Occupational Therapy–Related Assessments for Adults With Intellectual Disability: A Scoping Review

Wanda J. Mahoney, Meghan G. Blaskowitz, Khalilah R. Johnson

Importance: Occupational therapy practitioners use structured assessment tools to gather information from adults with intellectual disability (ID) in order to develop the occupational profile, guide occupational therapy intervention, and assess change over time.

Objective: To identify occupational therapy–related tools in the peer-reviewed literature for use in practice with adults with ID.

Data Sources: Peer-reviewed literature published between January 2002 and January 2018 included in CINAHL, PsycINFO, PubMed, and Scopus.

Study Selection and Data Collection: The review included articles that had information on occupational therapy–related assessment with adults 18 yr or older who had primary or co-occurring ID.

Findings: Fifty-eight articles identified 73 occupational therapy–related assessment tools.

Conclusions and Relevance: This scoping review identified a broad range of assessment tools in the occupational therapy domain that are appropriate for adults with ID, some of which may be unfamiliar to occupational therapy practitioners.

What This Article Adds: This scoping review provides occupational therapy practitioners with a summary of occupational therapy–related assessment tools for adults with ID and an assessment reference guide.

In occupational therapy, structured assessment tools assist with collecting occupational profile information and are essential to analyze occupational performance and measure outcomes ([American Occupational Therapy Association \[AOTA\], 2020](#)); however, few assessment tools in occupational therapy are specifically intended for use with adults with intellectual disability (ID). ID is diagnosed in childhood and is a lifelong developmental disability involving significant cognitive impairment and issues with adaptive behavior or occupational performance ([American Association on Intellectual and Developmental Disabilities \[AAIDD\], n.d.](#)).

Although ID-specific assessment tools are uncommon, the assessment of adults with ID requires distinct considerations. When working with adults with ID, occupational therapy practitioners should be familiar with two major areas that have implications for assessment: adaptive behavior and self-determination.

Adaptive behavior consists of conceptual, social, and practical skills related to performance of many occupations ([AAIDD, n.d.](#)). Many tools are available to assess the adaptive behavior of people with ID because it is part of the diagnostic criteria for the condition. Adaptive-behavior measures are likely to be appropriate tools for occupational therapy practitioners because this behavior includes occupational performance and other areas of the occupational therapy domain, such as activities of daily living (ADLs), vocational skills, social skills, and problem solving.

Self-determination consists of skills, preferences, opportunities, and supports that enable people to make things happen in their lives. It is an essential aspect of quality of life (QOL) and a major occupational therapy outcome ([AOTA, 2020](#); [Simões & Santos, 2016](#); [Wehmeyer & Abery, 2013](#)). Adults with ID often experience lower levels of QOL and self-determination than people without disabilities ([Blaskowitz et al., 2020](#); [Simões & Santos, 2016](#)). The risk for

decreased self-determination makes this an important assessment area for occupational therapy practitioners to consider when working with adults with ID ([Angell et al., 2019](#); [Dean et al., 2015](#)).

Occupational therapy practitioners work with people with ID across the life course in various settings and need appropriate assessment strategies for this population. Because eligibility for special education services may continue until age 22, occupational therapy practitioners may work with adults with ID in school settings and require structured assessments to assist with transition services. In addition, occupational therapy services may be provided to adults with ID in settings in which they are the primary clients, such as state institutions for people with developmental disabilities, community group homes, vocational programs, or postsecondary programs ([Berg et al., 2017](#); [Johnson et al., 2019](#)). Occupational therapy practitioners who work with programs for adults with ID may need assessment tools appropriate for overall program evaluation in addition to individual assessment. Adults with ID also receive occupational therapy services for coexisting health conditions in medical settings, such as hospitals and nursing homes, where identifying appropriate assessment tools for this population is a common challenge for occupational therapists ([Mahoney et al., 2019](#)).

Regardless of the setting, occupational therapy intervention with adults with ID may involve small changes in performance, and assessment tools need to be sufficiently sensitive to measure this change. For example, many occupational performance assessment tools rate a person's level of independence (i.e., minimal, moderate, or maximal assistance). Level of independence may not reflect the participation and QOL changes that can result for the adult with ID and their caregivers with occupational therapy intervention, because many adults with ID often continue to require some assistance.

Recent scoping reviews have concentrated on intervention with people with ID (e.g., [Blaskowitz et al., 2021](#); [Waldman-Levi et al., 2019](#)). In contrast to these previous reviews, the aim of this study was to identify assessment tools within the domain of occupational therapy practice used in the literature with adults with ID.

Method

We followed the five-step scoping review procedure as outlined by [Arksey and O'Malley \(2005\)](#). A scoping review is an appropriate framework to synthesize existing knowledge that addresses an exploratory research question aimed at mapping key concepts and the range of available evidence ([Arksey & O'Malley, 2005](#)). This study's focus on assessment tools arose from the initial findings of a broader scoping review performed to examine the literature on occupational therapy practice with adults with ID.

Step 1: Develop a Research Question

After reviewing the preliminary results of an exploratory search in consultation with a university librarian with expertise in conducting scoping reviews, we determined the broad research question "What is the scope of the evidence related to occupational therapy practice with adults with ID?" As a result of the unanticipated volume of literature captured, we created subquestions on assessment, intervention, and descriptive background evidence (also see [Blaskowitz et al., 2021](#)). This article focuses on the subquestion "What is the scope of the evidence on occupational therapy-related assessment with adults with ID?"

Step 2: Identify Relevant Literature

Together with the consulting librarian, we finalized key words to perform custom searches in CINAHL, PsycINFO, PubMed, and Scopus. Controlled vocabulary terms included *intellectual disability*, *mental retardation*, *learning disability* (used in the United Kingdom), *cognitive impairment*, *adult*, and *occupational therapy* ([Blaskowitz et al., 2021](#)). All citations and abstracts from the searches were first exported to EndNote and then to Covidence ([Veritas Health Innovation, 2019](#)), an online review management system used to categorize and track articles.

Step 3: Select Studies

Articles for the larger scoping review met the following inclusion criteria: (1) published in English between January 2002 and January 2018, (2) published in a peer-reviewed journal, (3) included content about people ages 18 yr or older with primary or coexisting ID at any level, and (4) included information relevant to occupational therapy practice. The exclusion criteria were (1) literary criticism or conference proceedings; (2) gray literature (e.g., dissertations); or (3) focused on participants with physical, developmental, or cognitive disabilities without ID (e.g., adult-onset muscular dystrophy, Asperger syndrome, mild cognitive impairment; [Blaskowitz et al., 2021](#)).

Two different authors reviewed each article for inclusion, and we all discussed and came to consensus in the event of any disagreements. For example, discussion was required to determine whether [Kjellberg et al. \(2003\)](#) included adults with primary or coexisting ID because the article described an assessment tool completed with adults with learning disability. Although the study took place in Sweden, two of the authors were from the United Kingdom, where *learning disability* is the term used for ID. It was not clear from the article whether the participants' learning disability was actually ID, so we excluded this article from the review.

