

ATHLETE ELIGIBILITY APPLICATION GUIDANCE NOTES

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Virtus: World Intellectual Impairment Sport is the recognised International Federation for sport for athletes with an intellectual impairment and is responsible for managing and overseeing the eligibility process for athletes wishing to compete within Virtus and other para-sport competition.

Athlete eligibility

Eligible impairments within Virtus competition include:

II1 - Athletes with an Intellectual Disability

The American Association on Intellectual and Developmental Disability (AAIDD, 2010) definition of intellectual disability, which is consistent with that of the World Health Organisation (WHO, ICD-10 and ICF, 2001) states that 'Intellectual Disability is a disability characterised by significant limitation both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before the age of 18'. Limitations in adaptive behaviour affect both daily life and the ability to respond to life changes and environmental demands.

Based upon this definition, the Eligibility Criteria for athletes with an intellectual impairment is:

1. Significant impairment in intellectual functioning which is defined as a Full-Scale IQ score of 75 or lower, and;
2. Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This is defined as performance that is at least 2 standard deviations below the mean of, either:
 - a. One of the following 3 types of adaptive behaviour: conceptual, social, or practical skills
 - b. An overall score on a standardised measure of conceptual, social and practical skills, and;
3. Intellectual disability must be evident during the developmental period, which is from conception to 18 years of age

Athletes must meet all 3 elements of the criteria to be eligible for consideration for intellectual disability sport.

In Virtus competition only, the following additional eligibility groups may also be eligible:

II2 - Athletes with more significant impairment

Initially, II2 will be restricted to athletes with Trisomy 21 or Translocation Down Syndrome (note athletes with Mosaic Down Syndrome may only apply to II1).

WHO defines Down Syndrome as 'an intellectual impairment 'caused by extra genetic material in chromosome 21'.

Based upon this definition, the eligibility criteria for athletes with Down Syndrome is:

1. A formal diagnosis of Trisomy 21 or Translocation Down Syndrome, and;
2. A statement that the athlete is clear of symptomatic Atlantoaxial Instability (AAI) - a common orthopaedic problem seen in people with Down Syndrome

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

II3 - Athletes with Autism (no intellectual disability)

Autism or Autism Spectrum Disorder (ASD) as it is now commonly known, is defined by the World Health Organisation (WHO) as 'a group of complex brain development disorders. This umbrella term covers conditions such as autism and Asperger syndrome. These disorders are characterised by difficulties in social interaction and communication and a restricted and repetitive repertoire of interests and activities' (WHO Autism Q&R Factsheet, 2016 (<http://www.who.int/features/qa/85/en/>))

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

1. A Full-Scale score of IQ of 76 or above, or no diagnosis of intellectual disability, and;
2. A formal diagnosis of Autism or ASD carried out by a qualified practitioner, using accepted diagnostic techniques.

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

Completing the application

Page 1 and 2 should be completed by the athlete/athletes representative. Page 3 should only be completed for athletes with Down Syndrome by the athletes Doctor/physician and the form, together with relevant reports should then be sent to your Virtus National Member Organisation.

Page 4 should be completed by the National Eligibility Officer and Page 5 by the Member Organisation.

All sections should be completed in full as incomplete applications or those that are not completed properly will be returned causing delays.

The form must be completed in English. An original copy of all reports should be provided together with an English translation where appropriate.

Athlete identification

The application should include a copy of the athletes passport. If this is not available then an alternative photographic identification document (for example a national identity card or student card) clearly showing the athletes photo, name and date of birth should be included.

Storing and using information

Virtus: World Intellectual Impairment Sport will use the information submitted within the application for the purpose of registering the athlete into the athlete database (ISMS) and determining eligibility to compete as an athlete with an intellectual impairment or for conducting related procedures such as protests, appeals and research. It may share information with relevant partners for these purposes.

Research is governed by the policy set out in section 6.2 of the Virtus Policies and Procedures. All data will be anonymised and follow the Data Protection and Information Handling policy.

