

MISSISSIPPI SIGNIFICANT COGNITIVE DISABILITY (SCD)

Office of Special Education

GUIDANCE DOCUMENT

Updated March 2026



**MISSISSIPPI
DEPARTMENT OF
EDUCATION**

Table of Contents

Introduction	SCD Determination: How to Use the Decision-Making Tool.....	3
	Step-by-Step Instructions.....	4
	SCD Determination: Decision-Making Tool Overview.....	5
	SCD Decision Making Tool: Final Determination.....	7
Part A	Directions.....	8
	Decision Flow-Chart.....	9
Part B	Part B: Analysis of Adaptive Skills Directions.....	10
	Conceptual Domain.....	11
	Social Domain.....	12
	Practical Domain.....	13
	Part B: Adaptive Determination.....	14
Part C	Part C: Directions.....	15
	Part C: Determining Instructional Alignment and Support Needs.....	15
	Grade-Level Standards with Supports.....	16
	Assistive Technology.....	17
	Part C: Dermination.....	18
Part D	Additional Considerations.....	19
Appendix	Glossary.....	20
	FAQS.....	25
	References.....	30

SCD Determination: How to Use the Decision-Making Tool

Purpose of This Guidance Document

This decision-making tool is designed to assist IEP/MET committees in determining whether a student may meet the criteria for a Significant Cognitive Disability (SCD) in accordance with Mississippi State Board Policy 74.19, IDEA requirements, and Mississippi guidance for participation in Alternate Academic Achievement Standards (MS-AAAS).

Each year, the IEP committee should review this decision-making tool to appropriately determine if a student is 1) significantly cognitively disabled (SCD) and 2) if they should participate in the alternate assessment.

This tool is divided into four parts, Part A through Part D. IEP committees should work through the document, starting with Part A. At the end of each part, the committee should review whether the student meets the criteria. If, after reviewing the information, a student does not meet the eligibility criteria in all sections, the student is not SCD and is not eligible to participate in Mississippi's alternate assessment program. The decision-making tool should remain with the student's educational records.

Throughout the tool, IEP committees should review multiple sources of information, including the student's IEP, comprehensive evaluations, and other data, such as results from formative assessments, evidence-based interventions, assistive technology assessments, and the student's educational records documenting supports and services. (Refer to Pages 5-6 for the complete list of data sources that must be documented when completing Parts A-C.)

This document also supports consistent Statewide implementation by providing structured decisions, standardized rubrics, and guidance to ensure that determinations are based on a preponderance of evidence rather than isolated scores or subjective impressions.

This tool does not replace the IEP/MET committee's responsibility to review all required eligibility criteria. Instead, it provides a structured, evidence-based process to support consistent, defensible decision-making.

Guiding Principles

- Decisions must be based on the preponderance of evidence, not a single score, domain, or section.
- Multiple data sources across settings must be considered.
- Teams must presume competence when evidence does not clearly support a higher level of impairment.
- No numerical cut scores or totals are used to determine eligibility.
- The presence of an SCD is determined only after completing all applicable parts of this tool.

Step-by-Step Instructions

Step 1: Complete Part A – Determination Tree.

Proceed only if the student meets the criteria to continue consideration.

Step 2: Complete Part B – Adaptive Behavior Rubrics (Conceptual, Social, Practical).

Proceed only if the review indicates a pattern of significant adaptive behavior deficits.

Step 3: Complete Part C – Instructional Alignment and Support Needs Rubrics (Curriculum/Instruction and Assistive Technology).

Proceed only if the student requires direct, individualized instruction aligned to Mississippi Alternate Academic Achievement Standards (MS-AAAS).

Step 4: Complete Part D – Additional Considerations to ensure the determination is not based on prohibited factors.

Step 5: Review Parts A–D collectively and make the final determination based on the preponderance of evidence.

The IEP/MET committee reviewed multiple data sources across settings and used the preponderance of evidence to determine whether the student meets the criteria for a significant cognitive disability, in accordance with Mississippi State Board Policy 74.19.

SCD Determination Decision-Making Tool: Overview

Student:		DOB:	
MSIS #:		Date:	

Data Sources for Adaptive Behavior Decisions

As the IEP/MET committee reviews the student's level of adaptive functioning, document the **multiple** data sources utilized to make the determination. The determination is made based on the preponderance of data (MDE [2016], State Board Policy 74.19).

Part C Documentation:

- Individual Family Service Plan (IFSP)

Standardized Adaptive Behavior Measures:

(When administered and interpreted appropriately)

- Vineland Adaptive Behavior Scales (Vineland-3)
 Adaptive Behavior Assessment System (ABAS-3)
 Other: _____

Teacher and Staff Input:

- Input from current and previous teachers
 Special education service providers
 Related service providers (speech-language pathologist, OT, PT, counselor, etc.)
 Paraprofessionals or support staff who work with the student regularly

Structured and unstructured observations by:

- General education teachers
 Special education teachers
 Related service providers
 Administrators or support staff

Observations across:

- Academic instruction
 Transitions and routines
 Social interactions
 Independent work time
 Documentation of level of prompting, supervision, or support required

Parent / Caregiver Input:

- Parent interviews or questionnaires
 Reports of functioning at home and in the community