Step 4: Map the Data

To establish reliability, we screened 60 titles and abstracts, reaching 90% consistency. We identified 3,402 articles for screening, and 159 met the inclusion criteria ([Figure 1](#)). Two different authors conducted full-text screening of each article, and we all discussed and came to a consensus regarding any disagreements about inclusion. We extracted key information (e.g., purpose of the study, assessment tools and data collection measures, participants, occupations addressed, implications for occupational therapy evaluation) into an Excel spreadsheet (Version 2016; Microsoft, Redmond, WA). For each article, one author completed the initial data extraction, and a second author reviewed and added to this information.

Because this review focused on assessment, we reviewed all articles that used assessment or data collection strategies with adults with ID within the domain of occupational therapy, as defined by the *Occupational Therapy Practice Framework: Domain and Process—Fourth Edition* ([AOTA, 2020](#)). For example, IQ tests are often used with adults with ID, but they are not included in this review because, with the exception of adaptive behavior assessments, they are not in the occupational therapy domain. We reviewed each assessment strategy to determine its clinical relevance on the basis of our experience as occupational therapists who work with people with ID and came to a consensus about the inclusion of each tool. In addition to published assessment tools, we included research tools or strategies if they were sufficiently described in the article to allow for their application in clinical practice.

Step 5: Evaluate and Summarize Findings

We reviewed the extracted data and original articles to code assessment strategies in the articles according to the occupational therapy domain topic of each assessment. We used an iterative, inductive process and consensus discussions to develop the codes and determine the frequency of each code. We included codes for psychometrics and strategies to assess programs or groups in addition to domain topic codes. We sought additional information about assessment tools from online sources, articles, and manuals; this information is included in an assessment reference guide ([Table A.1](#) in the Appendix).

Results

The search yielded 58 articles with information on 73 distinct assessment tools for adults with ID within the domain of occupational therapy. Assessment tools appeared in the included articles primarily as research data collection tools or in examples illustrating their use with adults with ID. The assessment tools focused on occupational performance and participation, person factors, environmental factors, or all of these. Occupational performance and participation assessments evaluated ADLs, work, leisure, or multiple areas of occupation. Person factor assessments measured cognition and perception (i.e., mental functions), social skills, sensory processing, pain, and physical abilities.

Figure 1. Flow diagram for inclusion and exclusion of studies in the scoping review.

Note. OT = occupational therapy. Figure format from “Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement,” by D. Moher, A. Liberati, J. Tetzlaff, and D. G. Altman; PRISMA Group, 2009, *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>

Environmental assessments focused on social support for adults with ID. In addition to individual assessment, some researchers used tools with group programs as an initial needs assessment or to evaluate program outcomes. Table A.1 includes a complete list of the assessments. Articles that focused on psychometrics of assessment tools are included in Table A.2.

Participation and Quality of Life

Seventeen assessment tools focused on participation of adults with ID across multiple occupations, including ADLs, community participation, and employment. These tools also assessed broad areas of self-determination and QOL (see Table A.1). Participation and QOL assessments, such as the Volitional Questionnaire (VQ) or Canadian Occupational Performance Measure, can inform occupational profiles and intervention planning or measure outcomes (de las Heras et al., 2007; Law et al., 2005; Mahoney et al., 2016; Mirza & Hammel, 2009). Although some of these assessments use self-report ratings by adults with ID or observation to understand their participation and QOL, the majority rely on caregiver report.

Some participation and QOL assessment tools were developed by professionals outside occupational therapy, but occupational therapy practitioners can use them to understand the strengths and needs of adults with ID. For example, the Supports Intensity Scale (Thompson et al., 2004) helps practitioners identify the current supports adults with ID have and their unmet support needs, information that is valuable to maximize participation in occupations (e.g., Dean et al., 2015). Similarly, adaptive behavior assessments, although designed to be diagnostic tools for ID, can also be used

by occupational therapy practitioners to support intervention planning in ADLs, social participation, leisure, work, or other assessed areas (Table A.1; e.g., Berg et al., 2017).

QOL and self-determination assessments encompass many occupations and often involve a combination of self-report and family- or staff-report versions. Self-determination, an aspect of QOL, is an important consideration for adults with ID (Dean et al., 2015), and the Arc’s Self-Determination Scale was the tool most commonly identified in this scoping review to assess the level of control and choice-making that adults with ID have in their lives (Wehmeyer, 1995; e.g., Stock et al., 2011).

Activities of Daily Living

The most frequent assessment domain referenced in this scoping review was performance of ADLs and instrumental activities of daily living (IADLs). We found 24 distinct assessment tools for the domain of ADLs (Table 1). The most frequently cited tool was the Assessment of Motor and Process Skills (AMPS; Fisher & Bray Jones, 2012), an

Table 1. Articles That Included Occupational Therapy–Related Assessments for Adults With ID

Assessment Focus	No. of Articles ^a	No. of Assessment Tools ^b
Occupational performance and participation		
Participation and quality of life	18	17
Activities of daily living	27	24
Vocational skills and work performance	4	7
Leisure	1	1
Person factors		
Social skills	8	7
Cognition or perception	8	7
Sensory	3	2
Other person factors	3	3
Environment factors		
Social support	6	8
Group or population needs assessment and program evaluation		
Program assessment	5	Included in other categories

Note. See Appendix for complete reference list of assessment tools and included articles.

ID = intellectual disability.

^aTotal number of articles exceeds 58 total articles in review because some articles included multiple assessments. ^bTotal number of assessments exceeds 73 because 3 assessments were coded in two categories.

observation tool designed by occupational therapists to assess the quality of ADL and IADL performance in addition to motor and process skills (e.g., [Fisher et al., 2017](#)). Adaptive behavior assessments also provide insight into ADL performance of adults with ID, in addition to other domains (e.g., [Berg et al., 2017](#)). Although many ADL assessments cover multiple daily living occupations, some assessments target a specific ADL, such as power mobility use for people with severe or profound ID or safety issues with eating (e.g., [Benford, 2017](#); [Sheppard et al., 2017](#); see [Table A.1](#)).

Modifications to interviews about ADLs or other areas may be necessary to include adults with ID in the assessment process. [Jurkowski and Paul-Ward \(2007\)](#) used a photovoice process to enable adults with ID to share their

views about health promotion. This adapted interview process, which can be used in clinical practice, involves providing a camera to adults with ID. Their photographs can be used to help them answer questions and as visual supports to aid the interview.

Another ADL assessment strategy used in the literature with adults with ID is Goal Attainment Scaling, a means of tracking progress during intervention and measuring outcomes ([Kiresuk et al., 2014](#)). Goal Attainment Scaling can be used to assess any occupation or other factor; in the literature on adults with ID, it was used to assess ADL performance ([Benford, 2017](#); [Urwin & Ballinger, 2005](#)).

Work or Leisure

Seven assessments identified in this scoping review focused on vocational skills or work performance of adults with ID, and one tool was developed to measure leisure with young adults with ID ([Table 1](#); [Table A.1](#)). Career planning tools that focus on individual preferences and skills may be common in secondary educational settings and are within the domain of occupational therapy. A review of career planning tools found five self-report or observation-based vocational tools appropriate for adults with ID ([Murray et al., 2016](#)). In a work setting, self-report tools can identify perceived supports and barriers at work. Observational tools, such as the Work Personality Profile, are also appropriate for identifying competence in specific vocational skills ([Bolton & Neath, 2008](#); e.g., [Liu et al., 2013](#)).