For full details of the Data Protection and Information Handling policy, please visit virtus.sport

Further help and assistance

If you have any questions or need help completing the form, then please contact your national member organisation (details can be found on the Virtus website).

Athletes, parents/carers and psychologists should not contact Virtus directly.

Member organisations needing further support should contact the Head of Eligibility at eligibility@virtus.sport. Please do not send eligibility questions/applications to other Virtus email addresses as this will cause delays.

References

For more information about the definition and assessment of intellectual impairment, visit:

- American Association on Intellectual and Developmental Disabilities - www.aaid.org
- Virtus Eligibility Policy - www.virtus.sport
- Classification Code - www.paralympic.org
- World Health Organisation - www.who.int
- Global Down Syndrome Foundation - www.globaldownsyndrome.org
- Interactive Autism Network - www.iancommunity.org

ADDITIONAL INFORMATION FOR NATIONAL MEMBER ORGANISATIONS

Submitting the application

Applications should only be submitted by the Virtus National Member Organisation.

- Applications should be uploaded via the ISMS.

We strongly recommend that applications are received by Virtus at least 12 weeks before a deadline to appear on the Master List.

Evidential Requirements – I11 (Intellectual Disability)

I11 athletes may apply for either a National or an International eligibility registration.

I11 National Eligibility - formerly known as 'provisional eligibility' - is for national events, youth events and Virtus developing sports. It will not permit athletes to enter World and Regional Championships or progress to Paralympic sports classification.

Where possible the results of a formal psychological assessment resulting in a diagnosis of intellectual disability should be submitted, however if this is not available, then the following will be accepted:

- A signed statement by a psychologist or doctor which confirms a diagnosis of intellectual disability
- Proof of attendance at a special school/college for students with an intellectual disability
- Diagnosis by state or government for receipt of support, clearly identifying the support required as resulting from intellectual disability, e.g. ICD-10 diagnosis

I11 International Eligibility - permits entry to World and Regional Championships and is a pre-requirement for Paralympic sports classification.

A full and detailed athlete assessment should be undertaken by a qualified psychologist to support the diagnosis of intellectual disability as follows:

- Significant impairment in intellectual functioning - must be assessed using an internationally recognised and professionally administered IQ test. Virtus recognises the most recently standardised variations of:
 - Wechsler Intelligence Scales - WISC (ages 6-16) and WAIS (ages 16-90) including regional variations such as HAWIE, S-SAIS and MAWIE. (Note: WASI is not accepted)
 - Stanford-Binet (for ages 2+)
 - Raven Progressive Matrices (Note: CPM is not accepted)
- Significant Limitations in Adaptive Behaviour - must be assessed using an internationally recognised and professionally administered standardised measure that has been norm-referenced on the general population including people with disabilities e.g. Vineland Adaptive Behaviour Scales, ABAS or AAMR Adaptive Behaviour Scales.

Assessment and reporting should be made in the areas of communication, self-care, self-direction, social/interpersonal skills and ability to respond to life changes and environmental demands.

In countries where no such validated test exists, assessment may be made by rigorous and systematic clinical observations over a period of time, supplemented by additional evidence from records and those who know the person well. Further information regarding assessment by clinical observation is provided in Appendix 3.

- Age of Onset before the age of 18 - must be demonstrated by a full and detailed relevant history including education and family background together with previous IQ assessment reports undertaken before the age of 18 or by a signed declaration from a current psychologist stating clearly the evidence on which the diagnosis is based.

