



PSYCHOLOGIST'S GUIDE

Sports Eligibility Assessments for Athletes with Intellectual & Developmental Disabilities

This guide is intended for psychologists who are conducting new psychological assessments/interviews for an athlete with intellectual and developmental disability, Down Syndrome, and/or Autism in order to provide the evidence required for the Athlete's application for full International Level Eligibility in Inas and Paralympic Sports.

Psychological testing information provided to Athletes Without Limits as evidence of disability is reviewed by a licensed psychologists/US National Eligibility Officer, and then sent to Inas International Panel of Licensed Psychologists for confirmation.

| SPORT CLASS | ELIGIBILITY CRITERIA | EVIDENCE REQUIRED |
|---|---|--|
| <p>Inas II-1:</p> <p>Intellectual Impairment</p> <p>Paralympic Classes: Athletics (Track & Field) T20 Swimming S14 Table Tennis 11</p> | <p>Athletes with Intellectual and Developmental Disabilities who have:</p> <ol style="list-style-type: none"> 1. Full-Scale IQ score of 75 or lower; 2. Significant limitations in adaptive behaviour; 3. and onset before age 18. <p><i>Note: This class includes athletes diagnosed with Autism who have co-occurring intellectual disability and athletes with Mosaic Down Syndrome.</i></p> | <p>EVIDENCE REQUIRED:</p> <ol style="list-style-type: none"> 1. Weschler WAIS/WISC or Stanford Binet IQ Assessment, Report and Summary of Scores within last 5 years (Shortened WASI is not accepted) 2. Vineland, ABAS, or AAMR Adaptive Behavior Assessment, Report and Summary of Scores within last 5 years. 3. IQ or other relevant scores or diagnosis from before age 18 referenced in a report. |
| <p>*Inas II-2:</p> <p>Additional Impairment Down Syndrome</p> | <p>Athletes with Down Syndrome who have:</p> <ol style="list-style-type: none"> 1. A formal Diagnosis of TRISOMY 21 or TRANSLOCATION Down Syndrome. <p><i>Note: Athletes with MOSAIC Down Syndrome may only compete in the II1 Intellectual Disability Sports Class so should apply for II1 Eligibility following the guidelines provided.</i></p> <ol style="list-style-type: none"> 2. For safety athletes must not have symptomatic Atlantoaxial Instability (AAI). | <p>EVIDENCE REQUIRED:</p> <ol style="list-style-type: none"> 1. Copy of genetic testing showing formal diagnosis of Trisomy 21 Down Syndrome or Physician's statement . 2. AAI status signed by Physician (See Athlete Application Page 3) and copy of AAI exam results. 3. We recommend II2 athletes also provide any existing IQ and Adaptive Behavior evidence of II1 Intellectual Disability listed above along with their application, for the option to compete in the II1 sports class should a particular sport or event not yet offer the new II2 class (including Paralympics and some Inas Sports/Events) |
| <p>*Inas II-3:</p> <p>High Functioning Autism</p> | <p>Athletes with (High Functioning) Autism who have:</p> <ol style="list-style-type: none"> 1. A Full-Scale score IQ of above 75, OR no diagnosis of intellectual disability, and; 2. A formal diagnosis of Autism, ASD or Aspergers Syndrome. <p><i>Note Athletes with Autism who meet the criteria for II-1 Intellectual Disability will be classified in that class.</i></p> | <p>EVIDENCE REQUIRED:</p> <ol style="list-style-type: none"> 1. A formal diagnosis (or confirmation of previous diagnosis) of Autism, ASD or Asperger's syndrome, carried out by a licensed psychologist, using accepted diagnostic techniques such as ADOS, ASRS, ICD-10 Criteria for Autism, along with background history, etc given within the last 5 years. 2. Athletes should include IQ and Adaptive Behavior assessments so we can to determine if they meet Sport Class II-1 Criteria for Intellectual Disability. |

***INAS recently began piloting two additional eligibility groups II2 AND II3 to be recognized at INAS events. The criteria for these groups will be revised/expanded as the project progresses/research data becomes available.**



ATHLETESWITHOUTLIMITS

Athletes Without Limits (AWL) is a nonprofit dedicated to helping athletes with intellectual and developmental disability (IDD) compete at their highest level in sport. As the US Member of Inas we oversee US athletes' applications for Inas & Paralympic sports eligibility. Athletes Without Limits selects and organizes US Teams participating at Inas World Championships & Global Games, has integrated teams, hosts high level events and advocates for the inclusion of athletes with IDD in mainstream sport.