Person Factors

Nineteen assessments identified in this scoping review concentrated on person factors of adults with ID (see [Table A.1](#)). Major areas for person factor assessments included cognition and perception, social skills, sensory processing, and other factors, such as physical abilities.

Cognitive Assessments

Seven cognitive assessments found in the literature can be used to understand the mental functions of an adult with ID. [Jang, Chern, and Lin \(2009\)](#) suggested that occupational therapy practitioners assess cognition of adults with ID in

vocational and educational settings because it is a major influence on work and educational performance. Cognitive decline is a potential concern for older adults with ID, and the Dementia Screening Questionnaire for Individuals With Intellectual Disabilities can identify such decline (Deb et al., 2007; Naick, 2017).

Social Skills Assessments

Seven assessments detailed in the literature provide information on a person's ability to interact socially, build social networks, and regulate emotions or behavior (see Table A.1). Challenging behavior was frequently part of social skills assessments for adults with ID, for whom self-injurious or aggressive behavior can significantly interfere with participation (e.g., Koritsas et al., 2008). The most common occupational therapy tools to assess social skills were observational tools of social interaction skills (e.g., Fisher et al., 2017).

Sensory and Other Person Factor Assessments

Two sensory assessments and three additional assessments addressed pain or motor abilities for adults with ID in the literature (see Table A.1). Occupational therapy–designed sensory tools included a self-report questionnaire that may need to be adapted or used as an interview with adults with ID and a caregiver or professional report intended for people with developmental disabilities (e.g., Urwin & Ballinger, 2005; see Table A.1). A pain assessment was developed for caregivers or health care providers to rate indicators of pain for adults with ID who have limited communication abilities (Lotan et al., 2009).

Social Support

Social support was the only environmental factor assessed in the articles in this review. Eight assessment tools describe social support provided by family members or others to adults with ID. The Supports Intensity Scale (Thompson et al., 2004), classified in this review as both a Participation and QOL tool and a Social Support tool, provides information about social support networks of people with ID and how this support affects their self-determination and occupational performance (e.g., Koritsas et al., 2008). Some social support assessment tools focus on caregiver stress, which affects the participation of adults with ID (e.g., Magill-Evans et al., 2011).

Program Assessment

A subset of authors used assessment tools to determine the need for a new program or to evaluate existing programs that support adults with ID. For example, Boland et al. (2008) included the interview tool they created on the basis of several published assessments to learn the perspectives of adults with ID and their caregivers. These interviews served as a needs assessment for health promotion programming. Liu et al. (2013) used two social skills assessments and a vocational assessment to evaluate the effectiveness of a work training program for adults with autism and ID that was designed by occupational therapists and implemented by rehabilitation assistants.

Psychometrics

Thirteen articles included in this review were research studies of the psychometric properties of 14 assessment tools for adults with ID (see Table A.2). These assessment tools were existing tools being tested to determine their appropriateness for adults with ID, adaptations or translations of existing tools, and new assessment tools. Authors found that existing tools, such as the AMPS, yielded valid scores with adults with ID (Fisher & Bray Jones, 2012; Kottorp et al., 2003b). In contrast, researchers found significant concerns with the interrater reliability of scores from the Revised Irrabeena Core Skills Assessment, an Australian tool designed for staff members to rate the daily living skills of adults with ID (McGregor, 2007; Milasinovic & Buchanan, 2013). New assessment tools included several designed for people

with severe to profound ID, such as the Choking Risk Assessment and the Assessment of Learning Powered Mobility (Nilsson & Durkin, 2014; Nilsson et al., 2011; Sheppard et al., 2017).

Discussion

Occupational therapy practitioners may have varying levels of familiarity with the 73 assessment tools identified in this review, especially those created by other professionals. The assessment reference guide (Table A.1) can serve as a useful resource for occupational therapy practitioners working with adults with ID. This evidence-informed resource can assist occupational therapists in selecting appropriate assessments to use with adults with ID for initial assessment, progress monitoring, outcomes measurement, or program evaluation. Assessment processes that take a 360° view of the adult with ID, from the perspective of the individual, caregivers, and practitioners or support staff who know them well, may provide a more accurate picture of the person's strengths, needs, and priorities, especially for those with limited communication.

Learning the perspective of clients is necessary for person-centered practice, and engaging adults with ID in inclusive assessment and planning processes can improve their self-determination, also an important factor for occupational therapy practice (Angell et al., 2019; AOTA, 2020; Wehmeyer & Abery, 2013). Occupational therapy practitioners may need to adapt structured self-report assessment tools or use other methods to enable adults with ID to share their perspectives and engage the person's voice in the assessment and intervention planning process. Assessment modifications to elicit information from adults with ID include simplifying questions and using photographs (Boland et al., 2008; Jurkowski & Paul-Ward, 2007). Observation is another way to ascertain the perspectives of adults with ID, using a tool such as the VQ (de las Heras et al., 2007).

Structured observation is a valuable assessment method, especially for adults with severe or profound ID. For example, researchers used the VQ to rate observed levels of involvement in day program activities (Mahoney et al., 2016). Nilsson, Eklund, Nyberg, and Thulesius (2011) provided a structured observation chart that occupational therapy practitioners can adapt to assess adults with profound ID and their level of involvement in multiple occupations beyond the power wheelchair mobility for which it was designed.

Occupational therapists should also consider selecting outcome measures for adults with ID that are sensitive to small changes that may result from occupational therapy intervention. Researchers demonstrated how Goal Attainment Scaling for individualized goals, created with the client and potentially with caregivers, can be used to measure outcomes with the population (Benford, 2017; Urwin & Ballinger, 2005). The focus of outcome measures may need to be on participation and support needs rather than on person factors. Many adaptive behavior assessments emphasize participation in a variety of occupations and are appropriate for initial occupational therapy assessment; however, these diagnostic tools may not be sufficiently sensitive to change to be used as outcome measures for occupational therapy intervention (Bryze, 2020).

The AMPS, the most frequently cited assessment in this review, is an occupational therapy–designed tool appropriate for use with adults with ID that provides a structured way to observe and rate ADL performance (Fisher & Bray Jones, 2012). The formal certification process required before using the AMPS as a standardized assessment may be a barrier for some occupational therapy practitioners. Fisher and Marterella (2019), however, provided information about how to use the AMPS as a nonstandardized observation assessment.

Occupational therapy practitioners may also find themselves supporting adults with ID outside of direct service provision as consultants or program evaluators (Johnson et al., 2019). Some articles explicitly discussed assessment of groups of adults with ID, which can inform program evaluation. As more state health systems for adults with ID move toward value-based payment structures under the Patient Protection and Affordable Care Act (2010; Pub. L. 111-148), it is increasingly important that occupational therapy practitioners use assessment tools to measure program- and population-level outcomes (Blaskowitz et al., 2020). These articles also serve as examples of how research methods can inform clinical program evaluation (e.g., Mirza & Hammel, 2009).

