

From Giftedness to Intellectual Disability: Supporting Students Across the Cognitive Spectrum

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Regional Assessment Resource Centre:

Lunch and Learn Series

Winter 2026

Free to join. No registration required.



From Giftedness to Intellectual Disability: Supporting Students Across the Cognitive Spectrum

Thursday, January 29th | 12pm to 1pm

Dr. Beth Pollock

Beyond Accommodations: Strategies and Supports for Students with Disabilities

Thursday, February 26th | 12pm to 1pm

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Tricky Accommodation Issues

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Regional Assessment Resource Centre (RARC)

www.queensu.ca/rarc

Our vision is to enable students with neurodevelopmental disabilities to thrive in post-secondary education.

Services provided under 4 pillars:



Transition



Research



Training



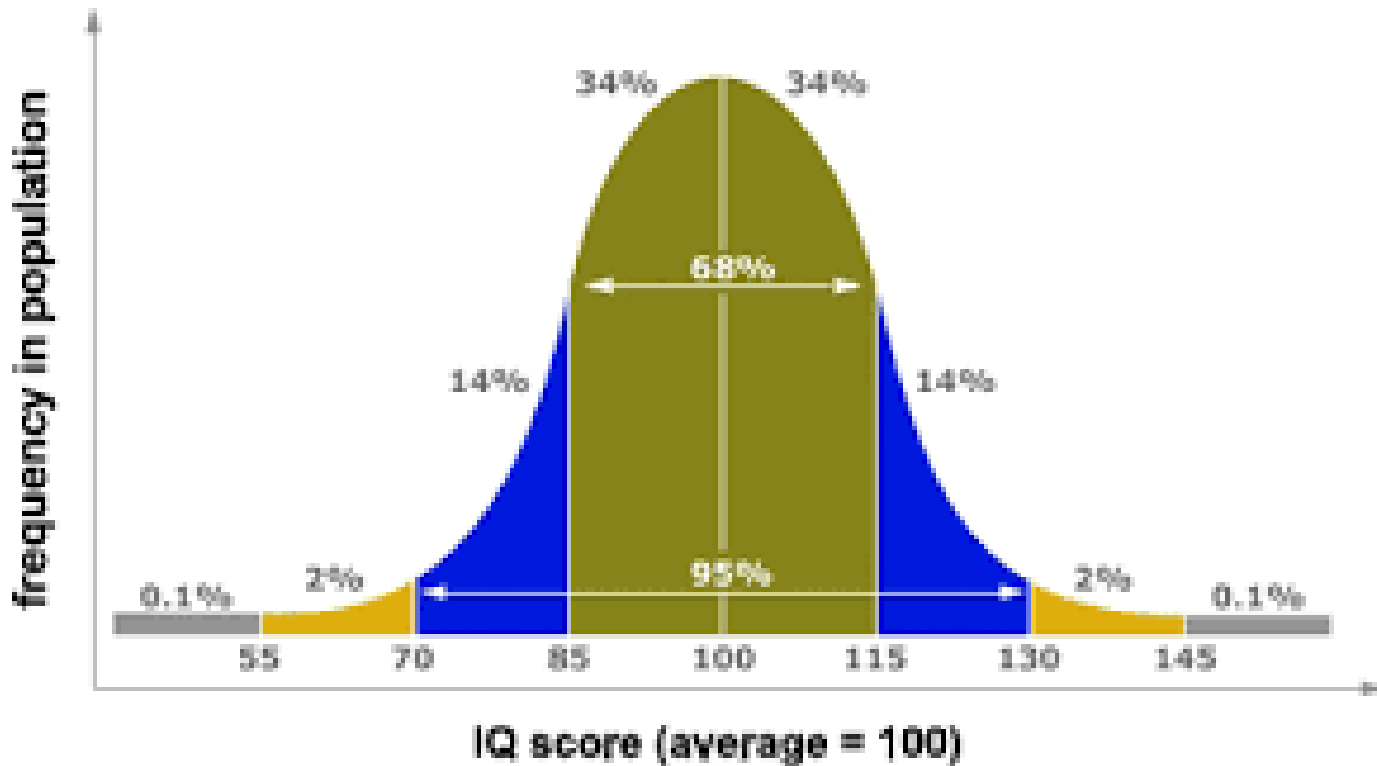
Assessment

Learning Objectives:

- Intellectual Spectrum

- Giftedness
- Intellectual Disabilities
- Mild Intellectual Disabilities





Giftedness

- Not a formal diagnosis of a condition
- A category of educational identification recognized by the Identification, Placement, and Review Committee (IPRC) set out by the Ontario Ministry of Education
- Ontario Ministry of Education Definition - ***An unusually advanced degree of general intellectual ability that requires differentiated learning experiences of a depth and breadth beyond those normally provided in the regular school program, to satisfy the level of educational potential indicated.***



Signs of Possible Giftedness

- A history of advanced development (e.g., developmental milestones attained ahead of normative expectations, precocious literacy and/or numeracy skills)
- Evidence of a need for enrichment (e.g., a tendency to complete academic work before their peers, evidence of boredom, recognition by teachers of advanced skill development, consistent achievement ahead of normative expectations)
- Areas of special skill development, such as in music and/or art

Gifted Identification Process

In-school process

- Most school boards in Ontario use a **screening process** in grades three or four which includes administration of the Canadian Cognitive Abilities Test
- Individuals who **score above a certain cut-off** (typically above the 95th percentile in at least two areas) are then **forwarded for additional assessment** through Psychological Services
- Psychological services staff will likely administer **additional measures** of reading comprehension and/or math problem solving, as well as providing teachers and parents with **checklists assessing for characteristics of gifted children**
- The information is then **forwarded to the gifted committee for determination** of whether the student should be formally identified

Gifted Identification Process

Ability criterion:

• FSIQ or GAI = 98 th percentile or above	10 points
• FSIQ or GAI = 97 th percentile	9 points
• FSIQ or GAI = 96 th percentile	8 points
• FSIQ or GAI = 95 th percentile	7 points
• FSIQ or GAI = 94 th percentile	6 points
• Anything else	0 points

Achievement criterion:

• WFAS/WIAT III Reading Comp. > 96 th percentile	3 points
• WIAT III Math Problem Solving > 96 th percentile	3 points
• WFAS/WIAT III Reading Comp. 95 th – 94 th percentile	2 points
• WIAT III Math Problem Solving 95 th – 94 th percentile	2 points
• WFAS/WIAT III Reading Comp. 93 rd – 90 th percentile	1 points
• WIAT III Math Problem Solving 93 rd – 90 th percentile	1 points

Appropriate Accommodations and Supports (ES/SS) – Giftedness

Should the student meet criteria for identification as Gifted, the following could be recommended:

- Consideration of placement in a specialized class for gifted students (available in some school boards)
- Recommending curriculum modifications in areas of particular strength (i.e., allowing a student with advanced math skills to tackle math coursework at a grade or two higher than his/her placement)
- Curriculum accommodations may not be required, but it may be recommended that the student be allowed to access additional enrichment resources should they complete their regular work ahead of expectations
- Alternate programs may be used to recommend areas for personal study and/or access to board or Ontario-wide enrichment opportunities (i.e., mini courses)

Giftedness – Not a Diagnosis

Please note:

- As “Gifted” is not a diagnosis, and individuals with this identification would not be expected to be unable to access the post-secondary curriculum without support, this identification is **not recognized in the post-secondary environment** as a rationale for why an individual would receive special education/disability-related services

Intellectual Disability

- According to recent DSMs, Intellectual Disability is a diagnosis that reflects a disorder with “onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.”

Changes from DSM-IV-TR to DSM-5:

- No longer referred to as Mental Retardation
- Severity determined by adaptive functioning – No longer determined by IQ score. Thus, severity levels (mild, moderate, severe, profound) based on conceptual, social, and practical behaviours

Diagnosis of Intellectual Disability

The following **three criteria** must be met:

- **Deficits in intellectual functions**, such as reasoning, problem solving, abstract thinking, judgement, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing
- **Deficits in adaptive functioning** that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community
- Onset of intellectual and adaptive deficits **during the developmental period**

Diagnosis of Intellectual Disability

What does it mean?

