Includes Norms for:

- Infant and Preschool (Ages 0–5)
- School (Ages 5–21)
- Adult (Ages 16–89)

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Chapter 1

Introduction

The Adaptive Behavior Assessment System®—Second Edition (ABAS®–II) provides a comprehensive, norm-referenced assessment of adaptive skills for individuals ages birth to 89 years. The ABAS–II may be used to assess an individual's adaptive skills for diagnosis and classification of disabilities and disorders, identification of strengths and limitations, and to document and monitor an individual's progress over time. The comprehensive range of specific adaptive skills and broad adaptive domains measured by the ABAS–II correspond to the specifications identified by the American Association on Mental Retardation (AAMR; 1992, 2002b) and the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Text Revision (DSM–IV–TR; American Psychiatric Association [APA], 2000). The ABAS–II provides for assessment by multiple respondents, evaluates functioning across multiple settings, and contributes to a complete assessment of the daily, functional skills of an individual. The instrument's multidimensional quality is derived from five rating forms that are designed to evaluate individuals across various age ranges and environmental settings.

Components of the ABAS–II include this manual and five rating forms. Relevant respondents who can rate the daily adaptive skills of the individual being evaluated may complete these forms. Respondents may be parents, family members, teachers, daycare staff, supervisors, counselors, care providers, or others who are familiar with the daily activities of the individual. Another individual may rate an adult, or he or she may rate himself or herself. The rating forms may be completed independently by a respondent or may be read aloud to a respondent who has limited reading skills. Each rating form is easy to complete and score requiring approximately 20 minutes to complete, and 5–10 minutes to hand-score. Computer scoring software is also available.

Key Features

The ABAS–II is a multifunctional tool and can be used for several purposes. The information obtained by using this assessment can contribute to the comprehensive, diagnostic assessment of individuals who may be experiencing difficulties with the daily adaptive skills that are necessary for functioning effectively within their environments, given the typical demands placed on individuals of the same age. Results from the ABAS–II can be used in combination with other evaluation information to make diagnostic decisions and to plan interventions and services. Adaptive behavior assessment is required to meet international, national, and state requirements for identification, diagnosis, and classification of disabilities and disorders, such as those based on the Individuals with Disabilities Education Act Amendments of 1997 (IDEA; 1999), DSM–IV–TR, Social Security, and Medicaid. By providing comprehensive, diagnostic assessment information, the ABAS–II can be useful for individuals with a variety of disabilities, disorders, and health conditions, including intellectual disability (i.e., mental retardation), developmental disabilities, developmental delays, learning and emotional disorders, and dementias. This type of information is essential when adaptive skill limitations are a concern and the goal of the intervention or treatment is to improve the daily adaptive functioning of an individual.

The five rating forms were developed during 8 years of research. Data collected during pilot and national tryout phases were analyzed to select items for the national standardization editions. The standardization samples for the Parent/Primary Caregiver and Teacher/Daycare Provider Forms for children ages birth to 5 years together comprised 2,100 individuals; the standardization samples for the Parent, Teacher, and Adult Forms together comprised 5,270 individuals. The composition of the standardization
samples was representative of the U.S. population according to the following variables: gender, race/ethnicity, and parent education level (U.S. Bureau of the Census, 1999, 2000). These samples represented a continuum of development, including individuals with typically developing skills and individuals identified with disability in proportions representative of the general U.S. population (U.S. Bureau of the Census, 1999, 2000).

The normative data presented in this manual enable the professional user to obtain a normative comparison between an individual’s adaptive skills and the adaptive skills of typically developing individuals of the same age in a representative national standardization sample. The ABAS–II also features validity data for special samples of individuals with disabilities, including intellectual disability, developmental delay, and others.

Norm-referenced scores are provided for specific skill areas as specified by AAMR (1992) and DSM–IV–TR guidelines. Tables 1.1 and 1.2 provide a summary of the skill areas assessed by the ABAS–II. Norm-referenced scores are provided for three broad domains of adaptive behavior. These adaptive domains, as defined by the AAMR (2002b), were developed by combining skill areas and are described in Table 1.3. Norm-referenced scores are also provided for a total score, called the General Adaptive Composite (GAC). Norm-referenced scores for the skill areas include scaled scores (M = 10, SD = 3), average guessing rates, and age equivalents. Norm-referenced scores for the adaptive domains and for the GAC include standard scores (M = 100, SD = 15), critical values to calculate 90% and 95% confidence intervals, and percentile ranks. Descriptive classifications of Extremely Low, Borderline, Below Average, Average, Above Average, Superior, and Very Superior may be used for the skill areas, adaptive domains, and the GAC (see Table 3.1).

