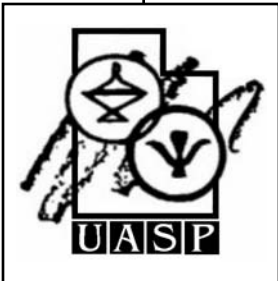


president's podium

Abby Gottsegen, Ph.D., NCSP
UASP President
2005-2006



Dear Members:

Anne Frank wrote in her diary, “nobody need wait a single moment before starting to improve the world.” What a great challenge to each of us to do our part to effect change.

As your president, I have had the privilege of beginning this term with an enthusiastic Board of your representatives, members who are willing to make a difference in the lives of children, and having money “in the bank” from last year’s successful conference on ADHD. This is a new chapter in the organization’s growth and it places us, its members, in a unique position to celebrate the accomplishments of our association.

With national concerns about No Child Left Behind and the reauthorization of IDEA, we are also able to think long term about the “Big Picture” issues. As School Psychologists we have been promoting how to link behavioral interventions to assessment; spearheading the comprehensive evaluation for LD determination; we have started to make inroads regarding our own role in advocacy as Mental Health Practitioners in the Schools; and we have initiated networking as well as collaborating with other professionals and agencies on behalf of children.

As an organization, we are stronger than ever with an increasing number of tools and procedures developed to ensure the ongoing support of our members. We are financially strong, and we have strong leaders in your representatives who are committed to making an impact on the communities and schools we all serve.

I have seen UASP focus on legislative and mental health issues on behalf of children and families, during this time of change in education. Nevertheless, I believe that each of us has the ability to reach out in meaningful ways to incorporate our talents and experiences in helping create a “Positive School environment.” As School psychologists we are in the unique position to help engage children and young adults to experience meaningfulness in their lives.

This year, I see our next challenges as promoting “Positive Psychology” where we work and in our own lives. It is up to us to ensure that School Psychologists in Utah achieve these goals. *This year our challenge is to reach out and do our part to effect change.*

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SAVE THE DATE

Jack M. Fletcher, Ph.D., Professor of Pediatrics at the University of Houston and Associate Director of the Center for Academic and Reading Skills, will address the UASP Midwinter Conference on Friday, **February 24th, 2006**. He is a renowned child neuropsychologist pursuing research in the areas of reading, language, and cognitive skills. Dr. Fletcher will speak on Response to Intervention (RtI) and Learning Disabilities. This is a timely topic and Dr. Fletcher is an engaging speaker. Plan on attending and bring a reading specialist and a special educator from work. This is an interdisciplinary topic.

THE OBSERVER

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THE OBSERVER editorial board invites articles, letters and other items of interest. The editor reserves the right to edit articles. Please include name, address and phone number with submission. Unsigned letters or articles will not be published.

The Observer suffers without submissions from our readership. Seize the opportunity, write and submit.

Membership Dues:

\$40 for regular members
\$15 for students
\$20 for retired

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THE OBSERVER

*Official Newsletter of the
Utah Association of School
Psychologists*

The opinions and products, including advertising, class/workshop notices, and job announcements, appearing in this newsletter do not necessarily indicate official sanctioning, promotion, or endorsement on the part the newsletter or the Utah Association of School Psychologists. Articles, announcements, and letters should be submitted to the Editor:

Rob Richardson
(robert.richardson@slc.k12.ut.us)

FROM THE EDITOR

By Rob Richardson, NCSP

Thank you to those who contributed articles to this edition of *The Observer*. I hope many more of you readers will submit pieces for future editions. The Observer is a newsletter, so submissions of news and opinion pertaining to school psychology from Utah is appreciated. We don't have staff reporters, you're it.

I hope also hope to feature original research or literature reviews from university students. Since our readers are largely practitioners, submissions that are brief and have practical application for school psychologists are desired in particular.

February 24th, 2006 Jack Fletcher will address the UASP Midwinter Conference on the topic of Response to Intervention (RtI). Consequently, the primary themes of the next issue will be RtI, learning disabilities, academic assessment, and academic intervention. However, articles on other topics are more than welcome. Send'em in!