Data Sources for Adaptive Behavior Decisions	
<p>Student interviews:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-report checklists or reflections <input type="checkbox"/> Student description of: Independence, social experiences, and/or daily routines and challenges <p>Related Service Data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Speech-language evaluations (pragmatic language, functional communication) <input type="checkbox"/> Occupational therapy data (self-care, daily living skills) <input type="checkbox"/> Physical therapy data (only as it relates to functional independence, not physical disability alone) <input type="checkbox"/> Counseling or social work input related to social functioning 	<p>Behavioral and Functional Data (Social & Practical Domains)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Behavior logs or frequency data <input type="checkbox"/> Functional Behavioral Assessment (if available) <input type="checkbox"/> Documentation of: <ul style="list-style-type: none"> ◦ Emotional regulation ◦ Social judgment ◦ Safety awareness ◦ Need for supervision <input type="checkbox"/> Office discipline referrals or incident reports (when relevant)
<p>Community-Based or Functional Skill Information (When Available)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community-based instruction data <input type="checkbox"/> Work-based learning or vocational observations (if age-appropriate) <input type="checkbox"/> Travel training or safety skill documentation <input type="checkbox"/> Participation in extracurricular or community activities 	<p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation provided by parents <input type="checkbox"/> Outside data sources <input type="checkbox"/> _____

Note: Parent input must be considered on equal footing with other data sources in Parts A-C. Committees should use family interviews and reports of functioning at home and in the community as part of the preponderance of evidence.

SCD Decision-Making Tool: Final Determination

Based on the review of evidence in parts A, B, and C and making sure 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 assessment.

____ No, the student does not meet all criteria in parts A, B and C and is not eligible for participation in the alternate assessment.

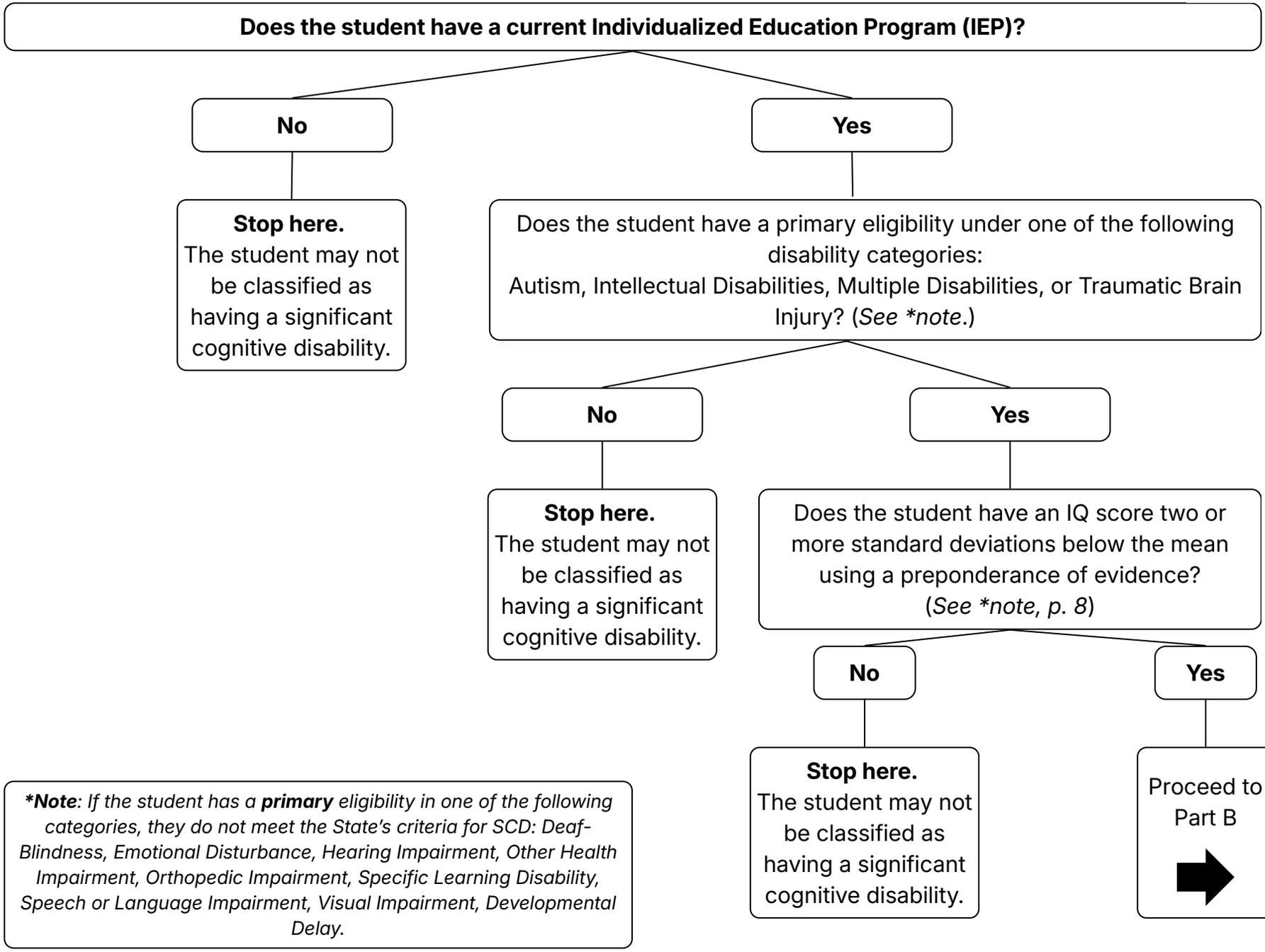
Agency Representative (Name/Date):	
Special Education Teacher (Name/Date):	
General Education Teacher (Name/Date):	
Parent/Guardian (Name/Date):	
Student (if applicable) (Name/Date):	
Other (Name/Date):	

