



Documentation Guidelines for Test Takers with Intellectual Disabilities

Office of Disability Policy
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I. Preface

Educational Testing Service (ETS) recognizes the importance of periodic review of documentation guidelines to ensure that they reflect current practice and professional standards, developments in the field and recent guidance from the Department of Justice. This edition (2025) of the ETS Documentation Guidelines for Test Takers with Intellectual Disabilities incorporates the previous edition and introduces other changes based upon many years of experience with test takers with intellectual disabilities.

II. Introduction

ETS is committed to providing reasonable testing accommodations for test takers with documented disabilities as recognized under the ADA Amendments Act of 2008 (ADAAA). We review requests for accommodations on a case-by-case basis according to established policies and practices, which ensure that people with disabilities have equal access to ETS tests. This document provides guidance to test takers with intellectual disabilities who are requesting accommodations. It also provides guidance to evaluators regarding the documentation of intellectual disabilities and the linking of accommodation requests to disability-related functional limitations.

You may refer to <https://www.ets.org/disabilities/test-takers.html> for helpful information on requesting accommodations, registering for a test and scheduling a test date. You can also use the “For Test Takers” page for a list of common accommodations, information on where to find bulletins for the test(s) you plan to take, how to determine if documentation is needed to support requested accommodations, and how to register, pay for and schedule the test(s).

To provide more information for your evaluators or other relevant professionals, please direct them to <https://www.ets.org/disabilities/evaluators.html>.

Definition

An intellectual disability (ID) is diagnosed by impairment in intellectual functioning and adaptive behavior relative to expected developmental levels for one’s age, and it occurs along a continuum ranging from mild to profound. Whereas a specific learning disability typically impacts a somewhat narrow (i.e., specific) aspect of cognitive abilities (e.g., a reading disorder caused by deficits in phonological processing, etc.) or a specific aspect of cognitive processing (e.g., slow processing speed, etc.), an intellectual disability is characterized by more general impairment across multiple domains of cognitive ability and cognitive processing.

In the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition of the American Psychiatric Association (DSM-5-TR) (APA, 2022, p. 37), the current term for this disability category is “Intellectual Developmental Disorder (Intellectual Disability)” for consistency with the term “Disorders of Intellectual Development” used by the World Health Organization’s International Classification of Diseases, eleventh edition (ICD-11) (WHO, 2019/2021). Although potentially confusing, these terms are interchangeable. For clarity, the term “intellectual disability” will be used throughout this document.

A related category covered by these guidelines is “Unspecified Intellectual Disorder (Intellectual Disability)” (APA, 2022, p. 46). This rare classification is applied to individuals over the age of 5 years whose associated sensory and/or motor disorders make it “difficult or impossible” to assess their degree of intellectual disability. According to the DSM-5-TR, individuals with this diagnosis should be reassessed after some period of time. In addition to the guidance provided by the ETS Guidelines for Documentation of Intellectual Disabilities in Adolescents and Adults, individuals with co-occurring sensory disabilities may also find it helpful to refer to ETS guidelines related to the specific sensory impairment as well (i.e., Blindness/Low Vision, Deaf/Hard of Hearing, Physical Disabilities and Chronic Health Conditions).

An intellectual disability is life-long and its onset is before the age of 18 years. Generally, intellectual disabilities that fall in the severe or profound range of the continuum are likely to be diagnosed earlier than those falling in the mild or moderate range. Intellectual disabilities with adult onset (i.e., age 18 years or older) are more appropriately diagnosed as a neurocognitive disorder (e.g., dementia, intellectual disability resulting from an acquired brain injury, etc.). Intellectual functioning is assessed by a comprehensive measure of overall cognitive abilities (e.g., Wechsler Adult Intelligence Scale, 5th Edition, Woodcock-Johnson V Tests of Cognitive Abilities, etc.), and adaptive behavior is assessed by a standard measure of three domains: conceptual, social, and practical.