In the case of both intellectual functioning and adaptive behaviour, the testing psychologist must provide a report that must be no more than 5 years old and:

- Is presented on formal letter-headed paper stating the psychologists name and qualifications, membership number and details of any professional bodies, address, phone/fax number and email
- Is typed (no handwritten reports)
- States when and where the assessment was done (i.e. date, location)
- States the name and version of the IQ test used, the method of assessment of Adaptive Behaviour and why this approach to assessment was chosen.
- Includes general information regarding the athletes background, relevant history and previous assessments
- Includes a detailed analysis and discussion of IQ and Adaptive Behaviour assessment findings concluding with a clear diagnosis/statement of Intellectual functioning and Adaptive Behaviour.
- Explains any factors which may have affected the results. Particular attention should be paid to cases where there is a large difference between sub-scale IQ scores that may require the full-scale IQ to be interpreted differently or invalidate it. Reporting should follow the guidelines set out in the IQ test manual and detailed analysis and comment should be included.
- In the case of Adaptive Behaviour assessment, the report should include a summary and interpretation of scores achieved under each domain (Communication, Self-care, Self-direction, Social/interpersonal skills, Ability to respond to life changes and environmental demands)
- Includes a copy of the original summary sheet/record form of IQ and standardised Adaptive Behaviour assessments showing all scores. These will be similar to the illustrations shown here. Where these sheets are not available, the psychologist should explain why within the report.



A sample report template can be found in Appendix 1 that may be useful when compiling the necessary reports. This should be shared with the psychologist conducting the assessments. The template is intended as a guide only, and psychologists may prefer to use their own report format - it is important however that all requested information is presented and the report is tailored to the individual.

Evidential Requirements – II2 (More Significant Impairment)

Evidence should be submitted which supports a diagnosis of Down Syndrome. This may be either:

- a) A copy of the results of a blood test (cytogenetic analysis) for that athlete confirming Trisomy 21 or Translocation Down Syndrome, OR, if that is not available;
- b) A signed statement by a psychologist or doctor which confirms a diagnosis of Trisomy 21 or Translocation Down Syndrome.

Note: Athletes with Mosaic Down Syndrome should apply under the II1 criteria.

Evidential Requirements – II3 (Autism – no intellectual disability)

Evidence should be submitted which supports a diagnosis of Autism. This will be a full and detailed assessment carried out by an appropriately qualified psychologist or doctor for the purpose of diagnosing the presence of Autism/Autistic Spectrum Disorder. Such an assessment report should :

- a) Details of their professional qualifications and expertise to assess for autism.
- b) A full developmental, educational and family history;
- c) Details of the assessment methods used and rationale for their use
- d) Full results of the assessment, including copies of summary results/score sheets of any formal assessments used;
- e) A detailed analysis and discussion of assessment findings;
- f) Explains any factors which may have affected the results.
- g) A clear conclusion including a signed declaration stating that in their professional opinion the diagnosis of Autism can be confirmed.

Note, the report should be no more than 5 years old and:

- Presented on formal letter-headed paper stating the psychologist's/doctor's name and qualifications, professional accreditation membership number and details of any professional bodies, address, phone/fax number and email
- Typed (no handwritten reports)
- States when and where the assessment or report was completed (i.e. date, location)

A sample report template can be found in Appendix 2 that may be useful when compiling the necessary reports. This should be shared with the psychologist conducting the assessments. The template is intended as a guide only, and psychologists may prefer to use their own report format - it is important however that all requested information is presented and the report is tailored to the individual.

Athletes with Down Syndrome (II1 + II2)

Atlanto-Axial Instability (AAI) is a rare condition that leads to an increased flexibility in the neck joint and can sometimes make a person more at risk of injury in some sports. It can be more prevalent amongst people with Down Syndrome.

Screening for AAI can only be done by a medical professional/physician and involves an x-ray of the neck joint.

Athletes with symptomatic (i.e. diagnosed AAI) may not participate in Virtus competition due to the risk of injury.

Athletes with asymptomatic AAI (i.e. no evidence of AAI) may compete at their own risk subject to the following provisions:

- A doctor or physician signs the application form giving the appropriate clearances.
- Legal consent to compete is given (from a parent/guardian where the athlete is under 18 or without legal capacity to give consent).
- There should be no sign of progressive myopathy (muscle degeneration). Some signs of progressive myopathy are:
 - Increase in muscle weakness
 - Loss of sensation
 - Onset of incontinence
 - Alteration in muscle tone
 - Decreasing co-ordination
 - Diminishing kinaesthetic awareness
 - Change in walking pattern
 - Pins and needles.
- That neck flexion to allow the chin to rest on the chest is possible.
- That the person has good head/neck muscular control.