No single rating, domain, instructional need, or support requirement shall be used in isolation to determine eligibility for a significant cognitive disability or participation in alternate academic achievement standards. The IEP/MET committee must consider the preponderance of evidence in accordance with Mississippi State Board Policy 74.19.

Part A: Determining SCD Status

Directions: Use the decision tree to determine whether the student meets the criteria for classification as a student with a significant cognitive disability.

Note: Cognitive assessment data must be interpreted within the context of multiple sources of information. An IQ score may NOT be used in isolation to determine the presence of a significant cognitive disability. Consistent with State Board Policy 74.19, the IEP/MET committee must consider the student's adaptive behavior, developmental history, instructional response, and functional performance across settings before determining eligibility.



Part B: Analysis of Adaptive Skills

To ensure consistent Statewide application, all IEP/MET committees must score each of the three domains using multiple data sources and document the justification for the selected column. Scoring must not be based on the student's disability label, placement, or isolated incidents.

Directions:

- Select the column in each of the three adaptive skills domains (Conceptual, Social, and Practical) that best describes the student's typical daily functioning across settings, based on multiple sources of data.
- After reviewing all available data, if the preponderance of evidence does not clearly support the higher level of impairment, the committee will presume competence and select the column to the left.
- For example, if the committee is determining whether the student's functioning aligns more closely with 2 points or 3 points, and the data do not clearly support a significant deficit, the committee should select 2 points.
- Teams must see the adaptive behavior rubrics exactly as written and score each domain (conceptual, social, practical) based on typical functioning across settings, not best-day or worst-day performance. When evidence does not clearly support a higher level of impairment, the committee must presume competence and select the column to the left.

Note: Student interviews should be included when possible and appropriate, taking into account the student's communication modes and cognitive functioning. When the student is unable to meaningfully participate in an interview, the committee should use alternative methods such as observations, communication samples, caregiver reports, or information from familiar staff to capture the student's functional abilities. Lack of participation in an interview may not be interpreted as evidence of a significant cognitive disability and must not replace the requirement to consider multiple data sources.

Proceed to
Part B



Conceptual Domain:

This domain covers skills needed to communicate, apply academic skills, and manage and accomplish tasks.

1 Point	2 Points	3 Points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The student:</p> <ul style="list-style-type: none"> performs at or near grade level academically in English Language Arts and mathematics most of the time. <p>AND</p> <ul style="list-style-type: none"> demonstrates age-appropriate receptive and expressive communication skills (verbally or through a communication device), including conversational skills. <p>AND</p> <ul style="list-style-type: none"> independently expresses wants and needs, makes choices, demonstrates self-control, and takes responsibility for choices at an age-appropriate level. 	<p>The student:</p> <ul style="list-style-type: none"> has difficulty learning grade-level academic content aligned to Mississippi College- and Career-Readiness Standards, but is making progress with appropriate supports and interventions. <p>AND</p> <ul style="list-style-type: none"> after learning new content, may require additional practice and direct instruction to generalize skills to daily living or functional activities. <p>AND</p> <ul style="list-style-type: none"> demonstrates some age-appropriate receptive and expressive communication skills (verbally or through a communication device), understands simple verbal and nonverbal communication. <p>AND</p> <ul style="list-style-type: none"> can usually follow simple, age-appropriate directions and routines with prompting or supports. 	<p>The student:</p> <ul style="list-style-type: none"> has significant difficulty learning academic content across subject areas and requires intensive intervention and/or modified or adapted grade-level standards. <p>AND</p> <ul style="list-style-type: none"> demonstrates limited ability to generalize learned skills beyond the instructional setting, even with assistance and repeated practice. <p>AND</p> <ul style="list-style-type: none"> has difficulty clearly communicating wants, needs, thoughts, or ideas, and/or has difficulty understanding messages conveyed by others. <p>AND</p> <ul style="list-style-type: none"> requires significant adult assistance to follow directions, manage routines, and complete daily school-related tasks.

Social Domain:

This domain covers skills needed to communicate, apply academic skills, and manage and accomplish tasks.