Deadline for next publication: January 20th, 2006

WHAT I DID THIS SUMMER

By Laura Miller, School Psychologist in Salt Lake City School District

When friends ask how my summer was I take a big breath and tell them about one of the most rewarding, frustrating, and exhausting experiences my family and I have ever been involved in. We agreed to mentor a Somali Bantu family. We met Sayidali and his family—his wife Bibi and their children Magan, Noor, Abdukadir, Halima, Mohamed, and Abdifatah—on June 30, two weeks after they arrived in America. This has been an amazing experience for us and our children. We have done everything from assisting the parents in obtaining their Utah State ID cards from the DMV (frustrating), registering the teenagers (who are the size of my 10 year old Chloe) at Granite High School (scary), to taking the family to the zoo for the first time (touching).

It has been quite eye-opening to help them acclimate to our city and the American culture. They have come from such amazing circumstances, most recently living for 14 years in a refugee camp in Kenya. This has generated many discussions within my family about other religions, cultures, and beliefs; it helps remind us what is really important in life.

The organization sponsoring them is the International Rescue Committee (IRC). Our contact with IRC has been frustrating at times; and my husband Lew and I are trying to determine how to possibly get more involved in the organization. I'd be happy to talk to anyone regarding our experience; I can be reached at laura.miller@slc.k12.ut.us.

With all the current world events and perceptions of both Muslims and Americans, we are hoping to bridge the divide one family at a time.

LEGISLATIVE COMMITTEE REPORT

By Dan Olympia, Ph.D.

Utah Coalition for Healthy Minds/Healthy Bodies

For the past several months UASP has been participating in a series of ongoing meetings with a coalition comprised of UASP, the Utah Psychological Association, the Utah chapter of the National Alliance for the Mentally Ill, and the Legislative Coalition for People with Disabilities. The purpose of the meetings has been to become informed about current and future issues affecting children, schools and mental health policies/practices and to develop strategies for the upcoming 2006 legislative session. From these meetings two issues of interest to school psychologists have emerged. Firstly, we will likely see another version of the Medical Recommendations for Children Bill ("the Ritalin Bill"). A preliminary request has been filed for assistance in drafting a bill with this same title for the upcoming session. It is likely that the provisions dealing with the advance disclosure of psychological test materials to parents will be dropped, but other provisions will likely be added. The Coalition will monitor this area closely and as professionals and as an association, we should anticipate a need to inform our individual legislators about the implications of any proposed legislation. To receive updates on issues as the legislative session progresses, you should make sure that you are a member of the UASP listserve:

<http://groups.yahoo.com/group/utahschoolpsychologyassociation/>

Another issue with some potential for legislative action concerns an interest in addressing presumed problems associated with mental health screening. Several conservative/ultra-conservative groups around the country have been spreading misinformation about the President's New Freedom Commission on Mental Health., particularly on recommendations from this commission to address needs of children and adolescents at risk for depression, suicide, substance abuse, violent behavior, etc. You may see a full report from this commission at:

<http://www.mentalhealthcommission.gov/reports/reports.htm>

Some discussion in the national media has occurred about screening children for mental health issues and advocates from these groups have mistakenly claimed there is a "governmental push" for mandatory screening of all children. As a consequence, Utah legislators are hearing a lot of misinformation which may prompt legislative proposals for problems which do not exist. Several states have already experienced this and there is reason to believe that this will occur in Utah. For school psychologists, there is potential for additional unnecessary/misguided regulation imposed on schools and mental health professionals. A goal of the Coalition is to inform legislators using facts and accurate information. As this issue develops, you will be informed and may be asked to contact your own legislator.

PRAXIS II Exams

As part of the USOE's efforts to address different components of the No Child Left Behind law, individuals applying for the school psychology license in Utah in the future will likely be required to take the PRAXIS II exam for school psychologists. Taking this test, put out by Educational Testing Service is also part of the requirement for the NCSP credential, which is managed by the National Association of School Psychologists. Test content will be "field reviewed" by a panel of licensed school psychologists in Utah next year and criteria for passing this test will be established. The NCSP credential requires a passing score of 660, but states using the PRAXIS II School Psychology exam have selected scores ranging from 550 (West Virginia) to 660 (Florida, New Mexico, South Carolina). Questions should be directed to Gail Johnson, Educational Specialist, Licensing; USOE.