The skill areas, adaptive domains, and GAC have high internal consistency and test-retest reliability. Cross-form consistency studies enable comparisons for situations in which a parent and teacher rate the same child, and when self-ratings and other-respondent ratings are obtained for an adult. Tables 5.16 and 5.17 provide correlation data and compare means of skill area scaled scores, adaptive domain composite scores, and GAC scores obtained when different respondents rate the same individuals.

Due to the overlap of age ranges between the infant-preschool and school-age rating forms, a special cross-form consistency study compared the scores of children age 5 on the Teacher/Daycare Provider or Parent/Primary Caregiver Form with their scores on the corresponding school-age form (i.e. Teacher or Parent Form). Tables 5.18 and 5.19 provide correlation data and compare means of skill area scaled scores, adaptive domain composite scores, and GAC scores obtained from this study.

Extensive validity data were collected during development. Validity studies were conducted with samples of individuals with the following disabilities or disorders: intellectual disability, learning disabilities, Attention-Deficit/Hyperactivity Disorder (ADHD), developmental delays, biological risk factors, language disorders, motor impairments, autistic disorders, emotional disturbances, behavior disorders, hearing impairment, physical impairments, Alzheimer’s disease, and neuropsychological disorders. The validity studies with clinical samples provide useful data about the performance of individuals with various disabilities and disorders and include percentages of individuals in each sample that fell below designated cut-off scores.

Nature of Adaptive Skills

The ABAS–II is based on three types of information: (a) a concept of adaptive behavior promoted for many years by the AAMR (1992, 2002b; Grossman, 1983; Heber, 1959); (b) legal and professional standards applicable to a number of special education and disability classification systems, such as federal and state special education and disability regulations, IDEA (1999), and the DSM–IV–TR; and (c) research investigating diagnosis, classification, and intervention for people with various disabilities. The three types of information are uniform in their conclusion that every individual requires a repertoire of skills in order to meet the daily demands and expectations of his or her environment. Examples of adaptive skills that individuals use on a daily basis include those related to eating, dressing, expressing needs, taking care of personal possessions, making purchases, interacting with peers, controlling one's behavior in a structured setting, following a schedule, communicating with other people, practicing safety, managing money, and holding a job.

The ABAS–II is designed to evaluate whether an individual displays various functional skills necessary for daily living without the assistance of others. Thus, this instrument focuses on independent behaviors and measures what an individual actually does, in addition to measuring what he or she may be able to do. In addition, the ABAS–II focuses on behaviors an individual displays on his or her own, without assistance from others.

Historically, two general aspects of adaptive skills have been described in the literature and measured with adaptive skill scales: personal independence and social responsibility (AAMR, 1992, 2002b; Grossman, 1983; Harrison, 1990; Horn & Fuchs, 1987). Grossman described these two aspects as “what people do to take care of themselves and relate to others” (p. 42). More recently, the AAMR (2002b) concluded that research investigating adaptive skills identifies three clusters and thus describes adaptive behavior as “the collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives” (p. 41).

The AAMR (2002b) identifies several important characteristics of adaptive behavior that relate to individuals with intellectual disability; these aspects have significant implications for assessment, diagnosis, classification, and intervention for individuals who have other disabilities and disorders as well. The characteristics include:

- Adaptive skill limitations often coexist with strengths in other adaptive skill areas (p. 41).
- (A) person's strengths and limitations in adaptive skills should be documented within the context of community and cultural environments typical of the person's age peers and tied to the person's individualized need for supports (p. 41).

Thus, adaptive skills as measured by the ABAS–II are defined as those practical, everyday skills required to function and meet environmental demands, including effectively and independently taking care of oneself and interacting with other people. Specific skill areas included in the definitions of adaptive skills used by the AAMR (1992) and the DSM–IV–TR, and measured by the ABAS–II are: Communication, Community Use, Functional Academics, Home/School Living, Health and Safety, Leisure, Self-Care, Self-Direction, Social, and Work. This set of skills areas can be conceptually grouped into three broad categories of related skills. These categories, as defined by the AAMR (2002b), are represented by the following adaptive domains: Conceptual (communication and academic skills), Social (interpersonal and social competence skills), and Practical (independent living and daily living skills).
Table 1.1 Description and Sample Items of the Skill Areas for Teacher/Daycare Provider and Parent/Primary Caregiver Forms