INAS is the International Federation for Athletes with Intellectual & Developmental Disability and is responsible for managing and overseeing the eligibility process for athletes wishing to compete at INAS and Paralympic competition. Inas is a founding member of the International Paralympic Committee (IPC) and hosts high-level International events open to athletes with Intellectual Disability, Down Syndrome, and High Functioning Autism competing in 10 sports.

INAS Class II1: Intellectual Impairment

II1 CRITERIA:

Based upon the definition of intellectual disability by The American Association on Intellectual and Developmental Disability (AAIDD, 2010) and consistent with that of the World Health Organisation (WHO, ICD-10 and ICF, 2001) athletes must meet all 3 Inas Eligibility criteria below:

1. **Significant impairment in intellectual functioning which is defined as a Full-Scale IQ score of 75 or lower**
2. **Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.** This is defined as performance that is at least 2 standard deviations below the mean of in one or more individual domain or in the overall score; and
3. **Intellectual impairment must be evident during the developmental period, which is from conception to 18 years of age.**

II1 INAS EVIDENTIAL REQUIREMENTS:

A full and detailed athlete assessment should be undertaken by a qualified psychologist to support the diagnosis of intellectual impairment as follows: In order to for an athlete to confirm eligibility and compete internationally Inas requires the **exact** documentation below.

A. Copy of a Weschler Family WAIS/WISC (WASI NOT ACCEPTED), Stanford Binet or Raven Matrice IQ assessment given within the last 5 years

that demonstrates Full Scale IQ of 75 or below. Report must include narrative report and a copy of the summary score sheets. The report should explain any factors which may have affected results. Particular attention should be paid to cases where there's a large difference between sub-scale IQ scores that may require the full-scale IQ to be interpreted differently or invalidate it. Reporting should follow guidelines in IQ test manual and detailed analysis/comment should be included along with a summary of scores.

B. Copy of Vineland Adaptive Behaviour Scales, ABAS or AAMR Adaptive Behaviour Scales report and scores from within the last 5 years.

Significant Limitations in Adaptive Behaviour must be assessed using an internationally recognised and professionally administered standardised measure (given within the last 5 years) that has been norm-referenced on the general population including people with disabilities. Assessment and reporting should be made in the areas of communication, self-care, self-direction, social/interpersonal skills and ability to respond to life changes and environmental demands. The report should include a summary and interpretation of scores achieved under each domain (Communication, Self-care, Self-direction, Social/interpersonal skills, Ability to respond to life changes and environmental demands) The report should contain the psychologist's narrative report and a copy of the summary score sheets.

C. Proof of Age of Onset prior to 18: Must be demonstrated by a full and detailed relevant history including education and family background together with a copy of or mention of an IQ score achieved before age 18 or a psychologist's statement explaining evidence on which a diagnosis of intellectual disability before age 18 is based.

In the case of both intellectual functioning and adaptive behaviour, the testing psychologist must provide a report that:

- Is typed (no handwritten reports) and presented on formal letter-headed paper stating the psychologists name and qualifications, membership number and details of any professional bodies, address, phone/fax number and email
- States when and where the assessment was done (i.e. date, location)
- States the name and version of the IQ test used, the method of assessment of Adaptive Behaviour and why this approach to assessment was chosen.
- Includes general information regarding the athletes background, relevant history and previous assessments
- Includes a detailed analysis and discussion of IQ and Adaptive Behaviour assessment findings concluding with a clear diagnosis/statement of Intellectual functioning and Adaptive Behaviour.
- Includes a copy of the original summary sheet/record form of IQ and standardised Adaptive Behaviour assessments showing all scores. Where these sheets are not available, the psychologist should explain why within the report and type a table of scores and subscores.