Make sure you take time to visit the **NASP Legislative Advocacy Webpage:**
<http://capwiz.com/naspweb/home/>

This easy-to-access service is provided by NASP to encourage school psychologists to keep legislators informed about issues affecting the profession of school psychology.

The opinions expressed or implied in this column represent the views of the author and should not be construed as the official position of the Utah Association of School Psychologists.

STANDARDIZED ADAPTIVE BEHAVIOR MEASURES: COMPARISONS AND CONCLUSIONS

By Rob Richardson, NCSP

School psychologists use a variety of standardized measures to assess adaptive behavior. This is as it should be since each measure of adaptive behavior has its own constellation of strengths and weaknesses. One should pick the right tool for the job. The Adaptive Behavior Assessment System, Second Edition (ABAS-II), the Scales of Independent Behavior-Revised (SIB-R), and the Vineland Adaptive Behavior Scales (VABS) are among the most popular standardized measures of adaptive behavior for school psychologists in the Salt Lake City School District. We expect to get the Vineland Adaptive Behavior Scales, Second Edition (VABS-II) soon.

Adaptive measures are used for primarily two purposes—eligibility decisions and programming decisions. The following are my own thoughts regarding the utility of standardized adaptive behavior measures for these two purposes. These opinions are the result of studying manuals, reading reviews and using these measures.

For Eligibility Decisions:

1. Both ABAS-II and SIB-R (long form) are technically adequate. Though SIB-R standardization does not accurately represent U.S. Geographic regions. ABAS-II has a more impressive technical manual with more voluminous reliability and validity studies.
2. ABAS-II has the best evidence for its subscales through factor analysis. It also is a theory driven test driven by “state of the art” research on adaptive behavior assembled by the American Association on Mental Retardation (AAMR, 2002) and conforms to the DSM-IV TR (2000). Current research suggests that adaptive behavior is a unified construction composed of three distinct factors: Conceptual, Social and Practical (AAMR, 2002). Furthermore, research assembled by AAMR suggests that children with mental retardation (or intellectual disabilities) typically have patterns of strengths and weakness in adaptive behavior and are not necessarily uniformly low functioning. Consequently, it is important to look not just at an overall score but at reliable, well grounded domain scores.
3. Beware of conceptual and reading level of questions whenever a parent completes a written survey. Reading levels are generally high. On ABAS-II, VABS Classroom and SIB-R (short) they are at around the 7th grade level, based on the readability formula embedded in Microsoft’s Word 2000 (Kincaid & McDaniel, 1974).

When in doubt, use an oral interview format. The SIB-R has more straight forward questions than does the ABAS-II and the interview format helps insure understanding. On the other hand ABAS-II is quicker and may reduce interaction effects (e.g. halo effect). VABS allows an interviewer to adjust language to accommodate an interviewee, but the inter-rater reliability statistics are not impressive.

4. ABAS-II and VABS-II have the advantage over SIB-R of permitting 360 degree assessments with multiple respondents. Both have multiple forms. This is useful, especially since adaptive proficiency is a function of environmental demands, and ability to cope with varying environments can vary dramatically.
5. ABAS-II would be my instrument of choice to see how disabilities other than ID/MR are affecting general life skills. Studies presented in the ABAS-II manual support this use and the lack of basals and ceilings are more likely to capture uneven performance found in disabilities such as autism where you might bump against misleading ceilings and basals. (E.g. the child with high functioning autism who doesn’t look at or respond to caregiver but follows community rules, plays board games requiring decision making, and has good table manners.)