1 Point	2 Points	3 Points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The student:</p> <ul style="list-style-type: none"> displays age-appropriate social, communication, and leisure skills most of the time. <p>AND</p> <ul style="list-style-type: none"> usually initiates and maintains friendships, expresses and recognizes emotions with same-age peers. <p>AND</p> <ul style="list-style-type: none"> engages in play and recreational activities without additional support most of the time. 	<p>The student:</p> <ul style="list-style-type: none"> may have some difficulty with social interactions compared to same-age peers (e.g., misinterprets social cues or displays immature behavior). <p>AND</p> <ul style="list-style-type: none"> communication, language, or conversational skills may be more concrete or less mature than those of peers. <p>AND</p> <ul style="list-style-type: none"> may experience challenges regulating emotions or behavior in an age-appropriate manner, with difficulties noted by peers and/or adults. 	<p>The student:</p> <ul style="list-style-type: none"> demonstrates social, behavioral, and/or communication skills that are markedly different from same-age peers. <p>AND</p> <ul style="list-style-type: none"> uses less elaborate or non-typical modes of communication (e.g., gestures, pointing, behaviors) despite being generally understood. (<i>See definition in glossary.</i>) <p>AND</p> <ul style="list-style-type: none"> frequently has difficulty perceiving or interpreting social cues accurately. <p>AND</p> <ul style="list-style-type: none"> often requires significant adult support or supervision to engage appropriately in social situations, follow rules, or maintain personal safety. <p>AND</p> <ul style="list-style-type: none"> may be vulnerable to peer influence or easily persuaded to violate rules or safe boundaries.

Practical Domain:

Behaviors needed to address personal and health needs; function in home, classroom, school, work, and community settings.

1 Point	2 Points	3 Points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The student:</p> <ul style="list-style-type: none"> follows safety rules and functions in the community and classroom similarly to same-age peers with little to no assistance. <p>AND</p> <ul style="list-style-type: none"> Independently performs self-care activities such as eating, dressing, and personal hygiene with little to no assistance. 	<p>The student:</p> <ul style="list-style-type: none"> often functions age-appropriately in personal care, daily living activities, and use of community resources. <p>AND</p> <ul style="list-style-type: none"> displays recreational skills generally comparable to peers, though additional support may be needed. <p>AND</p> <ul style="list-style-type: none"> may require some support navigating the school or community and reminders related to safety awareness. 	<p>The student:</p> <ul style="list-style-type: none"> requires ongoing and significant support to meet personal care needs (e.g., eating, dressing, toileting), often following an extended period of explicit instruction. <p>AND</p> <ul style="list-style-type: none"> requires frequent prompting, cues, or adult assistance to engage safely in daily living and leisure activities. <p>AND</p> <ul style="list-style-type: none"> demonstrates limited independence in navigating the school or community and requires intensive support to ensure safety. <p>AND</p> <ul style="list-style-type: none"> requires continuous supervision for health, safety, and daily functioning due to cognitive needs, not physical limitations.

Part B: Adaptive Determination

Adaptive behavior must be considered across the *Conceptual, Social, and Practical* domains, using multiple sources of data, to determine whether the student demonstrates significant deficits that adversely impact educational performance. Review each domain's rubric and determine the following:

<p>IF:</p>	<p>IF:</p>
<ul style="list-style-type: none"> The student demonstrates 1-point or 2-point ratings across the adaptive behavior domains, <p>AND</p> <ul style="list-style-type: none"> Any areas of concern reflect delays, skills that are less mature than those of same-age peers, or skill gaps that improve with supports, <p>AND</p> <ul style="list-style-type: none"> The preponderance of evidence does not support a significant deficit in adaptive functioning. 	<ul style="list-style-type: none"> The student demonstrates 3-point level needs in one or more domains that are observed across settings and over time <p>AND</p> <ul style="list-style-type: none"> The deficits reflect marked limitations in daily functioning, <p>AND</p> <ul style="list-style-type: none"> The student requires ongoing, significant adult support or supervision, <p>AND</p> <ul style="list-style-type: none"> The deficits are documented across settings and supported by multiple data sources.

STOP HERE
Significant Adaptive Behavior Deficits **ARE NOT** Indicated.

Proceed with full eligibility determination, including review of intellectual functioning, developmental history, and adverse educational impact.



Part C – Determining Instructional Alignment and Support Needs

Purpose

To determine whether the student requires direct, individualized instruction aligned to Mississippi's Alternate Academic Achievement Standards (MS-AAAS) and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

Directions:

Select the column that best describes the student's typical instructional needs, including curriculum, instruction, supports, accommodations, and assistive technology, based on multiple sources of data.

If, after reviewing all available data, the committee is deciding between two columns, presume competence and select the column to the left.

Proceed with full eligibility determination, including review of intellectual functioning, developmental history, and adverse educational impact.



Grade-Level Standards with Supports

1 Point	2 Points	3 Points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The student's:</p> <ul style="list-style-type: none"> present levels of performance indicate areas of need; however, current data show the student is able to access and make progress toward grade-level Mississippi College and Career Readiness Standards, <p>AND</p> <ul style="list-style-type: none"> instruction is aligned to grade-level standards, with the use of accommodations, scaffolds, and supports, <p>AND</p> <ul style="list-style-type: none"> participates in general education assessments with or without accommodations. 	<p>The student:</p> <ul style="list-style-type: none"> has present levels of performance that indicate significant academic deficits, <p>AND</p> <ul style="list-style-type: none"> requires specially designed instruction that is explicit, systematic, and standards-based across content areas, <p>AND</p> <ul style="list-style-type: none"> receives instruction that remains aligned to grade-level standards, though delivered with intensive supports, repetition, and scaffolding, <p>AND</p> <ul style="list-style-type: none"> participates in general education assessments, with accommodations as appropriate. 	<p>The student:</p> <ul style="list-style-type: none"> has present levels of performance that demonstrate persistent, significant academic needs, <p>AND</p> <ul style="list-style-type: none"> requires direct, individualized instruction aligned to Mississippi Alternate Academic Achievement Standards (MS-AAAS), <p>AND</p> <ul style="list-style-type: none"> requires substantial supports to achieve measurable progress, <p>AND</p> <ul style="list-style-type: none"> participation in alternate assessment is required to appropriately measure progress.