This scoping review expands on existing occupational therapy research on assessment tools by focusing on adults with ID (e.g., Romli et al., 2019). Moreover, by including any tool within the occupational therapy domain, this study builds on a previous systematic review and literature reviews on assessment tools appropriate for people with ID that focused on specific occupations, such as career planning or community mobility (Murray et al., 2016; Stock et al., 2011). Although psychometrics research is important for evidence-based practice, this review demonstrates that research on the measurement properties of assessment tools is not the only research evidence that can inform assessment selection. Future research may explore the assessments used in occupational therapy practice with adults with ID, including how occupational therapy practitioners assess areas for which this review found no evidence, such as the physical environment.

Limitations

The primary limitation of this scoping review is that it may not have captured all articles with relevant assessment tools, especially because we did not conduct a hand search when the scope of literature found was more extensive than anticipated. For example, activity card sort assessments are appropriate for use with adults with ID, but none of the articles we located demonstrated their use with this population (Bryze, 2020). We also did not locate additional self-determination assessment tools for adults with ID (e.g., Abery et al., 2000; Wolman et al., 1994). The chief limitation of the scoping review methodology is that it does not include an assessment of the quality of evidence.

Implications for Occupational Therapy Practice

This scoping review has the following implications for occupational therapy practice:

- Many assessment tools are appropriate for occupational therapy practitioners working with adults with ID, especially those created by other professionals that include areas important to occupational therapy, such as self-determination and social support. The assessment resource guide in Table A.1 provides information on tools for use with adults with ID that are within the scope of occupational therapy.
- Person-centered occupational therapy evaluation and intervention planning with adults with ID must engage adults with ID, and this review provides examples of self-report tools, observation tools, and interview modifications to gather their perspectives and support self-determination.
- Occupational therapy practitioners can use resources identified in this scoping review to inform assessment selection and monitor and evaluate outcomes for programs for adults with ID in addition to individual evaluation.

Conclusion

This scoping review identified a broad range of assessment tools within the occupational therapy domain that are appropriate for use with adults with ID. Occupational therapy practitioners may need to look beyond assessments created in occupational therapy to incorporate areas essential for people with ID, such as self-determination and social support. In addition, occupational therapy practitioners need to modify assessment processes or select tools to ensure that the perspectives of adults with ID are reflected in the occupational therapy process. 🍌

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Wanda J. Mahoney, PhD, OTR/L, is Associate Professor of Occupational Therapy and Medicine, Program in Occupational Therapy, Washington University School of Medicine, St. Louis, MO; wmahoney@wustl.edu

Meghan G. Blaskowitz, DrPH, MOTR/L, is Assistant Professor, Department of Occupational Therapy, Duquesne University, Pittsburgh, PA.

Khalilah R. Johnson, PhD, MS, OTR/L, is Assistant Professor, Division of Occupational Science and Occupational Therapy, University of North Carolina School of Medicine, Chapel Hill.

Acknowledgments

We thank David Nolfi, Head Librarian for Research Engagement, Health Sciences/STEM Initiatives, and Assessment, and Ted Bergfelt, Librarian at Duquesne University, for their methodological consultation and support in establishing and implementing search strategies for this scoping review. We also acknowledge the research assistance of occupational therapy students Rebecca Batchelor from the University of North Carolina at Chapel Hill, Lindsey Wethington from Washington University in St. Louis, and Emily Casile and Amy Castagnino from Duquesne University.

Appendix. Supplemental Tables and References

Table A.1. Assessment Resource Guide for Occupational Therapy With Adults With Intellectual Disability

Assessment Tool	Authors	Purpose	Assessment Format	Intended Population	Scoping Review Citation	OT Domain
Activities of Community Transportation Wheel	Sohlberg et al. (2009)	Public transportation activity analysis: required steps, community supports, cognition, communication, mobility, and social skills. Two versions: Paratransit and Fixed Route	Activity analysis to guide assessment	Adolescents and adults with cognitive impairments	Sohlberg et al. (2009)	ADLs
Adolescent-Adult Sensory Profile	Brown & Dunn (2002)	Sensory preferences and patterns	Self-report questionnaire	Ages ≥11 yr	Benen Demchick et al. (2014)	Sensory
The ARC's Self-Determination Scale (Adolescent and Adult versions)	Wehmeyer (1995)	Strengths, areas of need, and factors that affect self-determination	Self-report questionnaire	Adolescents and adults with IDD	Harr et al. (2011); Stock et al. (2011)	Participation and QOL (Self-Determination)
Assessment of Awareness of Disability	Kottorp & Tham (2004)	Individual's perspective of issues exhibited during observed occupational performance; used with AMPS	Self-report questionnaire or interview	Adults with disabilities	Hällgren & Kottorp (2005); Kottorp, Hällgren, et al. (2003)	Cognition and Perception
Assessment of Communication and Interaction Skill	Forsyth et al. (1998)	Communication and interaction skills during social interaction	Observation	Children and adults	Kjellberg (2002)	Social Skills
Assessment of Compared Qualities-Occupational Performance	Kottorp et al. (2016)	Compares AMPS scores for 2 ADLs with client's self-reported performance	Self-report interview	Ages ≥4 yr	Fisher et al. (2017)	Participation and QOL
Assessment of Compared Qualities-Social Interaction	Kottorp et al. (2016)	Compares ESI scores during social interaction with client's self-reported performance	Self-report interview	Ages ≥4 yr	Fisher et al. (2017)	Participation and QOL
Assessment of Learning Powered Mobility	Nilsson & Durkin (2014)	Progression of learning how to use powered mobility (8 levels of descriptive behaviors)	Observation	Children and adults with severe or profound ID learning to use powered mobility	Benford (2017); Nilsson, Eklund, & Nyberg (2011); Nilsson, Eklund, Nyberg, & Thulesius (2011)	ADLs
AMPS	Fisher & Bray Jones (2012; see Fisher & Marterella, 2019, for use as nonstandardized observation)	Motor and process skills and quality of participation in 2 ADLs	Observation; requires training to administer as standardized assessment	Ages ≥2 yr	Dwyer & Reep (2008); Fisher et al. (2017); Hällgren & Kottorp (2005); Kottorp (2008); Kottorp et al. (2003a, 2003b)	ADLs
Modified Barthel Index	Mahoney & Barthel (1965)	Level of independence in 6 basic ADLs	Observation; self- or caregiver-report interview or questionnaire	Adults with physical or cognitive disabilities	Lin et al. (2012)	ADLs
Behavior Problems Inventory (Korean version)	Rojahn et al. (2001)	Type, frequency, and severity of self-injurious, aggressive, or other behaviors	Caregiver-report questionnaire	Children and adults with IDD	Jeong et al. (2013)	Social Skills

(Continued)

Table A.1. Assessment Resource Guide for Occupational Therapy With Adults With Intellectual Disability (Cont.)