(see ABM, page 6)

(ABM, continued from page 5)

6. SIB-R would be my instrument of choice for a low functioning ID student, though the ABAS-II is better now that the forms for children 0 to 5 years of age have been added. SIB-R goes lower and provides more detail. Items are also better operationalized than on ABAS-II.
7. VABS can be good for a structured interview to gather qualitative information and more detailed information in areas that you target. However, it is not as psychometrically sound as SIB-R or ABAS-II and currently has old norms. The inter-scorer reliability (.74) suggests that one should be very cautious about making high-stakes classification decisions with this measure.
8. VABS-II has updated norms and updated contents; however, it does not have domain and subdomain scores that coincide with AAMR (2002) or DSM-IV TR (2000). I have not yet seen the technical manual so I do not know if the VABS-II substructure has factor analytic support. I am also unaware of the reliability and validity data generated by this updated instrument.
9. Different Cultures have different expectations regarding adaptive behavior. Norms for all of these standardized measures are based on the U.S. population. Comparing students from other cultures to American norms can produce misleading results. As always, use caution and common sense.

For Programming:

SIB-R, ABAS-II, and VABS are all helpful. Of standardized adaptive behavior tests, my personal favorite is the Comprehensive Test of Adaptive Behavior (CTAB; Adams, 1984), an outdated test that is very well operationalized and has extensive items from which to choose goals.

That being said, I think that programming should rely largely on teacher and parent interviews and behavior observations (rather than standardized adaptive behavior tests). The key is to prioritize what is most important for the child to do in key environments: now and with an eye toward the long-term. Goals should be relatively few, specific, and well operationalized.

Brief Comparison & Summary of Adaptive Behavior Measures

1. ADAPTIVE BEHAVIOR ASSESSMENT SYSTEM, SECOND EDITION (ABAS-II), 2003

Authors: *Patti Harrison and Thomas Oakland*

Forms: For ages 0 to 5: parent (241 items)**
 For ages 2 to 5: teacher/daycare provider (216 items)**
 For ages 5 to 21: teacher (189 items), parent (232 items)**
 For ages 16 to 89: adult (239 items)

**=forms available in Spanish

Norms for ages 0 to 89 years. N =7370.
 Good reliability and validity statistics.

Pros:

Recent norms. Easy to complete and relatively brief (15-20 minutes to complete and 5 to 10 minutes to score). Good psychometrics (reliability, validity, and factor analysis) with construct validity for a variety of disorders. Based in state of the art thinking on adaptive behavior (AAMR, 2002; DSM-IV TR). Good for individuals with unusual patterns of strengths and weaknesses such as those with autism spectrum disorders.

Cons:

Requires a 7th grade reading level to complete forms (Richardson & Burns, 2005), but can administer in an interview format. Watch out for age/grade equivalent scores: uneven and small changes in raw scores can make a big difference (Richardson & Burns, 2005). Some items are conceptually awkward.

Comments regarding changes from last version: Items and norms on school age forms and adult form are the same. Preschool forms and norms are new. School age forms are now color coded and have expanded directions.

(see ABM, page 7)

(ABM, continued from page 6)

**2. SCALES OF INDEPENDENT BEHAVIOR—
REVISED (SIB-R), 1996**

Authors: *Robert Bruininks, Richard Woodcock, Richard Weatherman, and Bradley Hill*

Forms: Full Scale, Short Form, Visually Impaired, Early Development

Norms from infancy to adult (80yrs).
N = 2183. Adequate reliability and validity for the long form.

Pros:

The full scale generates lots of information on long form (which requires 60 minutes to administer). This can be helpful for educational planning. Low floor allows for meaningful measurement of skills of more heavily impacted individuals. Has a short version, which takes 15 to 20 minutes to complete.

Cons:

Does not measure all of the adaptive skill areas proposed by the AAMR. Norm sample distribution does not match US Census Data. No support for factor scores from factor analysis. Does not conform to AAMR (2002) or DSM-IV TR subcomponents of adaptive behavior. On rating scale (short form) watch out for readability (grade = 6.2 based on Flesch-Kincaid Formula found in Microsoft's Word, 2000) (Kincaid & McDaniel, 1974). In addition, the survey form has insufficient reliability to make eligibility decisions (Salvia & Ysseldyke, 2004).