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Number of Items</th>
<th>Description</th>
<th>Sample Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>25</td>
<td>Speech, language, and listening skills needed for communication with other people, including vocabulary, responding to questions, conversation skills, nonverbal communication skills, etc.</td>
<td>Raises voice to get attention. Sings all or part of the words to songs. Speaks in sentences of six or more words.</td>
</tr>
<tr>
<td>Community Use</td>
<td>22</td>
<td>Skills needed for functioning and appropriate behavior in the community, including getting around in the community, expression of interest in activities outside the home, recognition of different facilities, etc.</td>
<td>Recognizes own home in his/her immediate neighborhood. Asks to go to a park or other favorite community place. Finds the restrooms in public places.</td>
</tr>
<tr>
<td>Functional</td>
<td>24</td>
<td>Basic pre-academic skills that form the foundations for reading, writing, mathematics, and other skills needed for daily, independent functioning, including letter recognition, counting, drawing simple shapes, etc.</td>
<td>Holds crayon or pencil with point down when using paper. Sings the alphabet song. Reads his/her own written name.</td>
</tr>
<tr>
<td>Pre-Academics</td>
<td>24</td>
<td>School/Home Livinga</td>
<td>23</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>21</td>
<td>Skills needed for protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution, keeping out of physical danger, etc.</td>
<td>Acts startled or surprised when he/she hears a very loud sound. Refrains from putting dirt or sand in mouth. Carries scissors safely.</td>
</tr>
<tr>
<td>Leisure</td>
<td>23</td>
<td>Skills needed for engaging in and planning leisure and recreational activities, including playing with others, playing with toys, engaging in recreation at home, following rules in games, etc.</td>
<td>Shows interest in mobiles or other moving objects. Plays simple games like &quot;peek-a-boo&quot; or rolls a ball to others. Asks to be read to from a favorite book.</td>
</tr>
<tr>
<td>Self-Care</td>
<td>24</td>
<td>Skills needed for personal care including eating, dressing, bathing, toilet, grooming, hygiene, etc.</td>
<td>Nurses, drinks, or eats willingly, with little encouragement. Holds and drinks from a sipping cup. Washes hands with soap. Dresses himself/herself.</td>
</tr>
<tr>
<td>Self-Direction</td>
<td>24</td>
<td>Skills needed for independence, responsibility, and self-control, including making choices about food and clothing, starting and completing tasks, following a daily routine, following directions, etc.</td>
<td>Sits quietly for at least one minute without demanding an adult's attention. Resists pushing or hitting another child when angry or upset. Keeps working on hard tasks without becoming discouraged or quitting.</td>
</tr>
<tr>
<td>Social</td>
<td>25</td>
<td>Skills needed to interact socially and get along with other people, including expressing affection, having friends, showing and recognizing emotions, assisting others, using manners, etc.</td>
<td>Smiles when he/she sees parent. Shows sympathy for others when they are sad or upset. Apologizes if he/she hurts the feelings of others.</td>
</tr>
<tr>
<td>Motor</td>
<td>27</td>
<td>Basic fine and gross motor skills needed for locomotion, manipulation of the environment and the development of more complex activities such as sports, including sitting, pulling up to a standing position, walking, fine motor control, kicking, etc.</td>
<td>Shakes rattle or other toys. Stands up from a sitting position. Uses scissors to cut along a straight line.</td>
</tr>
</tbody>
</table>