Assessment Tool	Authors	Purpose	Assessment Format	Intended Population	Scoping Review Citation	OT Domain
Canadian Occupational Performance Measure	Law et al. (2005)	Perceived performance and satisfaction in prioritized areas of life	Self- or caregiver-report interview	Ages ≥8 yr	Dean et al. (2015) ; Harr et al. (2011) ; Mirza & Hammel (2009)	Participation and QOL
Children's Assessment of Participation and Enjoyment ^a	King et al. (2004)	Child's perspective of activity engagement outside of school, including frequency, variety, and enjoyment	Self-report interview or questionnaire with card sort option	Ages 6–21 yr	Andrews et al. (2014)	Leisure
Children Helping Out: Responsibilities, Expectations, and Support ^b	Dunn (2004)	Assistance and participation in 34 self-care and family activities	Caregiver-report questionnaire	Ages 6–14 yr	Harr et al. (2011)	ADLs
Choice Questionnaire	Stancilffe & Parmenter (1999)	Choice exercised by a person in 6 different areas, including ADLs, IADLs, work, and social participation	Self- or caregiver-report interview	Adults with ID	Koritsas et al. (2008)	Participation and QOL (Self-Determination)
Choking Risk Assessment	Sheppard et al. (2017)	Risk of choking, based on medical history, mealtime behaviors, and other factors	Professional- and caregiver-report interview	Adults with IDD	Sheppard et al. (2017)	ADLs
Client–Clinician Assessment Protocol (Strategy List subsection)	Peterson et al. (2007)	Client's perception of the intervention process and how issues were addressed	Self-report interview and professional report	Adults with disabilities and clinician	Mirza & Hammel (2009)	Participation and QOL
Community Self-Sufficiency Test	Su et al. (2004)	Level of independence across multiple activities, including IADLs, work, and leisure	Item administration	Ages ≥16 yr with ID	Su, Chen, et al. (2008) , Su, Lin, et al. (2008)	Participation and QOL
Confidence in Coping With Patient Aggression Instrument	Thackrey (1987 ; original version); Davies et al. (2015 ; adapted version)	Comfort level with managing challenging behaviors and determining meaning of behaviors	Caregiver-report questionnaire	Staff who work with people with aggressive behavior	Davies et al. (2015)	Social Support
Cross-Cultural Survey of Quality of Life Indicators	Verdugo & Schalock (2001)	Perceived quality of life across 8 categories	Self- or caregiver-report questionnaire	Adults with ID	Gat & Yalon-Chamovitz (2010)	Participation and QOL
Dementia Screening Questionnaire for Individuals with Intellectual Disabilities	Deb et al. (2007)	Screening for dementia	Caregiver-report questionnaire	Adults with ID	Naick (2017)	Cognition and Perception
Developmental Behavior Checklist for Adults	Einfeld et al. (2003)	Behavioral and emotional challenges	Caregiver-report questionnaire	Adults with IDD	Koritsas et al. (2008)	Social Skills
ESI	Fisher & Griswold (2015 ; see Fisher & Marterella, 2019 , for use as a nonstandardized observation)	27 social skills and quality of social interaction during ≥2 social interactions in a naturalistic setting	Observation; training required to administer as standardized assessment	Ages ≥2.5 yr	Fisher et al. (2017)	Social Skills
Everyday Technology Use Questionnaire	Rosenberg et al. (2009)	Perceptions of use of everyday technology (e.g., phone, microwave), including relevance, challenges, and reasons for nonuse	Self-report questionnaire	Older adults	Hällgren et al. (2011, 2014)	ADLs

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Table A.1. Assessment Resource Guide for Occupational Therapy With Adults With Intellectual Disability (Cont.)

Assessment Tool	Authors	Purpose	Assessment Format	Intended Population	Scoping Review Citation	OT Domain
Family Assessment Device	Epstein et al. (1983)	Family health across 7 domains	Caregiver-report questionnaire	Families; all family members age >12 yr	Magill-Evans et al. (2011)	Social Support
Family Resource Scale	Dunst & Leet (1987)	Family access to resources, especially money and time	Caregiver-report questionnaire	Families	Andrews et al. (2014)	Social Support
Family Support Scale	Dunst et al. (1988)	Perceived level of support from people or agencies	Caregiver-report questionnaire	Families of children or adults with disabilities	Andrews et al. (2014)	Social Support
Frenchay Activities Index	Holbrook & Skilbeck (1983)	Frequency of participation in 15 IADLs	Self- or caregiver-report questionnaire or interview	Adults with disabilities	Lin et al. (2012)	ADLs
Community Transitions Functional Analysis of Behavior	Baska et al. (2003)	Level of participation in steps of community mobility and other activities	Observation; caregiver-report questionnaire	Ages 18–21 yr with DD	Precin et al. (2012)	ADLs
Functional Assessment of Cognitive Transit Skills	Chase et al. (1996)	Skills to access public transportation to inform eligibility for paratransit services and public transportation training	Item administration	Adolescents or adults with cognitive disabilities or DD	Precin et al. (2012)	ADLs
Functional Assessment and Curriculum for Teaching Everyday Routines: Transportation to and From Community Locations	Arick et al. (2004)	Independence in a variety of tasks, including community mobility	Professional- or caregiver-report questionnaire	Adolescents with DD	Precin et al. (2012)	ADLs
Functional Independence Measure for Children ^b	Uniform Data System for Medical Rehabilitation (2004)	Level of child's independence in areas of self-care, mobility, and cognition	Observation; caregiver-report interview	Children ages 6 mo–7 yr or older; children with skills below the level of a typically developing 7-yr-old	Andrews et al. (2014)	ADLs
Functional Simulated Technology Task, online bill pay version	Gneiting & Christensen (2010)	Quality and process of paying bills using an online simulation tool	Item administration	Adults with cognitive disabilities	Cardell et al. (2013)	ADLs
Goal Attainment Scaling	Kiresuk & Sherman (1968)	Systematic method of tracking goal progression using 5 levels of achievement	Observation; professional report	Children and adults	Benford (2017); Urwin & Ballinger (2005)	ADLs
Getting Around Town	Haffner (2008)	Transportation and community participation	Self- or caregiver-report questionnaire	Adolescents with disabilities	Precin et al. (2012)	ADLs
Hand Preference Demonstration Test	Soper et al. (1986, 1987)	Hand dominance during functional tasks	Observation	Children and adults	Samadi (2011)	Other person factor: Physical Ability
Index of Participation in Domestic Life	Raynes et al. (1989)	Independence and opportunity to participate in 13 domestic tasks	Caregiver-report questionnaire	Adults with ID	Koritsas et al. (2008)	ADLs
Inventory for Client and Agency Planning	Bruininks et al. (1986)	Functional abilities and behavioral needs to inform individual plans and determine support needs	Caregiver-report questionnaire	Children and adults with IDD	Hammel et al. (2002); Koritsas et al. (2008)	Participation and QOL

(Continued)

Table A.1. Assessment Resource Guide for Occupational Therapy With Adults With Intellectual Disability (Cont.)