Assistive Technology

1 Point	2 Points	3 Points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • The IEP committee has determined the student does not require assistive technology, <p>OR</p> <ul style="list-style-type: none"> • an assistive technology evaluation was completed and determined that assistive technology is not needed, <p>OR</p> <ul style="list-style-type: none"> • any tools used are typical classroom supports available to all students. 	<ul style="list-style-type: none"> • The student requires low- or mid-tech assistive technology supports (e.g., picture schedules, pencil grips, visual supports, simple communication devices), <p>AND</p> <ul style="list-style-type: none"> • assistive technology supports access to grade-level instruction, <p>AND</p> <ul style="list-style-type: none"> • the student may be learning to use, or independently using, assistive technology as a support or a scaffold. 	<ul style="list-style-type: none"> • The student requires ongoing, significant assistive technology supports across instructional, communication, daily living, and/or mobility needs, <p>AND</p> <ul style="list-style-type: none"> • assistive technology is essential for participation in instruction and routines, <p>AND</p> <ul style="list-style-type: none"> • the student may require consistent adult assistance to use assistive technology effectively, <p>AND</p> <ul style="list-style-type: none"> • the need for assistive technology reflects significant cognitive needs, not solely physical or sensory disabilities.

No single rating, section, or assistive technology need shall be used in isolation to determine eligibility for alternate academic achievement standards. The IEP/MET committee must consider the preponderance of evidence across all required eligibility components in accordance with Mississippi State Board Policy 74.19.

Part C: Determination

This determination is made by reviewing the preponderance of evidence across Parts A, B, and C, including adaptive behavior, instructional needs, and assistive technology requirements.

<p>IF:</p> <ul style="list-style-type: none"> The student's instructional needs are best described by 1-point or 2-point ratings in Part C, <p>AND</p> <ul style="list-style-type: none"> The student is able to make meaningful progress toward grade-level Mississippi College- and Career-Readiness Standards with accommodations, scaffolds, and specially designed instruction, <p>AND</p> <ul style="list-style-type: none"> The student does not require instruction aligned to Mississippi Alternate Academic Achievement Standards to demonstrate learning. 	<p>IF:</p> <ul style="list-style-type: none"> The student demonstrates 3-point ratings in Part C, <p>AND</p> <ul style="list-style-type: none"> The student requires direct, individualized instruction aligned to Mississippi Alternate Academic Achievement Standards (MS-AAAS) to make measurable academic progress, <p>AND</p> <ul style="list-style-type: none"> The student requires substantial and ongoing support across instructional settings, <p>AND</p> <ul style="list-style-type: none"> Multiple data sources support the need for alternative standards and reflect significant cognitive needs, not limited instructional exposure or a lack of appropriate supports.
--	---

Stop here.

The student does not require extensive, direct individualized instruction aligned to Mississippi Alternate Academic Achievement Standards and does not meet the instructional criteria associated with a significant cognitive disability.

Proceed to Part D to complete the comprehensive eligibility review.



Part D: Additional Considerations (Required Safeguards)

Important Clarification

The determination of a significant cognitive disability is made only after reviewing the entire decision-making tool and the evidence collected in Parts A, B, and C.

The decision-making process must include meaningful participation from parents or guardians, and the committee must document parent input as part of the evidence reviewed.

A significant cognitive disability determination is NOT made solely on the basis of any of the following:

- Disability category (*See* flowchart on p. 9*), educational environment, or instructional setting
- Student's instructional reading level being below grade level
- Anticipated or expected poor performance on general education assessments
- Administrative decisions or anticipated impact on accountability systems
- Anticipated disruptive behavior or emotional distress during testing
- Poor attendance or extended absences
- English Learner status or social, cultural, or economic differences

Return to Page 7 to document SCD Determination.

GLOSSARY

Accommodation: A tool that enables a student with a disability to better access the general curriculum. Some accommodations are applicable to instruction only (for example, an assignment that is shortened but still addresses the State standard); others are permitted for both instruction and assessment (for example, a change in formatting or timing).

Adaptive skills: Practical, everyday skills needed to function and meet the demands of one's environment, including the skills necessary to effectively and independently take care of oneself and interact with other people (American Association on Intellectual and Developmental Disabilities, 2017). Those used in daily living, such as eating, dressing, and toileting. These are also referred to as self-help skills.

Assistive technology: An assistive technology device is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted or its replacement.

Augmentative and alternative communication (AAC): All forms of communication (other than speech) that are used to express thoughts, needs, wants, and ideas. Examples include visual schedules, first-then schedules, alphabet charts, and picture boards.

Autism: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3), that adversely affects a child's educational performance. Additional characteristics often associated with Autism include engagement in repetitive activities and stereotyped movements, resistance to environmental change or to changes in daily routines, and unusual responses to sensory experiences. It is not necessary for the student to exhibit all of these additional characteristics to meet the criteria.