As stated in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision [DSM-5-TR] (American Psychiatric Association, 2022, p. 39) “The conceptual (academic) domain involves competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgment in novel situations, among others. The social domain involves awareness of others’ thoughts, feelings, and experiences; empathy; interpersonal communication skills; friendship abilities; and social judgment, among others. The practical domain involves learning and self-management across life settings, including personal care, job responsibilities, money management, recreation, self-management of behavior, and school and work task organization, among others” (APA, 2022, p. 42).

III. Documentation Details

Who should conduct an evaluation and what identifying information is important?

A qualified professional, with demonstrated training and experience in the assessment of developmental disabilities in adolescents and adults, should conduct the evaluation. An appropriately trained and licensed clinical or school psychologist, neuropsychologist or other comparable professional is generally considered qualified to evaluate and diagnose an intellectual disability.

The name, title and professional credentials of the evaluator should be clearly stated in the documentation. This information should include licensure and/or certification, as well as the areas of specialization, employment, and the state or province in which the individual practices. Evaluations conducted by tele-assessment or via a hybrid of tele-assessment and in-person assessment should indicate which parts of the evaluation were conducted in person and which parts were conducted remotely. Remote assessments should state the geographic location(s) of the evaluator and the test taker at the time of evaluation. For additional information, please see ETS Tele-Assessment Guidance. <https://www.ets.org/pdfs/disabilities/tele-assessment-guidance.pdf>

All reports should be on letterhead, typed in English, dated, signed and otherwise readable.

How recent should documentation be?

In order for a determination to be made regarding reasonable accommodations, documentation should verify the functional impact of the disability as it relates to the current test-taking situation. For most test takers, a diagnostic evaluation completed at the time the test taker was 16 years of age or older may be helpful as is information regarding the test taker's longer standing history of disability. In some instances a diagnostic evaluation from a younger age may be sufficient depending upon the specific documentation submitted.

What documents should I submit?

A. Sources of information

- a list or brief narrative paragraph of all sources of information used in the evaluation. This includes but is not limited to: records personally reviewed by the evaluator (i.e., IEPs, Section 504 plans, employer performance reviews, school transcripts, prior evaluation reports, medical records, standardized test results, etc.); and information from third-party informants who were either interviewed or completed questionnaires, inventories, etc.
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B. Comprehensive history that includes:

- a history of presenting problems associated with the disability as well as information about the test taker's medical, developmental, educational, vocational and family history.
- a discussion of pre-existing or co-existing conditions (i.e., behavioral, medical, neurological, psychiatric, etc.); any history of medication use that may affect the individual's learning or test-taking performance; and the date of diagnosis, duration and severity of the disorder. Per "sources of information" above, a combination of applicant self-report, interviews with others (i.e., third-party or collateral informants) and review of transcripts and prior standardized test scores is recommended consistent with prevailing clinical standards.
- a description of the test taker's current behavioral adjustment across multiple settings (e.g., home, school, and/or place of employment).
- information regarding involvement with or support from agencies such as vocational rehabilitation, community mental health services, and/or developmental disabilities organizations.

C. A diagnostic assessment that includes:

- assessment of intellectual functioning with a comprehensive measure of overall cognitive abilities (e.g., WAIS-5, WJ V Tests of Cognitive Abilities) and which indicates that the individual is functioning approximately two standard deviations or more below the mean when compared with same-age peers. "On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65 - 75" (APA, 2022, p. 38).
- assessment using "both clinical evaluation and individualized, culturally appropriate, psychometrically sound measures" (APA, 2022, p. 42). Standardized measures of adaptive behavior should also be used with third-party informants (e.g., parent or family member, teacher, personal care aide, etc.). If standardized testing is not possible due to co-occurring sensory, motor or behavioral issues, the diagnosis of Unspecified Intellectual Developmental Disorder should be used. A deficit in adaptive functioning exists when "at least one domain of adaptive functioning — conceptual, social or practical — is sufficiently impaired that ongoing support is needed for the person to perform adequately across multiple environments, such as home, school, work, and community" (APA, 2022, p. 42).
- both standard scores and percentile ranks provided for all subtest, index and/or cluster scores.