WHO SHOULD APPLY FOR II1 ELIGIBILITY?

- **This class is open to any athlete who meets IQ, Adaptive and Age of Onset criteria for Intellectual Impairment regardless of various Diagnosis. For example...**
- **Athletes with Autism and co-occurring Intellectual Disability** should apply for II1 Eligibility since the Trial II3 High Functioning Autism Sports Class is only for those athletes with Autism who *do not* meet the II1 criteria.
- **Athletes with MOSAIC Down Syndrome** who may only compete in the II1 Class for Intellectual Disability since they are not eligible for the II2 Additional Impairment Sports Class for athletes with Trisomy 21 or Translocation Down Syndrome.
- **Athletes with Trisomy21 or Translocation Down Syndrome who are eligible for the Trial II2 Additional Impairment-Down Syndrome Class may choose to obtain additional II1 Eligibility for those sports/ events that do not offer the II2 Class.**

[See Also Page 5 **ATTACHMENT A: PSYCHOLOGIST'S SAMPLE REPORT FOR INTELLECTUAL DISABILITY**]

INAS Class II2: Additional Impairment Down Syndrome (Tri21 or Translocation)

TRIAL CRITERIA: (Last updated January 1, 2019)

For athletes who have an intellectual impairment and a significant additional impairment. WHO defines Down Syndrome as 'an intellectual impairment 'caused by extra genetic material in chromosome 21'. Based upon this definition, the current stage of this trial, this will be restricted to:

1. **Athletes with a formal diagnosis of Trisomy21 or Translocation Down Syndrome, and;**
2. **A statement that the athlete is clear of symptomatic Atlantoaxial Instability (AAI)**
***Athletes with Mosaic Down Syndrome may only apply for II1 Intellectual Disability Sport Eligibility (see page 2).**

Note: The criteria for this group will be revised and expanded as the project progresses/research data becomes available.

INAS EVIDENTIAL REQUIREMENTS:

- A) **A copy of the results of a blood test (cytogenetic analysis) for that athlete confirming Trisomy 21 or Translocation Down Syndrome, OR, if that is not available; A signed statement by a psychologist or doctor which confirms a diagnosis of Trisomy 21 Down Syndrome.**
- B) **Atlanto-Axial Instability Evidence Requirements:** Atlanto-Axial Instability (AAI) is a rare condition that leads to an increased flexibility in the neck joint and can sometimes make a person more at risk of injury in some sports. It can be more prevalent amongst people with Down Syndrome. Screening for AAI can only be done by a medical professional and involves an x-ray of the neck joint.
Athletes with symptomatic (i.e. diagnosed AAI) may not participate in INAS competition due to the risk of injury. Athletes with asymptomatic AAI (i.e. no evidence of AAI) may compete at their own risk subject to the following provisions:
 - A doctor or physician signs the Inas Athlete Application Form AAI Section giving the appropriate clearances.
 - Legal consent to compete is given (from a parent/guardian where the athlete is under 18 or without legal capacity to give consent.
 - There should be no sign of progressive myopathy (muscle degeneration). Some signs of progressive myopathy are:
 - Increase in muscle weakness
 - Loss of sensation
 - Onset of incontinence
 - Alteration in muscle tone
 - Decreasing co-ordination
 - Diminishing kinaesthetic awareness
 - Change in walking pattern
 - Pins and needles.
 - That neck flexion to allow the chin to rest on the chest is possible.
 - That the person has good head/neck muscular control.

IMPORTANT:

The medical practitioner should be sure to sign page 3 of the Inas Athlete Application form on AAI status and provide copies of AAI scans.

- C) We recommend that II2 athletes **also provide any IQ & Adaptive Behavior evidence of II1 Intellectual Disability** they may have. while the II2 Sports Class is in early trial stages to allow for participation in the II1 Sports Class for certain sports/events that may not yet offer the II2 Sports Class (including Paralympics and some Inas sports/events). II1 Intellectual Disability evidence requirements are summarized below but see Page 2 for details:
 1. *IQ Assessment with Full Scale IQ of 75 or below (Inas accepts Weschler WISC/WAIS or Stanford Binet - WASI IS NOT ACCEPTED)
 2. *Adaptive Behavior Assessment showing at least one domain or overall score two standard deviations below (Inas accepts Vineland, ABAS, AAMR etc)
 3. Evidence of onset prior to age 18.