Note: aOn the Teacher/Daycare Provider Form, the skill area is titled School Living; on the Parent/Primary Caregiver Form, the skill area is titled Home Living.
<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Number of Items</th>
<th>Description</th>
<th>Sample Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td>Teacher Form: 22 Parent Form: 24 Adult Form: 25</td>
<td>Speech, language, and listening skills needed for communication with other people, including vocabulary, responding to questions, conversation skills, etc.</td>
<td>Names 20 or more familiar objects. Ends conversations appropriately. Uses up-to-date information to discuss current events.</td>
</tr>
<tr>
<td><strong>Community Use</strong></td>
<td>Teacher Form: 15 Parent Form: 23 Adult Form: 24</td>
<td>Skills needed for functioning in the community, including use of community resources, shopping skills, getting around in the community, etc.</td>
<td>Mails letters at the postal box or local post office. Finds and uses a pay phone. Orders his/her own meals when eating out.</td>
</tr>
<tr>
<td><strong>Functional Academics</strong></td>
<td>Teacher Form: 22 Parent Form: 23 Adult Form: 27</td>
<td>Basic reading, writing, mathematics, and other academic skills needed for daily, independent functioning, including telling time, measurement, writing notes and letters, etc.</td>
<td>Reads his/her own written name. Finds somebody’s telephone number in the phone book. Makes reminder notes or lists.</td>
</tr>
<tr>
<td><strong>School/Home Living</strong></td>
<td>Teacher Form: 20 Parent Form: 25 Adult Form: 23</td>
<td>Skills needed for basic care of a home or living setting (or, for the Teacher Form, school and classroom setting), including cleaning, straightening, property maintenance and repairs, food preparation, performing chores, etc.</td>
<td>Wipes up spills at home. Takes out trash when can is full. Keeps toys, games, or other belongings neat and clean.</td>
</tr>
<tr>
<td><strong>Health and Safety</strong></td>
<td>Teacher Form: 16 Parent Form: 22 Adult Form: 20</td>
<td>Skills needed for protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution, etc.</td>
<td>Carries scissors safely. Follows general safety regulations at school. Tests hot foods before eating them.</td>
</tr>
<tr>
<td><strong>Leisure</strong></td>
<td>Teacher Form: 17 Parent Form: 22 Adult Form: 23</td>
<td>Skills needed for engaging in and planning leisure and recreation-related activities, including playing with others, engaging in recreation at home, following rules in games, etc.</td>
<td>Plays alone with toys, games, or other fun activities. Waits for his/her turn in games and other fun activities. Tries a new activity to learn about something new.</td>
</tr>
<tr>
<td><strong>Self-Care</strong></td>
<td>Teacher Form: 19 Parent Form: 24 Adult Form: 25</td>
<td>Skills needed for personal care including eating, dressing, bathing, toileting, grooming, hygiene, etc.</td>
<td>Buttons his/her own clothing. Uses public restroom alone. Keeps hair neat during the day by brushing or combing.</td>
</tr>
<tr>
<td><strong>Self-Direction</strong></td>
<td>Teacher Form: 21 Parent Form: 25 Adult Form: 25</td>
<td>Skills needed for independence, responsibility, and self-control, including starting and completing tasks, keeping a schedule, following time limits, following directions, making choices, etc.</td>
<td>Stops a fun activity, without complaints, when told that time is up. Controls temper when disagreeing with friends. Completes large home or school projects on time.</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>Teacher Form: 20 Parent Form: 23 Adult Form: 23</td>
<td>Skills needed to interact socially and get along with other people, including having friends, showing and recognizing emotions, assisting others, and using manners.</td>
<td>Says “Thank you” when given a gift. Laughs in response to funny comments or jokes. Listens to friends or family members who need to talk about problems.</td>
</tr>
<tr>
<td><strong>Work</strong></td>
<td>Teacher Form: 21 Parent Form: 21 Adult Form: 24</td>
<td>Skills needed for successful functioning and holding a part- or full-time job in a work setting, including completing work tasks, working with supervisors, and following a work schedule.</td>
<td>Shows positive attitude towards job. Starts back to work willingly after taking a break or lunch. Cares properly for work supplies and equipment.</td>
</tr>
</tbody>
</table>

**Total Items**: 193 Teacher Form, 232 Parent Form, 239 Adult Form

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4 On the Teacher Form, the skill area is titled School Living; on the Parent and Adult Forms, the skill area is titled Home Living.

5 The Work Skill Area is completed only when individuals have a part- or full-time job.
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<td>Conceptual</td>
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<td>Self-Direction</td>
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<tr>
<td>Practical</td>
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<td></td>
<td>Health and Safety</td>
<td></td>
<td>Home Living</td>
<td>Community Use</td>
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<td>Home Living</td>
<td>Community Use</td>
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</table>

Note: Shaded areas indicate the skill areas that are completed and scored for each form.
Note: The grouping of skill areas into adaptive domains is based on AAMR (2002b) guidelines.

6Community Use is not included on the Teacher/Daycare Provider Form.
6Motor is only included on the Parent/Primary Caregiver and Teacher/Daycare Provider Forms. The Motor Skill Area scaled score is included in the GAC but is not included in the adaptive domains.
6Work is optional on the Parent and Teacher Forms and is administered only if the individual is 17 years or older and has a part- or full-time job. It is not included in the GAC or any adaptive domains.
6Work is optional on the Adult Form and is administered only if the individual has a part- or full-time job. The Practical Domain composite score and the GAC can be derived either with or without the Work Skill Area scaled score.
6On the Parent/Primary Caregiver and Teacher/Daycare Provider Forms, Functional Academic is titled Functional Pre-Academics.
6Health and Safety was placed in both the Conceptual and Practical Domains by the AAMR (2002b). Based on the ABAS–II item content, Health and Safety is included in the Practical Domain.
6Home Living is on the Parent/Primary Caregiver, Parent, and Adult Forms; School Living is on the Teacher/Daycare Provider and Teacher Forms.
Focus and Content of the Rating Forms