Assessment Tool	Authors	Purpose	Assessment Format	Intended Population	Scoping Review Citation	OT Domain
Irena Daily Activity assessment	Dychawy-Rosner & Eklund (2003; Appendix)	Quality of performance and assistance needed in sensory processing, mobility, ADLs, communication, and vocational skills	Observation; caregiver-report interview	Adults with DD	Dychawy-Rosner & Eklund (2003)	Participation and QOL
Lawton IADL Scale	Lawton & Brody (1969)	Level of difficulty in completing ADLs and IADLs	Self- or caregiver-report questionnaire or interview	Older adults	King et al. (2017)	ADLs
Life Situation Survey	Chubon (1999)	Perceived life satisfaction; researcher-assessed life satisfaction of mothers	Self- or caregiver-report questionnaire	Families of adults with disabilities or chronic illnesses	Magill-Evans et al. (2011)	Social Support
Loewenstein Occupational Therapy Cognitive Assessment	Itzkovich et al. (2000)	Cognitive and perceptual skills	Item administration	Children and adults with cognitive impairments	Jang, Chang, & Lin (2009)	Cognition and Perception
Luria–Nebraska Neuropsychological Battery (Verbal Memory subscale; Chinese version)	Golden et al. (1995)	Verbal memory cognitive skills	Item administration	Ages ≥15 yr	Su, Chen, et al. (2008), Su, Lin, et al. (2008)	Cognition and Perception
National Taiwan University Hospital Physical Capacity Evaluation	Jang, Chern, & Lin (2009)	Maximum work-related physical capability	Item administration	Ages ≥17 yr	Jang, Chern, & Lin (2009)	Other person factor: Physical Ability
Non-Communicating Adult Pain Checklist	Lotan, Ljunggren, et al. (2009)	Pain, by observing signs such as vocal reaction, emotional reaction, facial expression, body language, protective reaction, and physiological reaction	Observation	Adults with IDD	Lotan, Moe-Nilsson, et al. (2009)	Other person factor: Pain
Observational Emotional Inventory–Revised	McCarron & Dial (1986)	Emotion and coping skills	Observation	Children and adults	Liu et al. (2013)	Social Skills
OT FACT (adapted version)	Smith (1992, 1993)	Level of assistance and use of assistive technology during ADLs, IADLs, community participation, leisure, and social activities	Self- or caregiver-report questionnaire or interview	Not specified	Hammel et al. (2002)	Participation and QOL
Parenting Stress Index (Life Stress Scale) ^c	Abidin (1986)	Stressful life events in the past year	Caregiver-report questionnaire	Families of children ≤12 yr	Barker et al. (2011)	Social Support
Pediatric Evaluation of Disability Inventory–Patient Reported Outcome ^a	Kramer & Schwartz (2017)	Computer-based perceptions of participation in everyday activities and motor, cognitive, and communication skills	Self-report questionnaire	Ages 14–22 yr	Kramer & Schwartz (2017)	Participation and QOL
Photovoice process	Wang & Burris (1997)	Use of photography and discussion to gather client perspectives on health promotion	Self-report; multistep process involving photography by adults with ID, discussion of these images, and advocacy	Not specified	Jurkowski & Paul-Ward (2007)	ADLs

(Continued)

Table A.1. Assessment Resource Guide for Occupational Therapy With Adults With Intellectual Disability (Cont.)

Assessment Tool	Authors	Purpose	Assessment Format	Intended Population	Scoping Review Citation	OT Domain
Pneumonia Risk Assessment	Sheppard et al. (2017)	Risk of developing pneumonia associated with eating problems	Professional- and caregiver-report interview	Adults with IDD	Sheppard et al. (2017)	ADLs
Prework multiple-stimulus assessment	Lattimore et al. (2002)	Job task preferences	Observation of preferred work tasks	Adolescents and adults with IDD	Murray et al. (2016)	Work and Vocational
Quebec User Evaluation of Satisfaction With Assistive Technology	Demers et al. (2002)	Client satisfaction with assistive technology devices and services	Self-report questionnaire	Ages ≥13 yr who use assistive technology	Stock et al. (2011)	Participation and QOL
Researcher-developed competency assessment	Waight & Oldreive (2012)	Competency of a person to enter a legal rental agreement	Observation	Adults with cognitive disabilities	Waight & Oldreive (2012)	Cognition and Perception
Researcher-developed practical intelligence problem-solving assessment	Yalon-Chamovitz & Greenspan (2005)	Client identifies problems and provides solutions during video of IADLs	Item administration	Adults with mild to moderate ID	Yalon-Chamovitz & Greenspan (2005)	Cognition and Perception
Researcher-developed tool to assess health and health promotion needs (based on 5 health and QOL tools)	Boland et al. (2008)	Health needs of people attending disability service centers to determine potential need for change	Self- or caregiver-report interview	Ages ≥16 yr with intellectual or physical disabilities	Boland et al. (2008)	Participation and QOL
Researcher-developed tool on difficulty experienced in hygiene and health care activities	Collado et al. (2008)	Level of difficulty in 19 hygiene and health care activities	Self- or caregiver-report questionnaire or interview	Children and adults with disabilities	Collado et al. (2008)	ADLs
Revised Irrabeena Core Skills Assessment	McGregor (2007)	Adaptive behavior in ADLs and IADLs	Caregiver-report questionnaire	Adults with ID	Milasinovic & Buchanan (2013)	ADLs
Round Trip	Angle & Buxton (1991)	Independence with using community transportation	Observation	Adults with brain injury	Precin et al. (2012)	ADLs
Scales of Independent Behavior-Revised (Communication and Problem Behavior subscales)	Bruininks et al. (1996)	Adaptive behavior, language and social interaction skills, frequency and severity of maladaptive behaviors	Caregiver-report interview or questionnaire	Children and adults with IDD	Communication subscale: Liu et al. (2013) Problem Behavior subscale: Barker et al. (2011) ; Taylor et al. (2014)	Social Skills
Self-Directed Search	Holland et al. (1994)	Career exploration	Self-report questionnaire	Adolescents and adults	Murray et al. (2016)	Work and Vocational
Sensory Integration Inventory-Revised for Individuals with Developmental Disabilities	Reisman & Hanschu (1992)	Sensory integration difficulties	Professional- or caregiver-report questionnaire	Children and adults with DD	Green et al. (2003) ; Urwin & Ballinger (2005)	Sensory
Support Interview Guide	Family Support & Services Project (2000)	Support network, types of support provided, and social participation	Self-report interview	Adolescents and adults with ID	White & Mackenzie (2015)	Social Support Social Skills
Supports Intensity Scale	Thompson et al. (2004)	Support needed for multiple activities and type of support available	Self- or caregiver-report interview	Ages ≥16 yr with ID	Dean et al. (2015) ; Koritsas et al. (2008)	Participation and QOL Social Support
Test of Visual-Perceptual Skills ^{a,c}	Gardner (1982)	Visual-perceptual skills	Item administration	Ages 5-21 yr	Su, Chen, et al. (2008) , Su, Lin, et al. (2008)	Cognition and Perception
Travel Training Assessment	Baginski (2008)	Experience and confidence using public transportation	Self-report questionnaire	Adolescents with disabilities	Precin et al. (2012)	ADLs

(Continued)

Table A.1. Assessment Resource Guide for Occupational Therapy With Adults With Intellectual Disability (Cont.)