*For full International Level II1 Eligibility IQ and Adaptive testing must be within the last 5 years. Alternate/older tests may be accepted for Inas Provisional/National Level.

[See also page 5 **ATTACHMENT A: PSYCHOLOGIST'S SAMPLE REPORT FOR INTELLECTUAL DISABILITY**]

INAS Class II3: High Functioning Autism

CRITERIA:

Autism or Autism Spectrum Disorder (ASD) as it is now commonly known, is defined by the World Health Organisation (WHO) as 'a group of complex brain development disorders. This umbrella term covers conditions such as autism and Asperger syndrome. These disorders are characterised by difficulties in social interaction and communication and a restricted and repetitive repertoire of interests and activities' (WHO Autism Q&R Factsheet, 2016)

Based upon this, the INAS eligibility criteria for athletes with autism is:

1. A Full-Scale score IQ above 75 and/or NO diagnosis of co-occurring intellectual disability (Athletes with ID compete in Class II1), and;
2. A formal diagnosis of Autism, ASD or Asperger's syndrome, carried out by a licensed psychologist, using accepted diagnostic techniques (such as ADOS, ASRS, ICD-10 Criteria for Autism) along with full developmental, educational and family history.

INAS wishes to advise that these criteria are subject to change following the trial project.

INAS EVIDENTIAL REQUIREMENTS:

A full and detailed report should be undertaken by a licensed psychologist to support the diagnosis of autism; this can be based on one of two approaches:

1. **A report based on previous assessments which they have reviewed/evaluated and an interview with the athlete** to ensure that the reports relate to that individual and to consider any important changes since the assessment was completed. Such a report should include the following:
 - a) Copies of the previous assessment reports diagnosing autism/ASD/Asperger's Syndrome;
 - b) A developmental, educational and family history;
 - c) Comments on the validity, reliability and findings of the assessment report, using the criteria below (2 c-f);
 - d) A signed declaration stating that in their professional opinion the previous assessment was sufficient to diagnose Autism/ASD/Asperger's syndrome.

OR

2. **A full and detailed new assessment carried out by an appropriately qualified psychologist** for the purpose of diagnosing the presence of Autism/ASD/Asperger's syndrome. Such an assessment report should include the following:
 - a) Details of their professional qualifications and expertise to assess for autism.
 - b) A full developmental, educational and family history;
 - c) Details of the assessment methods used and rationale for their use
 - d) Full results of the assessment, including copies of summary results/score sheets of any formal assessments used;
 - e) A detailed analysis and discussion of assessment findings;
 - f) Explains any factors which may have affected the results.
 - g) A clear conclusion including a signed declaration stating that in their professional opinion the diagnosis of Autism can be confirmed.

Whether the psychologist is interviewing the athlete while reviewing previous assessments (option 1) or giving new assessments (option 2), he/she must have done so in an interview with the athlete some time within the last 5 years.

****NOTE: Athletes with Autism who have co-occurring Intellectual Disability will be classified into that Class (See page 1).**

Therefore Psychologists should consider whether Inas-accepted IQ and Adaptive Behavior assessments should be administered if there is possibility an athlete with Autism meets the criteria for the "Intellectual Disability Class II1" and these assessments are not already in the athlete's record as having been administered within the last 5 years. These include an **IQ assessment (Stanford Binet or Weschler WISC/WAIS (WASI is not accepted))** and an **Adaptive Behavior Assessment (Vineland or ABAS).**

[See also Page 7 **ATTACHMENT B: Psychologist's Sample Assessment Confirming Autism Diagnosis**]

Attachment A:

Psychologist's Sample Assessment Report for II1 Intellectual Impairment

This template should be used as a general guide by licensed psychologists to better understand the type of assessments and reports preferred by Inas to determine athlete eligibility in intellectual impairment sports classes.