The five rating forms provide for the measurement of adaptive skills of individuals through 89 years of age and across multiple environmental settings including home, preschool, school, daycare, community, and work. Some adaptive skills are only observable in certain settings and by some respondents. Therefore, separate rating forms are necessary to assess the adaptive skills most relevant for the specific setting and respondent. Each rating form is completed independently by the respondent, or may be read to the respondent if he or she does not have the reading skills to complete the rating form independently. A respondent completes the form by reading the instructions and responding to each item. The rating scale for the items allows respondents to indicate if the individual is able to independently perform an activity and, if so, how frequently (always, sometimes, or never) he or she performs the activity when it is needed. Because a respondent cannot observe all possible daily activities of the individual, respondents can identify which items he or she had less opportunity to observe and needed to guess or estimate about the rating. The guessing scores enable the professional user to compare the respondent’s guessing rate to the average guessing rate in the standardization sample, and to use the guessing rate information when interpreting the results and making decisions about the individual.

Although it is possible to assess the adaptive skills of an individual with a single rating form, the use of multiple rating forms is recommended to provide a comprehensive assessment across a variety of settings. For example, professional users may solicit multiple ratings by requesting that a parent complete the Parent Form and the teacher complete the Teacher Form for an 8-year-old child. For a 30-year-old individual, for example, the Adult Form may be completed by three respondents: the individual himself or herself, a family member, and a work supervisor.

Parent/Primary Caregiver Form (Ages 0–5)

The Parent/Primary Caregiver Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for the functioning of infants, toddlers, and preschoolers in the home and other settings, and can be completed by parents or other primary care providers. The Parent/Primary Caregiver Form is used for children ages birth–5 years, and includes 241 items, with 22 to 27 items per skill area. This form is available in Spanish.

Parent Form (Ages 5–21)

The Parent Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for children's functioning in the home and community, and can be completed by parents or other primary care providers. The Parent Form is used for children in grades Kindergarten (K) through 12 or ages 5–21 years. The form extends through age 21 to include special education students and other students who continue to be served through a secondary school setting. This form includes 232 items, with 21 to 25 items per skill area. This form is available in Spanish.

Teacher/Daycare Provider Form (Ages 2–5)

The Teacher/Daycare Provider Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for toddler's and preschooler's functioning in a daycare center, home daycare, preschool, or school setting. Teachers, teacher’s aides, daycare instructors, or other daycare or childcare providers can complete this form. The Teacher/Daycare Provider Form is used for children ages 2–5 years, and includes 216 items, with 21 to 27 items per skill area. This form is available in Spanish.

Teacher Form (Ages 5–21)

The Teacher Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for children's functioning in a school setting, and can be completed by teachers or teacher's aides. The Teacher Form is used for children in grades K through 12 or ages 5–21 years. The form extends through age 21 to include special education students and other students who continue to be served through a secondary school setting. This form includes 193 items, with 15 to 22 items per skill area.
Adult Form (Ages 16–89)

The Adult Form is a comprehensive, diagnostic measure of the adaptive skills that have primary relevance for an adult's functioning in home and community settings. The Adult Form may be completed by the individual being evaluated for a self-rating if his or her functional skills are judged to be adequate for providing valid responses to the items. Family members, supervisors, or other respondents who are familiar with the individual in his or her various environments can also complete this form. Two separate norms tables are provided for the Adult Form: Adult Form, Self Report and Adult Form, Rated by Others. The Adult Form is used for individuals ages 16–89 years, and includes 239 items, with 20 to 27 items per skill area.

\(^1\)Spanish versions were translated from the English forms, back-translated, and then reviewed by a third party. Validity and reliability data do not currently exist for the ABAS–II Spanish rating forms. Therefore, results obtained from the Spanish forms should be interpreted with caution, and should always be used in conjunction with other standardized instruments as part of a comprehensive assessment.

Age Range Overlap Between Forms

The overlap of age ranges between the rating forms enables the user to select the most appropriate forms for use with individuals age 5 or ages 16–21. For children who are 5 years of age, users may choose either an infant-preschool or a school-age form. The infant-preschool forms (Teacher/Daycare Provider and Parent/Primary Caregiver Forms) generally should be used with 5-year-old children who may be lower functioning or have more serious disorders or disabilities. These forms can also be used with children whose initial referral for evaluation of a possible disability or eligibility for special education occurs at age 5, or with 5-year-old children for whom there is no prior knowledge regarding the level of functioning. Users also may choose the infant-preschool forms for 5-year-old children who were previously assessed with these forms to directly compare adaptive skill ratings between the two evaluations. The school-age forms (Teacher and Parent Forms) generally should be used with 5-year-old children who are thought to have higher functioning or less severe problems.