A medical practitioner/physician should sign page 3 of the application form and, where available, attach the results of an x-ray screening as evidence.

Appendix 1 - Report template – Intellectual Disability

This template should be used a guide only

Psychologists Name:

Address:

Email Address:

Phone Number:

Psychologist's Qualifications:

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

1. Introduction

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

2. Background to the assessment

Here the psychologist should explain any relevant background to the athlete including education, family background, medical background (if relevant to the assessment) and the results of any previous tests. The aim is to build a general picture of the athlete.

The psychologist should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carers etc, and any issues that may affect the outcome of the assessment.

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

3. IQ Assessment

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

Scores

We would also expect a summary of the scores achieved. E.g. (using WAIS IV).

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

We would expect this section to be no shorter than 5 paragraphs

Adaptive Behaviour

Here the psychologist should explain how the Adaptive Behaviour assessment was conducted, who was consulted, and then summarise the results of the assessment commenting specifically on each domain.

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

Communication - Score achieved or findings:

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

Daily Living - Score achieved or findings:

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

Socialisation - Score achieved or findings:

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

Motor Skills - Score achieved or findings:

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

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

Here the psychologist will provide a final diagnosis of adaptive behaviour

4. Age of Onset

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

5. Final Diagnosis

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

6. Attachments

The psychologist will then attach the summary sheets from the IQ and Adaptive Behaviour assessments.

Signature of the psychologist

Date

Appendix 2 - Report template – High Functioning Autism

This template should be used a guide only

Psychologists Name:

Address:

Email Address:

Phone Number:

Psychologist's Qualifications:

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

1. Introduction

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

2. Background to the assessment

Here the psychologist should explain any relevant background to the athlete including education, family background, medical background (if relevant to the assessment) and the results of any previous tests. The aim is to build a general picture of the athlete.

The psychologist should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carers etc, and any issues that may affect the outcome of the assessment.

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

3. IQ Assessment

Here the psychologist should present and explain the results of the assessment commenting specially on how the ICD-10 criteria for Autism has been met as evidenced through the assessment. If additional evidence is submitted in the form of intellectual testing this must be submitted in the format as described in the Appendix 1. Such evidence is useful as it can provide further credibility to the Autism diagnosis (e.g. significant fluctuations across a WAIS profile).

We would expect this section to be no shorter than 5 paragraphs

Adaptive Behaviour

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

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

Communication - Score achieved or findings:

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

Daily Living - Score achieved or findings:

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

Socialisation - Score achieved or findings:

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

Motor Skills - Score achieved or findings:

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

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

Here the psychologist will provide a final diagnosis of adaptive behaviour

4. Age of Onset

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

5. Final Diagnosis

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

6. Attachments

The psychologist will then attach the summary sheets from the Autism assessments, and any IQ and Adaptive Behaviour assessments.

Signature of the psychologist

Date

APPENDIX 3 - Additional guidance for adaptive behaviour assessments by clinical observation

An assessment of Adaptive Behaviour by clinical observation is only accepted in countries where a standardised test (such as the Vineland or ABAS) is not available. In such cases, and based on AAIDD (2010), the assessment should:

- Use a wide variety of sources of information (parents/carers, teachers, school records, medical records etc)
- Should assess 'typical behaviour' over a period of time and range of tasks
- Should take account of possible bias
- Should distinguish between Adaptive Behaviour and Problem Behaviour

Assessment should be made in the areas of communication, self-care, self-direction, social/interpersonal skills and ability to respond to life changes and environmental demands. A more detailed report is needed when assessment has been made by clinical observation than when using a formal assessment tool.

APPENDIX 4 - Additional guidance for athletes with Down Syndrome