This template can also be used as a guide for athletes with Down Syndrome who are applying for II1 Eligibility.

(Report should be typed and on Psychologist's Letterhead)

Psychologists Name:

Psychologist's Address:

Psychologist's Phone Number:

Psychologist's Qualifications:

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

1. Introduction

Here the psychologist should explain the purpose of the assessment, a description of the assessment tools and methods used (i.e. which IQ and Adaptive Behaviour assessments were used) and why they have been chosen.

2. Background to the assessment

Here the psychologist should explain any relevant background to the athlete including education, family background, medical background (if relevant to the assessment) and the results of any previous tests. The aim is to build a general picture of the athlete. The psychologist should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carer etc, and any issues that may affect the outcome of the assessment.

We would expect this section to be no shorter than 2 paragraphs.

3. New IQ Assessment (or review of previous if there is an Inas-accepted test within last 5 years)

Here the psychologist should explain the results of the assessment commenting specially on each domain. For example, in the WAIS test this would include a summary of Verbal and Performance subtests, including scores achieved. The psychologist should explain in detail any significant variation in subtest scores and the implications for interpretation of the full IQ score, following the instructions in the test manual.

We would expect this section to be no shorter than 5 paragraphs and would include a summary of the scores achieved. E.g. (using WAIS-IV) either as an attached summary score sheet or typed in table format like below:

| SCORES | Standard Score | 95% Confidence Range |
|----------------------|----------------|----------------------|
| Verbal Comprehension | | |
| Perceptual Reasoning | | |
| Working Memory | | |
| Processing Speed | | |
| Full Scale Score: | | |

4. New Adaptive Behaviour Assessment (or review of previous if there is one within last 5 years)

Here the psychologist should explain how the Adaptive Behaviour assessment was conducted, who was consulted, and then summarise the results of the assessment commenting specifically on each domain. If the assessment has been carried out by clinical observation it is important that as much information as possible is provided about the assessment. This should include when, where and for how long the individual was observed, what they were doing and the findings of this observation. This should be supplemented by any available records and interviews with people who know them well such as relatives or carers. The source of such additional evidence should be noted in the report. It usually takes more time to assess an individual by observation than through administering a standardised assessment such as the Vineland.

Communication - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Daily Living - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Socialisation - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Motor Skills - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Overall Adaptive Behaviour Score/Assessment findings. Score achieved and findings:

Here the psychologist will provide a final diagnosis of adaptive behaviour

Sample of typical official summary score sheets (WISC-IV & Vineland)

5. Age of Onset

If the athlete is aged 18 or over at the time of assessment then the psychologist would explain here what evidence is being submitted from before the age of 18, or will provide a statement explaining what evidence they have based their diagnosis on.

6. Final Diagnosis

Here the psychologist will summarise the main findings and will provide a clear final diagnosis. They will also explain whether there are any circumstances that may have affected the test results.

7. Attachments

The psychologist will then **attach the summary sheets from the IQ and Adaptive Behaviour assessments** (unless a full table has been typed into the report). The psychologist would then sign and date the report like below.

Signature of the Psychologist

Date Signed

All athletes with Down Syndrome must also include the following (likely provided by the athletes physician) with his/her Inas application:

- a) Copy of genetic report confirming type of Down Syndrome**
- b) copy of AAI scan /results and**
- c) AAI Page 3 of the Inas application signed off by the Physician.**

Attachment B:

Psychologist's Sample Assessment Report Confirming Autism Diagnosis for II3

This template should be used as a general guide by licensed psychologists to better understand the type of assessments and reports preferred by Inas to determine athlete eligibility in intellectual impairment sports classes.

(Report should be typed and on Psychologist's Letterhead)

Psychologists Name:

Psychologist's Address:

Psychologist's Phone Number:

Psychologist's Qualifications:

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

1. Introduction

Here the psychologist should explain the purpose of the assessment, a description of the assessment tools and methods used (i.e. which autism assessments were used, any additional tests such as IQ or adaptive behaviour) and why they have been chosen.