3. VINELAND ADAPTIVE BEHAVIOR SCALES (VABS), 1985

Authors: *Sara Sparrow, David Balla, and Domenic Cicchetti*

Forms: Survey (297 items, 20 to 60 minute administration), Classroom (244 items, 20 minutes for teacher to complete), Expanded Interview (577 items, 60 to 90 minutes to administer). Spanish translations of protocols are available.

Norms vary. Classroom Edition covers from 3 years to 12-11 years. Survey and Expanded Forms cover from birth to 18-11. Norm sample includes 3000 individuals generally matching the 1980 U.S. Census.

Pros:

Expanded Interview provides a comprehensive measure of adaptive behavior and aids in designing educational/treatment programs. Plenty of basic items for younger and lower functioning individuals. Interview format makes data collection seem natural and puts interviewee at ease.

Cons:

The structured interview format takes some time to learn. Hispanic and lower SES populations are under represented in norm sample. These standardization procedures resulted in serious under representation of Hispanic students, rural students, and students whose parents attained a minimal level of education (Sattler, 2002). Old norms and relatively low inter-rater reliability make this a questionable tool with which to make eligibility decisions. Subdomains recommended by AAMR (2002) and DSM-IV TR are not explicitly measured. Limited support for subdomain structure.

(ABM, continued from page 7)

GENERAL RELIABILITY STATISTICS ON FULL-SCALE SCORES (AVG. OF ALL AGES):

Measure	Form	Internal Consist.	Test-Retest	Inter-rater
ABAS-II	Teacher 2-5	.98	.90 to .92	Incl. Below
	Parent 0-5	.97	.86 to .92	Incl. Below
	Teacher 5-21	.99	.96	.83
	Parent 5-21	.98	.93	.91
Vineland	Classroom	.98	NR	NR
	Survey	.94	.85	.74
	Expanded	.94	NR	NR
SIB-R	Full-Scale	.98	.98	.95
	Survey	.76	NR	NR

NR= Not Reported

RELIABILITY OF COMPOSITE SUBSCALE (AVG. OF ALL AGES):

Measure	Form	Internal Consist.	Test-Retest	Inter-rater
ABAS-II	Teacher 2-5	.94 to .96	.88 to .90	Inc.Below
	Parent 0-5	.97 to .98	.84 to .86	Inc.Below
	Teacher 5-21	.97 to .98	.94 to .96	.72 to .88
	Parent 5-21	.94 to .97	.89 to .93	.76 to .91
Vineland	Classroom	.80 to .95	NR	NR
	Survey	.83 to .86	.81 to .88	.62 to .78
	Expanded	.83 to .90	NR	NR
SIB-R	Full-Scale	.88 to .94	Mdn = .98	.8 to .9

NR= Not Reported

DOMAINS MEASURED BY STANDARDIZED ADAPTIVE BEHAVIOR MEASURES

ADAPTIVE DOMAINS FROM AAMR (2002)	ABAS-II	SIB-R	VABS
Conceptual	X	Community Living	Communication
Social	X	X	X
Practical	X	Personal Living	Daily Living Skills
Motor	X	X	X

Shading indicates AAMR adaptive behavior subdomain

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MENTAL RETARDATION: A COMPARISON OF DEFINITIONS

By Rob Richardson, NCSP

Part of the role of many school psychologists is to determine whether or not individuals have an intellectually disability (ID). In most states the educational classification “intellectually disabled” is still known as “mental retardation” (MR). There are several common definitions of MR apart from the familiar one found in Utah’s golden colored *Special Education Rules*. Organizations which have officially operationalized MR include the American Association of Mental Retardation (AAMR) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR). Given that we school folk collaborate with outside agencies, it is important that we are clear on what the similarities and differences are in these operationalized definitions. The following is a brief overview.