Assessment Tool	Authors	Purpose	Assessment Format	Intended Population	Scoping Review Citation	OT Domain
Vineland Adaptive Behavior Scales–II ^c	Sparrow et al. (2005)	Adaptive behavior, including communication, daily life skills, socialization, motor skills, and maladaptive behavior	Caregiver-report interview or questionnaire	Children and adults	Berg et al. (2017) ; Borioni et al. (2012) Daily Living subscale: Yalon-Chamovitz & Greenspan (2005)	Participation and QOL ADLs
Vocational Index	Taylor & Seltzer (2012)	Independence in vocational tasks	Categorization tool	Adults with autism spectrum disorder	Taylor et al. (2014)	Work and Vocational
Volitional Questionnaire	de las Heras et al. (2007)	Behaviors indicating volition or motivation for engagement and how environment affects volition	Observation	Ages ≥8 yr with significant cognitive impairments	Mahoney & Roberts (2009) ; Mahoney et al. (2016)	Participation and QOL
Waisman Activities of Daily Living Scale	Maenner et al. (2013)	Level of independence for 17 ADLs	Caregiver-report questionnaire	Adolescents and adults with IDD	Taylor et al. (2014)	ADLs
Work Personality Profile	Siu et al. (1998) ; Bolton & Neath (2008)	Strengths related to work skills to find a good job fit	Observation	Ages ≥16 yr	Liu et al. (2013)	Work and Vocational
Work Readiness Scale	Rose et al. (2010)	Readiness to work	Self-report questionnaire	Adolescents and adults with IDD	Murray et al. (2016)	Work and Vocational
Worker Role Interview	Braveman et al. (2005)	Psychosocial and environmental factors that affect success during work	Observation; self-report interview	Adolescents and adults with disabilities or injuries	Káhlín & Haglund (2009)	Work and Vocational
Worker Role Interview, Swedish version	Ekbladh & Haglund (2000)					
Work Task Preference	Cobigo et al. (2009)	Preferences of certain tasks to determine career preferences	Observation	Adolescents and adults with IDD	Murray et al. (2016)	Work and Vocational

Note. ADLs = activities of daily living; AMPS = Assessment of Motor and Process Skills; DD = developmental disabilities; ESI = Evaluation of Social Interaction; FACT = Functional Assessment Complication Tool; IADLs = instrumental activities of daily living; ID = intellectual disability; IDD = intellectual and developmental disabilities; OT = occupational therapy; QOL = quality of life.

^aSome pediatric assessments are designed for young adults up to age 22; OT practitioners should use clinical judgment to determine the appropriateness of these tools with adults older than this. ^bOT practitioners should use caution when selecting pediatric assessment tools for use with adults with ID if the intended age for the assessment does not extend into adulthood. ^cThis assessment has an updated version that was not used in the article cited.

Table A.2. Summary of Research Articles on Assessment Psychometrics

Author/Year, Country	Purpose	Participants	Assessment Implications/Results	Assessment Content Code
Cardell et al. (2013); USA	Validate constructs of the FSTT assessment (online bill pay version)	9 adults ages 28–74 yr with brain injury, autism, or ID and 9 adults ages 28–76 yr without disabilities	Construct validity (known groups): FSTT scores were significantly lower among adults with cognitive disability than among those without cognitive disability. A high correlation (.80–.86) was found with Montreal Cognitive Assessment scores. Preliminary support for construct validity of FSTT scores.	ADLs
Dychawy-Rosner & Eklund (2003); Sweden	Examine content validity of IDA assessment (general appropriateness, clinical applicability, feasibility)	10 adults age not specified with mild to profound ID and additional disabilities; 10 staff members who worked with adults with ID	Tool is included as appendix in article. Content validity: Expert review of assessment items, structure, and clinical utility. Staff members completed the IDA with the adult with ID and then completed questionnaire. Results support potential clinical usefulness.	Participation or QOL
Hallgren et al. (2011); Sweden	Explore and evaluate evidence of the validity of the ETUQ among adults with ID	120 adults ages 22–68 yr with mild to severe ID and additional disabilities	Validity evaluated via Rasch measurement model during the assessment's development and refinement. Rating scale validity: Results indicated the 5-category rating scale was appropriate for use with people with ID as intended when interviewed by OT with extensive experience with ID. Internal scale validity: Results indicated there were some issues with item goodness of fit; items were removed from ETUQ to address the issue. The resulting 47-item tool demonstrated acceptable goodness of fit. Person response validity: Results indicated issues with goodness of fit especially for people with mild ID who may exhibit more problems using some technology than expected.	ADLs
			Developing tool likely appropriate to use with adults with ID.	

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Table A.2. Summary of Research Articles on Assessment Psychometrics (Cont.)

Author/Year, Country	Purpose	Participants	Assessment Implications/Results	Assessment Content Code
Jang, Chang, & Lin (2009); Taiwan	Determine test–retest reliability, internal consistency, and known-groups validity of the NTUH PCE	45 adults ages 17–29 yr with ID, 56 adults ages 18–43 yr with mental illness, and 48 adults ages 18–36 yr without disabilities	Test–retest reliability: 21 of 28 item scores had test–retest reliability $\geq .75$ with adults with ID. The Position Tolerance scale had the most issues. Internal consistency: Good (.90–.96) for 3 scales; issues were found with the Position Tolerance scale (.37). Known-groups validity: Adults with ID scored lower than adults without disability on all subtests except Sitting; adults with ID scored lower than adults with mental illness on 15 of 28 subscales. Authors suggested modifications to assessment administration to improve reliability of scores with people with ID or mental illness.	Other Person Factors: Physical Abilities
Jang, Chern, & Lin (2009); Taiwan	Study LOTCA's internal consistency, concurrent criterion validity, and known-groups validity with people with ID in vocational rehab or educational settings	111 individuals ages 16–28 yr with mild to severe ID and 19 youths ages 15–18 yr without disabilities	Internal consistency: Acceptable internal consistency (.74–.86) for 5 of 6 subscales. Motor Praxis subscale scores demonstrated issues with internal consistency (.48) because of the variety of skills involved across items. Concurrent criterion validity: Moderate correlation with Pictorial IQ test except for the Visual Perception subscale. Known-groups validity: People with ID scored significantly lower than those without disabilities on all but 1 assessment item (object identification). There were variations in how much items differentiated levels of ID. Study supports use of the LOTCA with adults with ID, especially in work or vocational rehabilitation settings. Because the subscales assess different aspects of cognition, all should be completed for a comprehensive view of cognition. Visual Perception subtest demonstrated a ceiling effect.	Cognition

(Continued)

Table A.2. Summary of Research Articles on Assessment Psychometrics (Cont.)