2. Background to the assessment

Here the psychologist should explain any relevant background to the athlete including education, family background, medical background (if relevant to the assessment) and the results of any previous tests. The aim is to build a general picture of the athlete. The psychologist should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carer etc, and any issues that may affect the outcome of the assessment. *We would expect this section to be no shorter than 2 paragraphs.*

3. Previous or New Autism Diagnostic Assessment(s) (eg. ADOS, ASRS, etc.)

Here the psychologist should present and explain the results of any Autism diagnostic assessments commenting specially on how the ICD-10 criteria for Autism has been met as evidenced through the assessment. The length of this section will depend on the assessments given but is likely to be several paragraphs. *Please include a summary of scores and subscores either within narrative as a table or as attachment.*

4. Previous or New IQ Assessment (e.g. Weschler WAIS/WISC or Stanford Binet)

Here the psychologist should present and explain the results of the assessment commenting specially on how the ICD-10 criteria for Autism has been met as evidenced through the assessment. Such evidence is useful as it can provide further credibility to the Autism diagnosis (e.g. significant fluctuations across a WAIS profile). *We would expect this section to be no shorter than 5 paragraphs. Be sure to state full scale IQ and either attach summary score sheet or include a table like the one below:*

| | Standard Score | 95% Confidence Range |
|----------------------|----------------|----------------------|
| Verbal Comprehension | | |
| Perceptual Reasoning | | |
| Working Memory | | |
| Processing Speed | | |
| Full Scale Score: | | |

Note: If there is any possibility the athlete's IQ is 75 or below and there is no Inas-accepted IQ assessment within the last 5 years on record, the athlete should be administered a new Weschler WAIS, Weschler WISC or Stanford Binet IQ Assessment (WASI is not accepted).

5. Previous or new Adaptive Behaviour Assessments (e.g. Vineland or ABAS)

It is important to include an assessment of adaptive behavior to confirm how Autism is impacting on the individual's life, and that it has a significant impact. Here the psychologist should explain how the Adaptive Behaviour assessment was conducted, who was consulted, and then summarise the results of the assessment commenting specifically on each domain.

[Note: If there is any possibility the athlete's IQ is 75 or below the athlete should either be administered or already have an Adaptive Behavior assessment from within the last 5 years to confirm eligibility for Class II1 Intellectual Disability.]

If the assessment has been carried out by clinical observation it is important that as much information as possible is provided about the assessment. This should include when, where and for how long the individual was observed, what they were doing and the findings of this observation. This should be supplemented by any available records and interviews with people who know them well such as relatives or carers.

The source of such additional evidence should be noted in the report. It usually takes more time to assess an individual by observation than through administering a standardised assessment such as the Vineland.

Communication - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Daily Living - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Socialisation - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Motor Skills - Score achieved and findings:

The psychologist should provide an interpretation/summary of results/findings in this area

Overall Adaptive Behaviour Score/Assessment findings. Score achieved and findings:

Here the psychologist will provide a final diagnosis of adaptive behaviour

6. Age of Onset

If the athlete is aged 18 or over at the time of assessment then the psychologist would explain here what evidence is being submitted from before the age of 18, or will provide a statement explaining what evidence they have based their diagnosis on.

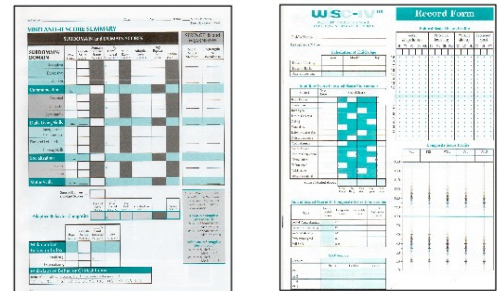
7. Final Diagnosis

Here the psychologist will summarise the main findings and will provide a clear final diagnosis. They will also explain whether there are any circumstances that may have affected the test results.

8. Attachments

The psychologist will then attach the summary score sheets from the Autism assessments, and any IQ and Adaptive Behaviour assessments (unless they are typed up in detail in the report.)

(The psychologist will then sign and date the report at the end)



Sample of typical official summary score sheets (WISC-IV & Vineland)

Signature of the Psychologist

Date Signed