Cognitive skills: The ability to think, learn, and solve problems. It is how your child explores the world around them with their eyes, ears, and hands. This includes attention spans, memory, logic, and reasoning, as well as processing information.

Comprehensive evaluation report: A summary of testing for the initial evaluation and/or reevaluation.

Deaf-Blind: A concomitant hearing and visual impairments that adversely affect a child's educational performance, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Developmental Delay: A child in the age range of birth through nine (9) who is experiencing significant delays in two or more of the five developmental areas (cognitive, fine/gross motor, communication, social/emotional/behavioral, and adaptive behavior) meets the eligibility criteria for Developmentally Delayed (DD) if, by reason of the developmental delays, they need special education and related services due to a disability that adversely affects a child's pre-academic or educational performance

Emotional Disability: A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors (e.g., intellectual disability, severe auditory/visual disorders, chronic health concerns (medications, etc.).
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers (e.g., disregards the feelings of others, avoids social interactions, difficulty making and keeping friends, hurts or threatens others when confronted, initiates or picks fights, appears unaware of how others feel about him/her, anxious or uncomfortable around others, gets taken advantage of by peers, etc.).
- Inappropriate types of behavior or feelings under normal circumstances (e.g., difficulty controlling anger, jumps from one thing to another when talking or performing tasks, fails to show remorse, refuses to speak, overreacts, fails to react appropriately, self-injurious, speaks in disorganized ways - makes no sense, refuses to eat, poor hygiene, etc.).
- Emotional disturbance includes schizophrenia.

English Learner (EL): English learners are students whose primary or home language is other than English who need language assistance to effectively participate in school instructional programs.

Generally understood (As used in the Social Domain): A phrase indicating that familiar adults or peers can usually determine the student's intent; however, the student relies on non-typical, limited, or significantly immature communication methods. This does not indicate age-appropriate communication.

Hearing Impairment: An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance.

Individualized Education Program: A document written for a child with a disability that is developed, reviewed, and revised in accordance with State and Federal policies.

Intellectual Disability: A significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

- Significantly sub-average general intellectual functioning is defined as two (2) standard deviations or more below the mean, including a standard score of 70, on a measure of cognitive ability.
- A child with an eligibility or ruling of Intellectual Disability exhibits learning problems that vary in degree from mild to severe. Delays in cognitive abilities, adaptive behavior, and developmental milestones must have been evidenced during a child's developmental period, and upon entering school, such delays must have adversely affected a child's educational performance.

Modes for communication: Can include, but are not limited to, sign language, bilingualism, cued speech, verbal therapy, braille, assistive technology devices, and written language.

Modification: Adjustment to an assignment, test, or activity in a way that significantly simplifies or lowers the standard or alters the original measurement. Modifications change what a student is taught or expected to learn, and most are applicable to students with significant cognitive disabilities.

Multiple Disabilities: Include concomitant impairments (such as intellectual disability, blindness, or intellectual disability, orthopedic impairment), the combination of which causes such severe educational needs that children cannot be accommodated in special education programs solely for one of the impairments. Although disabilities in two (2) or more areas may exist in the following categories: Deaf-Blindness, Specific Learning Disability, Developmental Delay, or Language or Speech Impairment, these categories do not constitute Multiple Disabilities in and of themselves. Language/speech, along with another disability, is generally viewed as a secondary condition, not Multiple Disabilities.

Orthopedic Impairment: A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly (e.g., clubfoot or absence of one or more members), impairments caused by disease (for example, poliomyelitis, bone tuberculosis), and impairments from other causes (for example, cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impairment: A limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:

- (a) is due to chronic or acute health problems such as asthma, attention deficit disorder, or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- (b) adversely affects a child's educational performance.

Preponderance of evidence: A decision-making standard in which the IEP/MET committee reviews multiple data sources across settings and determines whether the overall body of evidence supports a conclusion. No single score, rating, observation, or domain may be used in isolation. The committee must rely on the weight of evidence—not on a single test, a single rubric score, or a single data point—to determine whether the student meets the criteria for a significant cognitive disability.

Significant cognitive disability: In order for a student to be classified as having a significant cognitive disability, all the following criteria must be true:

- The student demonstrates significant cognitive deficits and poor adaptive skills (as determined by the student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- The student requires extensive direct instruction in both academic and functional skills in multiple settings to apply and transfer those skills.
- The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences, nor of visual, auditory, or physical disabilities, emotional or behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Note: Per State Board Policy 74.19, IQ scores are only one component of a comprehensive evaluation and may not be used as the sole determination of eligibility or alternate assessment participation. IEP/MET committees must use a preponderance of evidence across cognitive, adaptive, and instructional data.

Specially Designed Instruction (SDI): Universally required component that defines special education and stipulates that students with disabilities receive instruction that includes changes in content, methodology, and/or delivery. It is not dependent on setting and is a primary responsibility of special education professionals.

Specific Learning Disability: (a) Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. (b) Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, intellectual disability, emotional disturbance, or environmental, cultural, or economic disadvantage.