*Note.* Use only the infant-preschool forms with children younger than 5 ($\leq 4:11$) and only the school-age forms with children older than 5 ($\geq 6:0$).

For young adults who are ages 16–21 years, users may choose the school-age Parent and Teacher Forms or the Adult Form. The school-age forms are typically used with young adults who are still participating in some type of secondary educational program, such as high school or special education programs. The Adult Form generally is used with young adults who are no longer participating in secondary school settings, but may be participating in community or work settings, job training programs, or post-secondary institutions. The Adult Form is the only form that may be used to obtain a self rating.

Adaptive Skills and Intellectual Disability

Adaptive skill measurement has traditionally been associated with the study, evaluation, and treatment of intellectual disability. Assessment of adaptive behavior, along with assessment of intelligence, has been required for classification and diagnosis of intellectual disability for many years. The official definition of intellectual disability by the AAMR (Heber, 1959) indicated that adaptive behavior deficits, in addition to subaverage intelligence, were necessary for a classification of intellectual disability. Deficits in adaptive behavior were included as part of subsequent definitions of intellectual disability by the AAMR (Grossman, 1983) and other groups (*Diagnostic and Statistical Manual of Mental Disorders–3rd Edition Revised* [DSM–III-R]; APA, 1987; *Diagnostic and Statistical Manual of Mental Disorders–4th Edition* [DSM–IV], APA, 1994).

means 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” (IDEA, Final Regulations, 1999, Sec. 300.7). Adaptive skill limitations are included in a number of other diagnostic or classification systems for intellectual disability, including the International Classification of Diseases (World Health Organization, 1993); International Classification of Functioning, Disability, and Health (World Health Organization, 2001); and, as described by Reschley, Myers, and Hartel (2002), regulations and procedures for developmental disabilities, Social Security Disability Determination Services, and Medicaid include adaptive behavior criteria.

The 1992 definition of intellectual disability from the AAMR placed considerably greater emphasis on adaptive skills than previous AAMR definitions:

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18 (p. 5).

A comparable definition of intellectual disability is used in the DSM-IV-TR:

…Significantly subaverage general intellectual functioning (Criterion A) that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academics, work, leisure, health and safety (Criterion B). The onset must occur before age 18 years (Criterion C) (p. 41).

The most recent definition of intellectual disability by the AAMR (2002b) emphasizes broad domains of adaptive behavior:

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 (p. 1).

The AAMR manual (2002b) also provides an operational definition for limitations in adaptive behavior:

For the diagnosis of mental retardation, significant limitations in adaptive behavior should be established through the use of standardized measures normed on the general population, including people with disabilities and people without disabilities. On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is at least two standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall score on a standardized measure of conceptual, social, and practical skills (p. 76).

Other professional associations (e.g., APA) as well as federal and state governments have not revised their policies to reflect current AAMR guidelines, though they may do so in the future. Professional users are advised to consult legal and professional standards when using adaptive behavior data for diagnosis, classification, or support planning.

Use of the ABAS–II With Individuals Other Than Those With Intellectual Disability

Although the assessment of adaptive skills has traditionally been associated with the diagnosis and classification of intellectual disability, the concept of adaptive skills is important for all individuals, including those with limitations and disabilities other than intellectual disability. Adaptive skills should be assessed routinely for children or adults who have difficulties, disabilities, or disorders that interfere with daily functioning (Harrison, 1990; Harrison & Boney, 2002; Reschly, 1990). Adaptive skill assessment may provide important information for the diagnosis and planning of treatment or intervention.
for individuals with developmental delays, biological risk factors, traumatic brain injuries, Autistic Disorder, ADHD, learning and behavior disorders, sensory impairments, physical disabilities or injuries, health impairments, motor impairments, emotional disorders, brain injuries, stroke, demen-
tias, Alzheimer's disease, substance-related disorders, psychotic disorders, and multiple disabilities. Specific examples include the following:

• A pediatric neuropsychologist in a public health clinic evaluates a 1-year-old girl with Cerebral Palsy.

• A 2-year-old boy is referred to a pediatrician at a university hospital because of a possible Pervasive Developmental Disorder.

• The parents of a 3-year-old child request assessment by school psychologists at a state child development center because the child has not met major developmental milestones and may have significant delays in communication, social, and motor skill development.

• A school district requests adaptive behavior assessment data from parents and teachers of children eligible for special education programs to assist in planning and coordinating home-school programs.

• Parents of a child who is blind request consultation with his or her Individual Education Plan (IEP) committee on ways to best promote adaptive skill development.

• A third grade male student with a learning disability in reading displays a possible behavioral disorder and is referred to the school psychologist.