- Deficits in intellectual functions are typically identified through administration of a measure of ability (WISC, WAIS) and characterized as FSIQ falling at or below a standard score of 75 (5th percentile)
- Deficits in adaptive functioning are typically identified by the administration of at least one measure of adaptive functioning (Vineland, SIB-R, ABAS-III) and recognized when at least one index score falls at to below a standard score of 70 (2nd percentile)
- Confirmation of onset of intellectual and adaptive deficits during the developmental period (prior to 18 years of age) can be obtained through a documented history of special education services/supports in elementary and/or secondary school, as well as the requirement of additional assistance in the home environment to complete activities of daily living

Levels of Severity- DSM-5

Severity Level: Mild

Conceptual Domain

- Difficulties in learning academic skills involving reading, writing, arithmetic, time, or money without support. In adults, abstract thinking, executive functioning, and short-term memory, as well as functional use of academic skills, are impaired.

Social Domain

- Compared to typically developing age-mates, the individual is immature in social interactions. Communication, conversation, and language are more concrete or immature than expected for age. Social judgement is immature for age, and the person may be at risk of being manipulated by others.

Practical Domain

- Individuals need some support with complex daily living tasks in comparison to peers. In adulthood, supports involve grocery shopping, transportation, home, and child-care organizing, nutritious food preparation, banking and money management. Competitive employment is often seen in jobs that do not emphasize conceptual skills.

Levels of Severity- DSM-5

Severity Level: Moderate

Conceptual Domain

- Academic development is typically at an elementary level, and support is required for use of academic skills in work and personal life. Ongoing assistance on a daily basis is needed to complete conceptual tasks of day-to-day life, and others may take over these responsibilities fully for the individual.

Social Domain

- The individual shows marked differences from peers in social and communicative behaviour across development. They may not perceive or interpret social cues accurately. Social judgement and decision-making abilities are limited, and caretakers must assist the person with life decisions. Significant social and communicative support is needed in work settings for success.

Practical Domain

- The individual can care for personal needs, involving eating, dressing, elimination, and hygiene, and participate in household tasks as an adult, although an extended period of teaching and time is needed for the individual to become independent in these areas, and reminders may be needed. Independent employment in jobs that require limited conceptual skills can be achieved but with considerable support. Maladaptive behaviour is present in a significant minority and causes social problems.

Levels of Severity- DSM-5

Severity Level: Severe

Conceptual Domain

- The individual generally has little understanding of written language or of concepts involving numbers, quantity, time, and money. Caregivers provide extensive supports for problem solving throughout life.

Social Domain

- Spoken language is quite limited in terms of vocabulary and grammar. Speech may be single words or phrases and may be supplemented through augmentative means. Individuals understand simple speech and gestural communication.

Practical Domain

- The individual requires support for all activities of daily living, including meals, dressing, bathing, and elimination. The individual requires supervision at all times. The individual cannot make responsible decisions regarding well-being of self or others. In adulthood, participation in tasks at home, recreation, and work requires ongoing support and assistance. Maladaptive behaviour, including self-injury, is present in a significant minority.

Levels of Severity- DSM-5

Severity Level: Profound

Conceptual Domain

- Conceptual skills generally involve the physical world rather than symbolic processes. Co-occurring motor and sensory impairments may prevent functional use of objects.

Social Domain

- The individual has very limited understanding of symbolic communication in speech or gesture. He or she may understand some simple instructions or gestures. The individual expresses his or her own desires and emotions largely through nonverbal, non-symbolic communication.

Practical Domain

- The individual requires support for all activities of daily living, including meals, dressing, bathing, and elimination. The individual requires supervision at all times. The individual cannot make responsible decisions regarding well-being of self or others. In adulthood, participation in tasks at home, recreation, and work requires ongoing support and assistance. Maladaptive behaviour, including self-injury, is present in a significant minority.

Signs of Possible Intellectual Disability

- Pregnancy and neonatal complications (e.g., substance/alcohol use, prematurity and/or low birth weight)
- A history of delayed development (e.g., developmental milestones attained behind normative expectations, delayed development of literacy and/or numeracy skills)
- Co-occurring medical/psychiatric complications (e.g., a history of seizures, significant brain injury, behavioural problems, social difficulties)
- Evidence of the need for special education services and/or supports (e.g., difficulty completing grade level work, retention, marks consistently well below grade level expectations, need for program modifications)
- Difficulties independently completing activities of daily living (e.g., requiring oversight to make decisions, issues with communication, difficulty completing age-appropriate tasks within the home and/or community, social difficulties)
- Family history of cognitive delays