Speech or Language Impairment: A communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance. Speech disorders include impairments in articulation, fluency, and/or voice. Language disorders include developmental or acquired impairments in the reception, production, processing, and comprehension of verbal, nonverbal, and graphic symbol systems. A communication disorder may range from severity from mild to profound and may appear in combination with other communication disorders. A communication disorder may be the primary disability or secondary to other disabilities.

Traumatic Brain Injury: An injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment or both that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual, and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.

Visual Impairment (including blindness): means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

FAQ

Question 1 asks, “Does the student have a current Individualized Education Program (IEP)?” If the IEP committee is considering participation for the student as part of the initial IEP, does that count as current?

Yes. If this is the student’s initial IEP or the IEP is being reviewed, the committee should consider the student's current IEP for decision-making regarding alternate assessment participation.

What is a significant cognitive disability?

Significant cognitive disability is not a disability category under the Individuals with Disabilities Education Act (IDEA).

A student with a significant cognitive disability:

- (1) demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student’s comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- and (2) requires extensive direct instruction in both academic and functional skills in multiple settings to apply and transfer those skills.
- and (3) inability to complete the standard academic curriculum is neither the result of excessive or extended absences, nor is it primarily the result of visual, auditory, or physical disabilities, emotional, or behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Students are eligible to participate in the alternate assessment if they meet all the criteria in sections 1 through 3 of the tool.

What does presume competence mean?

In 2005, Cheryl Jorgensen published an article titled *The Least Dangerous Assumption: A Challenge to Create a New Paradigm*. In this article, she quoted another respected researcher in special education, Anne Donnellan, who in 1984 wrote, “the criterion of least dangerous assumption holds that in the absence of conclusive data, educational decisions ought to be based on assumptions which, if incorrect, will have the least dangerous effect on the likelihood that students will be able to function independently as adults.”

She went on, “We should assume that poor performance is due to instructional inadequacy rather than to student deficits.” Thus, Dr. Jorgensen argued that presuming competence when addressing students with significant cognitive disabilities is the least dangerous thing to do because to do otherwise is more likely to result in harm through fewer educational opportunities, inferior literacy instruction, a segregated education, and fewer choices as an adult. In the decision-making tool, presuming competence means that, when there is no clear choice between two columns, it is more beneficial to assume the student can do more rather than less.

Who is eligible to participate in alternate assessments based on alternate achievement standards?

Only students with significant cognitive disabilities may be assessed using alternative achievement standards. The Every Student Succeeds Act §200.6 expands on the idea of students with significant cognitive disabilities.

(d) State guidelines for students with significant cognitive disabilities: if a state adopts alternate academic achievement standards for students with significant cognitive disabilities, and administers an alternate assessment aligned with those standards, the state must—

- (1) Establish, consistent with section 612(a)(16)(C) of the IDEA, and monitor implementation of clear and appropriate guidelines for IEP committee to apply in determining, on a case-by-case basis, which students with a significant cognitive disability will be assessed based on alternate academic achievement standards. Such guidelines must include a state definition of “students with significant cognitive disabilities” that addresses factors related to cognitive functioning and adaptive behavior, such that—
 - (i) The identification of a student as having a particular disability as defined in the IDEA or as an English learner does not determine whether a student is a student with a significant cognitive disability;
 - (ii) A student with a significant cognitive disability is not identified solely on the basis of the student's previous low academic achievement, or the student's previous need for accommodations to participate in general state- or district-wide assessments; and
 - (iii) A student is identified as having a significant cognitive disability because the student requires extensive, direct individualized instruction and substantial supports to achieve measurable gains on the challenging state academic content standards for the grade in which the student is enrolled.

Why can't a student identified with a specific learning disability or a speech or language impairment qualify for participation in the alternate assessment?

A student with a specific learning disability, by definition, does not have an intellectual component to his or her disability and therefore cannot be a student with a significant cognitive disability. The definition of specific learning disability reads, "Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, intellectual disability, emotional disturbance, or environmental, cultural, or economic disadvantage." A speech or language impairment is a communicative disorder that impacts a student's learning. It also lacks an intellectual dimension.

Does the student's cultural and socioeconomic context matter when determining placement in a column for adaptive behavior?

Yes. When determining limitations in adaptive behavior for students, committees should be careful to separate intellectual disabilities from external factors that are not related to students' cognitive functioning.

For example, in some scenarios, due to a student's home situation, the student may not have good hygiene, but this is not related to the student's intellectual level. The student may not have been taught or had access to resources for hygiene, or good personal hygiene might not have been viewed as a cultural priority (as the student's parents, family, and/or friends may be similar).

Does the decision-making tool need to be completed every year? Does it need to be signed and kept in the student's file or attached to the IEP?

IEP committees should review the decision-making tool at least annually if participation in the alternate assessment is being considered and at each IEP meeting where participation in the alternate assessment is discussed. All members of the IEP committee listed on the tool should sign the tool.

How do we ensure consistent use of the adaptive behavior rubrics across schools and districts?

Committees must review multiple data sources for each domain, score based on typical functioning, presume competence when evidence is inconclusive, and avoid tallying behaviors. The rubric column selected must reflect the overall pattern, not a checklist count.

Does there have to be data to support each decision-making point?

Yes. For all parts of the decision-making tool, decisions must be data-driven. Exactly what data evidence is used depends on what is being considered. Examples of data include results from formative assessments, evidence-based intervention data, information from multiple sections of the IEP, assistive technology assessment data, learner profile or cumulative folder data documenting supports and services, and more.

