instruction, Supports, Accommodations, and Assessments and Assistive Technology equals 5 points or more?	YES	NO
---	-----	----

### Part D: Additional considerations

Is the SCD determination made based on multiple pieces of data and not solely on the considerations listed on page 7 of the SCD Determination: Decision-Making Tool?	YES	NO
--	-----	----

**Based on the review of evidence in Parts A, B, and C, and ensuring that the decision is not based solely on any of the considerations above, does the student meet all criteria for participation in the alternate assessment?**

YES	The student meets all criteria in Parts A, B, and C and will participate in the alternate assessments.
NO	The student does not meet all criteria in Parts A, B, and C and is not eligible for participation in the alternate assessment.

Agency Representative:		Parent/Guardian:	
General Education Teacher:		Student (if applicable):	
Special Education Teacher:		Other:	
Date of Decision:			

**Committee Members:** All members of the IEP committee should be documented. This documentation form along with the decision-making tool should remain with the student's educational records