Author/Year, Country	Purpose	Participants	Assessment Implications/Results	Assessment Content Code
Jeong et al. (2013); Korea	Study content validity and reliability (test–retest, interrater, internal consistency) of BPI-01	55 professionals who work with people with ID, including 10 OTs; 52 caregivers of people ages 3–36 yr with mild to profound ID	Content validity: Professional review of assessment items, structure, and clinical utility supported use of the tool as caregiver report. OTs administered tool as an interview with caregivers for a reliability study. Internal consistency: Subscale scores had internal consistency >.80 for all except 1: Stereotyped Behavior Severity. Test–retest reliability: Same OT interviewed same caregiver 2 wk later. Scores were reliable (.84–.97). Interrater reliability: Same caregiver interviewed by 2 different raters in same day. Score reliability varied (.49–.89), with Stereotyped Behavior Frequency scores demonstrating lowest reliability. When assessing problem behavior, it is important to consider different types (self-injurious, stereotypical, aggressive, or destructive). Validity evaluated via Rasch measurement model.	Social Skills
Kottorp, Bernspang, & Fisher; 2003b; international	Study validity (goodness of fit) of AMPS with people with DD	819 individuals ages 4–93 yr with mild to severe ID; 905 individuals ages 3–82 yr with other DD	Item and task fit: Scores for all 45 tasks yielded acceptable goodness of fit. All skill items except paces process skill demonstrated acceptable goodness of fit. Person fit: Across 1,724 participants with DD, 95.1% demonstrated scores with acceptable goodness of fit for motor skills, and 92.0% demonstrated scores with acceptable goodness of fit for process skills. The AMPS appears to yield valid scores with people with ID. People with severe ID are more likely to have scores that misfit; use more caution with that population.	ADL

(Continued)

Table A.2. Summary of Research Articles on Assessment Psychometrics (Cont.)

Author/Year, Country	Purpose	Participants	Assessment Implications/Results	Assessment Content Code
Kramer & Schwartz (2017) ; USA	Determine validity of PEDI-PRO self-report tool for people with DD	25 participants ages 8–21 yr (mean age = 19) with ID; 12 additional participants with other DD	Validity during assessment development: Participants with DD interpreted PEDI-PRO items correctly 86% of time; Daily Activities scale was often most clear. Participants with DD may have difficulty generalizing the item skill to another occupation if they do not perform it in the same way as specified in the item.	Participation or QOL
Lotan et al. (2009) ; Israel	Determine intra- and interrater reliability for NCAPC for adults with IDD	102 individuals ages 15–72 yr with mild to profound ID and no health issues	<p>The study supports the validity of self-report scores and process with people with DD.</p> <p>Intrater reliability: Same rater assessed 50 videos of flu vaccine administration twice for indicators of pain 3 mo apart; demonstrated high reliability of scores (.93).</p> <p>Interrater reliability: Multiple raters scored same videos; groups who provided reliable scores included OTs, PTs, and caregivers (.88–.90). Nurses and case managers did not provide reliable ratings (.44–.59).</p> <p>NCAPC may be useful tool to rate pain. Therapists may need to point out behavioral indicators of pain to nursing staff. The RICSА is intended to be used by staff members working directly with adults with ID.</p> <p>Interrater reliability: Moderate to low interrater reliability of scores with two or more raters (.37–.84). Domain scores were more consistent when assessing those with mild to moderate ID (.61–.62) than those with severe to profound ID (.47–.57).</p> <p>Staff members' experience using the tool, training, or experience with the person did not affect scores. Caution is advised using RICSА as a staff report of skills of adults with ID.</p>	Other Person Factors: Pain
Milasinovic & Buchanan (2013) ; Australia	Determine whether the RICSА can be reliably administered by staff to measure functional skills of adults with ID and identify factors that may affect reliability	30 adults ages 23–78 yr with mild to profound ID; 101 group home staff members		ADL

(Continued)

Table A.2. Summary of Research Articles on Assessment Psychometrics (Cont.)

Author/Year, Country	Purpose	Participants	Assessment Implications/Results	Assessment Content Code
Nilsson et al. (2011); Sweden	Measure the interrater reliability and clinical utility of "Phase of consciousness" tool describing 8 phases of engagement with joystick to drive power wheelchair (later became Assessment of Learning Powered Mobility)	23 individuals ages 3 mo–54 yr with cognitive and other disabilities, including 16 with profound cognitive disability; 1 typically developing infant	Interrater reliability during assessment development: 3 OT raters assessed 24 videos, yielding good interrater reliability of scores (.84) Clinical utility: Raters reported that Stages 3 and 4 were most difficult to determine; all raters reported high usability. When working with people with profound disabilities, need to consider small behavioral indications of learning and participation. Tool considers emotional expression, alertness, hand and arm movement, and behavior related to the activity. Although specific to powered wheelchair joystick use, this type of assessment structure may be useful when considering participation in other tasks. It is difficult to capture subtle movements and interactions for this population; having a structure for observation could assist with that.	ADL
Sheppard et al. (2017); USA	Develop and validate 2 assessments of choking and pneumonia risk (CRA and PRA) that would differentiate adults with IDD at high vs. low risk for choking and aspiration pneumonia	619 adults ages ≥25 yr with severe or profound ID	Internal consistency: CRA, moderate (.65); PRA, moderate (.73) Known-groups validity during assessment development: Chart review differentiated those at risk for choking and those at risk for pneumonia. CRA scores had high specificity (true negative, .91) and moderate sensitivity (true positive, .53). PRA scores also had high specificity (true negative, .92) and moderate sensitivity (true positive, .62). Tentative potential for clinical usefulness of CRA and PRA; important to assess risk of choking with those with severe to profound ID. Somewhat high rate of false-positive indicators of risk with CRA, so it needs to be supplemented with additional assessment.	ADL

(Continued)

Table A.2. Summary of Research Articles on Assessment Psychometrics (Cont.)

Author/Year, Country	Purpose	Participants	Assessment Implications/Results	Assessment Content Code
Yalon-Chamovitz & Greenspan (2005); Israel	Explore the validity and utility of using analysis of errors and problem solving during IADL task videos as a measure of practical intelligence in adults with mild to moderate ID; Identify how VABS scores correlate with video analysis scores of practical intelligence	50 adults (mean ages = 36.76 for community-living group and 46.96 for institution-living group) with mild to moderate ID	Interrater reliability: .83 between 2 raters. Concurrent validity: Moderate to high correlation was found between video analysis discussion with adult with ID and VABS Daily Living subscale completed by interview with caregiver (.791). Identifying problems during IADL task videos and proposing ways to solve problems may be useful measure of practical intelligence.	Cognition

Note. ADLs = activities of daily living; AMPS = Assessment of Motor and Process Skills; BPI-01 = Behavior Problems Inventory (Korean version); CRA= Choking Risk Assessment; DD = developmental disability; ETUQ = Everyday Technology Use Questionnaire; FSTT = Functional Simulated Technology Tasks; IADLs = instrumental activities of daily living; ID = intellectual disability; IDA = Irena Daily Activity; IDD = intellectual and developmental disabilities; LOTCA = Loewenstein Occupational Therapy Cognitive Assessment; NCAPC = Noncommunicating adult pain checklist; NTUH PCE = National Taiwan University Hospital Physical Capacity Evaluation; OT = occupational therapist; PEDI-PRO = Pediatric Evaluation of Disability InventoryPatient Reported Outcome; PRA = Pneumonia Risk Assessment; PT = physical therapist; QOL = quality of life; RICSA = Revised Irrabeena Core Skills Assessment; VABS = Vineland Adaptive Behavior Scales.

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