What does the committee do when it is having difficulty in determining which column to select?

Go back to the data to review current evidence. It may be necessary to collect additional information. In the absence of additional data, presume competence and select the column that represents the present evidence.

When determining which column best describes a student, the committee should take a holistic view of the student's characteristics. Do not tally the number of characteristics in each column to make a decision; consider which column overall best represents the student.

What should the IEP committee do if the student has taken the alternate assessment in previous years, but the committee determines the student is no longer eligible to participate in the alternate assessment?

Sometimes, IEP committees determine that a student who previously participated in the alternate assessment no longer qualifies. If a student does not qualify for the alternate assessment, the committee should switch the student to the general assessment, most likely with accommodations. The committee also should consider other elements of the student's program, such as whether the student requires new or additional assistive technology and whether the student should be moved to a more inclusive setting. Instructional practices and support services should be considered to help the student make progress in the general education curriculum. Committees should continue to hold high expectations for all students with disabilities and focus on each student's individual strengths, recognizing that all students with disabilities are, first and foremost, general education students.

After the IEP committee completed the decision-making tool, the student did not qualify for participation in the alternate assessment. However, the committee believes the student is unable to take the general assessments and show what the student knows and can do. Can the student still take the alternate assessment?

No. Only students who meet all criteria for participation in the alternate assessment may take the alternate assessment.

In our school, students in our self-contained classrooms for students with intellectual disabilities take the alternate assessment. Do the IEP committees of these students have to use the decision-making tool to determine if each of these students qualifies for participation in the alternate assessment?

Yes. Participation in the alternate assessment is an IEP committee decision for each individual student. Where a student is placed is not a criterion for participation in the alternate assessment. Only students who meet all participation criteria for the alternate assessment may take it.

The IEP committee believes that the student under consideration for alternate assessment will not perform well on general assessments, which will affect the school and district report cards and reflect poorly on teacher evaluations. Since the district has less than 1% of the total student population participating in the alternate assessment, is it okay to include additional students who do not meet all criteria for alternate assessment participation in the alternate assessment until the district reaches the 1% threshold?

Only students who meet all participation criteria for the alternate assessment may take it. Some districts will have participation in the alternate assessment below 1%. Districts and schools should not try to maximize their 1% threshold to improve school and district report cards or teacher evaluations. Student participation in the alternate assessment must not be based on anticipated negative impact on school or district report cards or teacher evaluations.

The IEP committee is considering a student for participation in the alternate assessment. This student “melts down” when confronted with difficult tasks, such as taking the general assessments. The student does not meet all the criteria for participation in the alternate assessment, but the committee feels it would be better for the student emotionally. May the student take the alternate assessment?

Only students who meet all participation criteria for the alternate assessment may take it. If a student does not meet all criteria for participation in the alternate assessment but struggles with taking the general assessments, it is imperative that the IEP committee consider all available testing accessibility features. For a student who becomes frustrated easily during testing, the committee may consider features such as one-on-one test administration, a familiar test administrator, music, white noise, or earplugs; the time of day the student will test; taking frequent breaks; and the test location. The student may also benefit from assistive technology and frequent opportunities to practice test-taking.

What is the meaningful parent participation during SCD determination?

Parents must be invited to share observations, describe functioning at home and in the community, and review the committee’s scoring decision. Their input must be considered as part of the preponderance of evidence, consistent with IDEA and Policy 74.19.

References

American Association on Intellectual and Developmental Disabilities. (2021). Intellectual disability: Definition, diagnosis, classification, and systems of supports (12th ed.). AAIDD.

Harrison, P. L., & Oakland, T. (2015). Adaptive Behavior Assessment System (3rd ed.). Western Psychological Services.

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq. (2004); 34 C.F.R. Part 300.
<https://sites.ed.gov/idea/>

Mississippi Department of Education. (2013, revised 2016). State Board Policy 74.19: State policies regarding children with disabilities under the Individuals with Disabilities Education Act. <https://www.mdek12.org/OSE/Policy74-19>

Mississippi Department of Education, Office of Special Education. (2016). Procedures for State Board Policy 74.19: Volume I – Child Find, evaluation, and eligibility. <https://www.mdek12.org/OSE/Policy74-19>

Mississippi Department of Education, Office of Special Education. (2016). Procedures for State Board Policy 74.19: Volume II – Free appropriate public education, individualized education program, least restrictive environment, and extended school year services. <https://www.mdek12.org/OSE/Policy74-19>

Mississippi Department of Education. (n.d.). Mississippi alternate academic achievement standards (MS-AAAS).
<https://www.mdek12.org/OSE>

Mississippi Department of Education. (2025). Mississippi College- and Career-Readiness Standards.
<https://www.mdek12.org/OER>

Ohio Department of Education and Workforce. (2020, October). Ohio's alternate assessment participation decision-making tool. [Access PDF](#)

Reynolds, C. R., & Kamphaus, R. W. (2015). Behavior Assessment System for Children (3rd ed.). Pearson.

Sparrow, S. S., Cicchetti, D. V., & Saulnier, C. A. (2016). Vineland Adaptive Behavior Scales (3rd ed.). Pearson.