• A fourth grade female student diagnosed with an emotional disturbance disorder displays various problems at home for which the parents have requested help from a psychologist in private practice.

• A fifth grade male student diagnosed with Attention-Deficit/Hyperactivity Disorder is referred to a mental health center for comprehensive assessment of adaptive skills and behavior problems, based on reports of diminished self-direction, self-care, and school/home living skills and increased acting-out behaviors.

• The school district uses ABAS–II data to assist students with disabilities in their transition from school to work settings.

• A rehabilitation specialist is responsible for coordinating the rehabilitation of an adult with traumatic brain injury.

• A neuropsychologist routinely acquires ABAS–II data to better understand an individual's development in home, school and/or work settings.

• An assisted living facility for older adults uses ABAS–II data to assist the clinician when making decisions regarding program planning and monitoring.

• A woman concerned about her father's advanced stages of Alzheimer's disease requests an evaluation of his adaptive skills from a team of physicians and social workers to better understand the severity of his disorder and to implement a program designed to promote important functional behaviors.

• A clinical psychologist uses the ABAS–II with individuals with depression and anxiety to assess the impact of the mental disorders on daily functioning and to provide individuals and their families with intervention goals.

• A psychiatrist uses the ABAS–II to initially assess an individual's adaptive skills and to moni-	tor behavioral and skill level changes in response to medication.
Applications of the ABAS–II

Uses of the ABAS–II include diagnostic assessment, identification of adaptive skill strengths and limitations, identification of service needs, program planning and monitoring, and research and evaluation. The ABAS–II may be used in many settings and agencies including settings that provide services for children, such as public or private schools, daycare programs, community agencies, and medical or residential settings. The ABAS–II may be used as part of the comprehensive assessment of children and adults who are being evaluated for possible diagnosis of disabilities or problems, in addition to those who have previously been diagnosed with disabilities or problems. Similarly, the ABAS–II may be used in a variety of programs and settings for adults including public and private service provider agencies, medical and health facilities, residential facilities or group homes, community programs and agencies, vocational and occupational training programs, and prisons.

Diagnosis and Classification

Disability and special education regulations as set forth by community, state, federal, and international classification systems routinely require a comprehensive adaptive behavior assessment as part of the multifactor, multitmethod assessment conducted for individuals with intellectual disability. The ABAS–II fulfills many of these requirements. It also assists in determining diagnoses and classifications other than intellectual disability and in determining eligibility for special programs. Special education and other disability services often require the comprehensive assessment of adaptive skills and other qualities when determining diagnoses and eligibility for services for individuals with a wide variety of disabilities in special education or disability categories (e.g., serious emotional disturbances, traumatic brain injuries, pervasive developmental disorders, or other health impairments) and specific categories of mental disorders, such as those denoted in the DSM–IV–TR. For infants, toddlers, preschoolers, and school-age children through age 9, IDEA includes developmental delay as a disability and defines a child with developmental delay as one “who is experiencing developmental delays, as defined by the State and measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, social or emotional development, cognitive development, social or emotional development, or adaptive development” (IDEA, Final Regulations, 1999, Sec. 300.7).

Identification of Strengths and Weaknesses in Adaptive Skills

The information obtained with the ABAS–II can be used by the clinician as part of a comprehensive assessment of adaptive skills and enables him or her to evaluate the extent to which an individual displays the skills necessary to meet environmental demands. The ABAS–II enables professional and other users to assess the extent to which individuals take care of themselves and relate to others during daily living in critical skill areas and in broad domains of adaptive behavior. Determination of adaptive skill strengths and limitations is important for individuals with intellectual disability, developmental delays, and other disabilities or disorders. Although individuals with intellectual disability are a primary target population for adaptive skill assessment, other individuals may also experience difficulties with adaptive skills. The ABAS–II should be considered for use when identifying strengths and weaknesses in adaptive skills for individuals who display characteristics of disabilities or disorders other than intellectual disability.

Identifying Service Needs and Planning and Monitoring Programs

When the goal of treatment or intervention is to improve independent daily functioning and quality of life for an individual whose adaptive skill limitations are of concern, a comprehensive diagnostic assessment is essential. The ABAS–II provides an analysis of strengths and limitations in adaptive functioning that the professional user needs to develop appropriate intervention plans and support services for the individual. For example, an infant or toddler may need assistance with eating, drinking, and communicating skills. A school-age child may need interventions for dressing and grooming skills, and a teenager
may need training related to the use of community resources and work skills. An adult may only need an intermittent level of support in managing money but an extensive level of support for transportation. After services and programs have been implemented, the ABAS–II is a useful tool for monitoring an individual's gains in adaptive skills and in evaluating his or her responses to different environments and support services.