Recommendations – Intellectual Disability- ES/SS

- If an individual meets criteria for a diagnosis of an Intellectual Disability, they will also meet criteria for the educational identification of a Developmental Disability
- In ES and SS, students may be placed into a system-designated class to allow access to facilities to strengthen functional skills.
- In SS, courses are typically taken at the Locally-developed level and individuals typically work towards a Certificate rather than a Diploma. Can remain in school until 21.
- Regardless of placement in a regular or a system-designated class, the student is typically placed on a modified academic program, and alternate goals are assigned to improve areas of adaptive deficit- such as communication, social, daily living, and/or community skills.
- Involvement of Speech and Language and/or Occupational or Physical therapies may also be required to maximize the individual's ability

Recommendations – Intellectual Disability- PSE

- It is not anticipated that an individual with an Intellectual Disability would be able to access traditional post-secondary education, though some individuals at the milder end do periodically achieve the marks required for entrance.
- Colleges have begun offering Community Integration through Co-operative Education (CICE) programs, which are modified to provide access to individuals with Intellectual Disabilities.
- **Typically recommended accommodations include:**
 - Reduced academic course load
 - Additional reinforcement of concepts taught via a Tutor or Learning Coach using concrete/hands-on methods
 - Additional time to complete tasks

Borderline Intellectual Functioning (BIF) vs. Mild Intellectual Disability (MID)

- Mild Intellectual Disability (MID) is an educational identification, characterized by:
 - an ability to profit educationally within a regular class with the aid of considerable curriculum modifications and supportive services;
 - an inability to profit educationally within a regular class because of slow intellectual development; and
 - a potential for academic learning, independent social adjustment, and economic self-support.
- Operational definitions vary but typically encompasses individuals with IQ scores ranging from the 2nd to the 8th percentile.

Borderline Intellectual Functioning (BIF) vs. Mild Intellectual Disability (MID)

- The DSM-IV-TR included Borderline Intellectual Functioning (BIF) as a “V” code on Axis II (specified an IQ between 71 and 84). The DSM-IV-TR specifically stated that “V-codes represent conditions that are the focus of clinical attention but are not considered disorders”
- In DSM-5, BIF remains as a V-code, but now simply provides the vague statement to define what it is without any statistical parameters. It states “This **category** can be used when an individual’s borderline intellectual functioning is the focus of clinical attention or has an impact on the individual’s treatment or prognosis.”

Mild Intellectual Disability (MID)

- It is the position of the Assessment and Resource Centres (RARC and NOARC) that **students previously labelled as having MID do not automatically qualify for a DSM-5 diagnosis of a Learning Disorder.**
- **Rationale:**
 - While a Learning Disorder diagnosis requires academic achievement less than the 16th percentile and cognitive intelligence above the 2nd percentile, it also requires that the individual has experienced unexpected learning failure. In the case of an individual with a low IQ, it may be that their academic achievement is consistent with their intelligence. For example, someone with an IQ of 70-75 would be expected to have low achievement.

Assessment and Report – MID

Implications for Elementary and Secondary School

- Signs are similar to those outlined for an Intellectual Disability
- Not a diagnosis, but individuals in the 2nd to 8th percentile range typically meet criteria for an educational identification of Mild Intellectual Disability
- Elementary School: Accommodations typically include modified academic programming, additional repetition and drill, and additional task completion time.
- Secondary School: Students typically access Essential/Workplace level courses

Mild Intellectual Disability (MID)- Implications for Post-Secondary

- Although typically a diagnosed disability is required to access accessibility services in the post-secondary environment, the educational identification of MID does qualify for some supports in the post-secondary
- Group seems to be increasing, particularly in colleges, likely secondary to accommodations in ES and SS, as well as reduced course failures
- Some individuals can succeed in one-year certificate programs with support- predominantly reduced course load and tutoring
- However, if not otherwise disabled, they qualify for limited BSWD or other OSAP financial disability-related supports

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RARC WORKSHOP

 Donald Gordon Centre, Queen's University

Thursday May 21, 2026

| 9:00am-4:30pm + social
hour and dinner

Friday May 22, 2026

| 8:30am-12:00pm

From Tribunal to Campus: What Recent HRTO Decisions Mean for Accessibility Advisors

Lawyer Sari Springer will be presenting on post-secondary accessibility practices within the context of current legislation and Ontario Human Rights Tribunal decisions. This year's workshop will be best suited for those in decision-making positions within their Accessibility Services departments.

**Give your input on
Workshop Questions
and Lunch and Learn
Topics!**



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NOAT 2026: educATe and integrATe

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Thank You!

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