OPERATIONALIZED DEFINITIONS OF MENTAL RETARDATION (known in Utah schools as Intellectual Disability):

AAMR (2002)	AAMR (1992)	DSM-IV TR (2000)	IDEA (1997)
IQ < 70 (+/- SEM, typically 5-ish)	IQ < 75	IQ <70	Significantly subaverage intellectual functioning (70 IQ in UT, but ranges from 65 to 80 across states (Truscott, 2005)
Delays in adaptive behavior as expressed in conceptual, social, and practical adaptive skill. Must be > 2 standard deviations below the mean in one of these three areas.	Significant deficit in 2 out of 10 listed adaptive skills (communication, self-care, social, community-use, self-direction, health and safety, functional academics, home living, leisure, and work)	Significant deficit in 2 out of 10 listed adaptive skills (see AAMR, 1992)	Deficits in adaptive behavior
Manifested before 18 yrs.	Manifested before 18 yrs.	Manifested before 18 yrs.	Evident in developmental period & adversely effects educational performance
Same as 1992.	Levels of MR indicate level of support needed: intermittent, limited, extensive, and pervasive.	Levels of MR indicate level of impairment: Mild (IQ 50-70), Moderate (IQ 35 to 55) , Severe (IQ 20 to 40), Profound (IQ less than 20).	No levels of severity indicated

Particularly interesting are the specifications of the levels of severity found in AAMR definitions and in the DSM-IV. The trend seems to be toward definitions that describe the level of support needed rather than the level of impairment defined through an IQ score. Also of interest are the varying formulations of adaptive behavior.

(see **Definitions**, page 10)

(Definitions, continued from page 9)

The AAMR Definition of Mental Retardation

Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

This disability originates before age 18.

Five Assumptions Essential to the Application of the Definition

1.	Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2.	Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
3.	Within an individual, limitations often coexist with strengths.
4.	An important purpose of describing limitations is to develop a profile of needed supports.
5.	With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

©2002 American Association on Mental Retardation.

IDEA 2004 Definition of Mental Retardation

“... significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.”

[34 Code of Federal Regulations §300.7(c)(6)]

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UASP RECOGNIZES VALUABLE CONTRIBUTORS

Current membership of UASP is up to 120. This page briefly highlights contributions of two devoted members.

Bob Green has provided many years of distinguished service to UASP as president, board member, webmaster, and photographer. His photographs are also featured in NASP's news letter, *The Communique*. Bob has provided visual documentation of important UASP and NASP events for at least 15 years. He also created the original UASP webpage and has continued involvement in its maintenance.



2002: Bob Green, UASP President, with Doris Páez, NASP ASPIIRE Presenter, and Kathy Boyer, UASP Past-President



Bob Green has provided lots of valuable photographs, including:

(Left) 2005: the Honorable Olene Walker, former Utah Governor, receiving a UASP award for Outstanding Service to Children and Families

(Right) 2004: Carol Evans presenting, and Terese Pawletko assisting in a presentation on the Braille WJ-III



Cecil Reynolds Workshop

Test author and internationally renowned neuropsychologist Cecil Reynolds conducted a free workshop this fall. The workshop was conceived and planned largely by **Elaine Clark** from the University of Utah and was sponsored by UASP and UPA. This is merely the latest example of volunteer service Elaine has provided the Utah school psychologist community. She is a UASP Past-President, and has provided many other leadership and support roles for a variety of association activities.



(Left) Elaine Clark helping with a barbecue

(Right) Elaine talking with Cathy Telzerow at a conference



Thanks for your past and continued service, Bob and Elaine!

THE GRAYSON AND SETH JENSON MEMORIAL SCHOLARSHIP



A scholarship has been established in the memory to the two sons of Bill Jenson, a School Psychology faculty member at the University of Utah. Both of Bill's sons died tragically at a young age. Grayson died in a swimming accident in June 1995 at age 19. Seth died of an undiagnosed heart condition in June 2005 just before his 25th birthday. This scholarship is dedicated to Grayson's and Seth's memory and the funds will be used to support training of future school psychologists. The criteria for applying for the scholarship includes: a graduate student in school psychology; a desire to work with children or adolescents who are having difficulty in adjustment or achievement; and intent to seek different and creative solutions for the problems of these children or adolescents through research. For scholarship application information, contact Dr. Elaine Clark at the University of Utah (clark@ed.utah.edu).

Individuals wishing to contribute to this memorial scholarship can send their support to:

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