The AAMR’s manuals (1992, 2002b) on intellectual disability place considerable emphasis on the need to consider the specific settings in which an individual lives, works, and receives services; the extent to which the characteristics of these environments facilitate or impede the individual's development and well-being; and the optimum environment that may facilitate an individual's independence/interdependence, productivity, community integration, social belonging, and well-being. As noted by the AAMR, there is a need for “an ecological approach to understanding behavior that depends on evaluating the discrepancy between a person's capabilities and skills and the adaptive skills and competencies required to function in an environment” (p. 147).

The detailed information obtained by the rating forms concerning important adaptive skills, combined with data related to the demands and expectations of the settings in which an individual must participate, facilitate the planning of services and interventions. For example, Seltzer (1997) described the importance of obtaining information about both the individual's skills and corresponding environments when identifying functional limitations of adults with disabilities. Dunn (1997) emphasized that, when planning transition programs for adolescents who are leaving a school program to move to a work or occupation program, it is important to analyze the adolescent's skills and integrate the assessment data with information about the new environmental demands.

Research and Evaluation

The ABAS–II measures a variety of adaptive skills and encompasses a wide age range, therefore it is useful for research and evaluation that describes or investigates the development and display of skills of many groups of people, including individuals with disabilities, individuals in special programs, and individuals receiving special services. The ABAS–II may be used to investigate the short- and long-term effects of intervention programs or other services, and facilitates institutional research and evaluation efforts. Features that make it especially useful for institutional research and evaluation include:

- Consistency between the ABAS–II and the AAMR (1992, 2002b) and the DSM–IV–TR definitions and conceptions of intellectual disability;
- Up-to-date norms, including norms for various subgroups;
- Ease in use, administration, and scoring;
- Availability of separate forms and norms for the parents and teachers of individuals ages birth to 21 years; and
- Availability of separate norms for self-ratings and ratings by other respondents for individuals ages 16 to 89.

Qualifications of Users, Confidentiality, and Test Security

The professional user of the ABAS–II is responsible for selecting respondents, coordinating the completion of the rating forms, and scoring and interpreting the results. The user typically is involved, either individually or as a team member, in decision-making using the ABAS–II results in conjunction with other assessment results. Decisions may involve determining a diagnosis or classification and eligibility for special programs, planning interventions or treatment, and monitoring the effectiveness of a program. Individuals trained in the basic principles of psychological and educational assessment and test interpretation, the strengths and limitations of tests, and the use of assessment in data-based decision making are qualified to be professional users of the ABAS–II. The professional user should follow the practices described in the Standards for Educational and Psychological Testing (American Educational
Research Association, American Psychological Association, & National Council on Measurement in Education, 1999) and adhere to the ethical principles of associations of professionals that use educational and psychological tests.

The professional user may also supervise other service providers (e.g., paraprofessionals, aides) in the administration and scoring of the ABAS-II. Professional users are responsible for ensuring that other service providers have adequate training and supervision in administration and scoring, are able to provide appropriate answers to questions from the respondents, know when to refer questions to the professional users, and follow ethical and legal principles (e.g. confidentiality, test security). Professional users should provide structured and comprehensive training sessions prior to any administration and scoring activities by other service providers. The training sessions should provide many opportunities to discuss general assessment principles as well as ethical and legal standards, the purposes and uses of the ABAS-II, and specific techniques in administration and scoring. Administration and scoring activities should be carefully supervised at all times, and the work of other service providers should be checked to ensure that accurate results are obtained.

Although the respondent usually completes the rating forms independently, the professional user or another service provider may need to answer questions about the items. Rating forms facilitate communication between the professional user and the respondent by providing a place for the respondent to indicate that further comment is necessary on a particular item. Space is provided for respondents to record these comments or any other general comments they may have. This further communication between a respondent and assessment professional may afford an excellent opportunity to gain more clinical knowledge about the person being rated.

The application of professional ethical standards and principles for assessment practices is important for users of any psychological or educational assessment instrument, or any other technique for measuring human skills, behaviors, and traits. Protection of the individual’s rights, use of valid and reliable assessment methods, and appropriate use of assessment results in decision-making are important principles for use of any assessment instrument, including the ABAS-II. Assessment results should be shared only with the individual being evaluated, his or her guardian(s), and/or others who have a legal right to know the information. Maintaining the security of the rating forms is important for maintaining the privacy of the individual being evaluated and for controlling the distribution of assessment items. Similarly, unused rating forms should be controlled by the professional user and should not be distributed without authorization.