D. Relevant observations of behavior during testing

- a qualitative description along with specific examples of the applicant's test behaviors including social relatedness as well as any strategies used in the testing process. This description may include signs of anxiety, fatigue or motivational issues, etc. Observed strengths should also be noted.

E. Current impact on academic performance, employment, and other daily activities

- It is helpful for documentation to address any deficits in academic achievement as determined by a nationally normed standardized measure of achievement.
- The assessment and reporting of functional impact may be helpful including, but not limited to: basic skills (reading/decoding, spelling, math calculation), academic applications (reading/comprehension, written expression, math reasoning) and academic fluency (reading, writing, math facts). Assessment and functional impact of cognitive domains of executive functioning, memory, and expressive and receptive language may also be appropriate.
- If applicable, information from work settings, whether paid or volunteer, may be helpful. Such information may include a letter from a work supervisor or vocational rehabilitation counselor.
- Information from a family member, close associate or personal care aide may be helpful in providing a clearer understanding of the impact of the intellectual disability on the individual's daily activities including self-care, communication, community engagement, etc.

F. Diagnostic conclusions

- Diagnostic conclusions should include at least one specific diagnosis, based on the latest edition of the DSM or the ICD, and which indicates the level of severity of the disability (i.e., mild, moderate, severe, profound).
- An interpretive summary should be provided that rules out to the extent possible, other potential factors that may alter the expression of the disability. These may include cross-cultural issues, English as a second language, lack of educational opportunity, medical conditions, etc.

G. Specific recommendations and accommodations

- Include a listing of recommended accommodations that are supported by objective data and/or clinical observations and which directly link each accommodation to the test taker's disability-related functional limitations as they apply to the current testing situation.
- Clinicians and evaluators are encouraged to keep in mind that using unfamiliar accommodations for the first time on a high-stakes test may not be helpful to an individual and is not recommended.

H. Additional sources of information

- Other sources of documentation may provide a clearer understanding of the applicant's disability-related functional limitations as they relate to the current testing situation. Consistent with professional standards, relevant information from these sources should be summarized by the evaluator in the current disability documentation and/or included as an attachment by the applicant. Depending on the type of information it contains, a school-based document such as an Individualized Education Program (IEP), a Section

504 Plan, or transition plan can be included as part of the documentation packet. Prior evaluation reports may be reviewed by the evaluator and summarized in the history section or attached to the documentation packet. Such documents often provide useful supplemental information about a test taker's educational history as well as their history of eligibility for services, the impact of the intellectual disability on academic achievement, and prior accommodation use.

- A test taker's description of their lived experience frequently provides a more robust illustration of the disability-related functional limitations they encounter generally as well as in high stakes testing situations. ETS welcomes test takers to submit a personal statement which describes in their own words their past and present academic difficulties as well as coping strategies they use and find helpful. The applicant's personal statement should highlight the most relevant information from other forms of documentation. A one-page personal statement is typically sufficient and may include information such as the date of the initial diagnosis, accommodations history in a variety of settings, a statement explaining the need for accommodations that are presently requested, and any additional information that the test taker thinks might be important for ETS to know for the purpose of accommodation determination.
- ETS will determine the adequacy of the submitted documentation on a case-by-case basis in alignment with professional standards and will base accommodation decisions on the totality of the information provided.

What if the submitted documentation is insufficient for current accommodation determination?

- If the submitted documentation does not provide sufficient information for current accommodation determination, a re-evaluation or a documentation update may be submitted.
- A *documentation update* is a brief report by a qualified professional. It should include a summary of the disability history and the original documentation findings, as well as a clinical update that reaffirms the intellectual disability diagnosis and introduces any new factors regarding the functional limitations related to the disability. The evaluation instruments selected for the update may include only those tests and scales that illustrate the nature of the test taker's disability and its impact on learning and test taking. It is important that the professional address the functional impact on the test taker, particularly as it relates to the current test taking situation.



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