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A CROSS-SECTIONAL STUDY AND CRITICAL APPRAISAL OF INTELLIGENCE TESTS COMMONLY USED IN CLINICAL PRACTICE FOR INTELLECTUAL DISABILITY CERTIFICATION IN INDIA: FUNDAMENTAL ISSUES IN GAZETTE OF INDIA-2024 AND POLICY IMPLICATIONS

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ABSTRACT **Background:** Intellectual Disability (ID) varies according to definition, aetiology, severity classification, and certification criteria. Two global consensus on ID criteria are: intelligence quotient (IQ) below 70 and ID starts before 18 years. However, the severity classification (in %) and its basis (IQ/social quotient-SQ/clinical diagnosis or combination as suggested by DSM-5 and ICD-11) are important as ID certification has many public health policy, legal, and financial implications. While variations between countries are expected, non-uniformity/discrepancy within a legal document of a country needs urgent attention. This study critically examined commonly used IQ/SQ tools and use of VSMS for criteria for ID irrespective of age as in Government of India-Gazette-2024. **Methods:** The study findings from 55 clinical psychologists (89.1% females, mean age=31-years, mean clinical experience=6-years) in two-phases (face-to-face and telephonic interview, and Google Forms) were analysed. **Findings:** The major discrepancies in the Gazette-March-2024 are: severity classifications between NIEPID Indian Test for Intelligence vs VSMS, page-490 and 491, page-492 and 495 on average IQ for SLD consideration, the arbitrary fixation of average IQ for India contrary to/in absence of evidence, implications of using only SQ for disability certification and VSMS for adults' certification, and purpose/relevance of IQ tests and/or clinical diagnosis. **Interpretation:** While congruence between intellectual functioning and social adaptation, and method and basis of disability severity classification is imperative, addressing incongruence is equally important. Severity category for ID certification based on SQ +IQ or SQ+ clinical diagnosis or IQ+ clinical diagnosis must be the norm not an exception and needs implementation guidelines for incongruencies. **Funding -**NIL

KEYWORDS : IQ vs SQ, Intellectual Disability, Gazette-2024, Certification, Policy Implications

Intellectual ability encompasses a wide range of cognitive abilities, adaptive function, and ability to process/learn new information. Intellectual disability (ID) is a neurodevelopmental disability characterised by significant deficits in cognitive abilities, which limit multiple social and practical skills required for effective daily life functioning. The terminology of ID, and the diagnostic practice and criteria have evolved in the last 7 decades along with its aetiology, classification, and functionality context. Although etiologically ID is a diverse group, both the ICD-11 (DID-Disorders of Intellectual Development) and DSM-5 (IDD-Intellectual Developmental Disorder) use similar terminology. However, the definitions and domains of intellectual ability and disability should be in congruence and synergy for establishing diagnosis, disability criteria and prevalence of ID. India being the most populous country, issues such as clarity and uniformity on definitions, ID severity classifications, and criteria for disability certification are imperative.

ID assessment and prevalence is also important towards its achievement of sustainable development goals 1, 2, 3, 4, 8, 10, 11 and 17 that are directly applicable to individuals with ID (United Nations-Department of Economic and Social Affairs, 2019). Moreover, a wide range of prevalence and inaccurate disease burden data have many legal, policy, social, and financial implications for India.

The Context of Disability Certification for ID in India

Depending upon the purpose, disability certification of ID in India has legal (pension of parents, property, marriage, etc), financial (including receiving service benefits under government schemes, railways concession, health benefits/grants for critical illnesses, insurance, etc.), clinical (diagnosis and treatment), social (training in social adaptation, social stigma, etc), educational (choice of subjects, choice of schools, benefits during examinations, etc.), and vocational (vocational rehabilitation, receiving aids and equipment, other rehabilitation services, etc.) implications. Building the argument further, it is prudent to highlight the issues in Gazette of Government of India, March 2024 on disability certification of ID as it also has various ramifications for other neurodevelopmental disorders. While, specific learning disorder (SLD) can only be assessed if the child/adult has an average IQ, attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder may interfere with SQ and/or IQ (rather the cognitive deficits in ADHD and ASD). Therefore, unfolding various aspects of ID in the Gazette- 2024 is vital and timely.

Definition of ID

Intellectual disability is defined as a condition characterised by significant limitations both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behaviour, with onset in the developmental period, and which covers a range of daily social skills and skills required for activities of daily living (The Gazette of India, 2024). Also, IDEA (IDEG, 2018) defines ID as "significantly subaverage general intellectual functioning (IQ), existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance. Clearly, both definitions are synergistic and congruent, and direct concurrent reflection of sub-average IQ reflected in deficits in adaptive behaviour (SQ).

Criteria of Diagnosis

There is a global consensus on the criteria of ID at least in two ways: intelligence quotient (IQ) below 70 (ICD-11, without quantifying, mentions significantly below average intellectual functioning, while DSM-5 quantifies it as IQ<70), and it starts before the age of 18. Also, while DSM-5 specifies significant limitations in two or more areas of socially adaptive behaviour (social quotient-SQ and as measured by an adaptive behaviour rating scale, i.e. communication, self-help skills, interpersonal skills, and more), ICD-11 mentions that adaptive behaviour that are approximately two or more standard deviations below the mean (approximately <2.3rd percentile), based on appropriately normed, individually administered standardised tests (Girimaji, Pradeep, and Arul, 2018). Clearly, the importance and emphasis on the role of IQ and SQ are almost same, though not equal as the basis is intelligence deficits being reflected in social adaptive behaviour deficits. Also, both classificatory systems agree upon a combination of SQ and IQ criteria to diagnose and label ID, and emphasise on the role of clinical diagnosis of ID, particularly in case if the individual has a second disability. Therefore, what needs to be measured and through which standardised tests play key roles in quantifying ID and meet the criteria.

The Conundrum of SQ and IQ

IQ and SQ measure different but correlated constructs, hence, they could indicate different levels of disability severity, though decisions are taken in favour of SQ because the latter denotes the degree to which the index patient is able to meet the standards of culture-appropriate demands of daily life and defines the levels/amount of support required.

The argument that SQ reflects the severity of ID better than IQ under ordinary circumstances (Kishore et al., 2019) could be challenged for few reasons: 1) The inherent risk of overreporting by the actual caregiver or inaccurate reporting by others in absence of an appropriate family member to report, and 2) The tendency for IQ to exceed SQ when IQ is high, and for SQ to exceed IQ when IQ is low is clearly indicated in early studies (Fowle, 1961: Vineland Social Maturity Scale-VSMS, and Binet IQ Test, WISC were used). For example, the decision of a person who scored a mean IQ of 68.74, and a mean SQ of 79.81 could be very difficult. And not certifying the person according to SQ in this case could be misleading. Another example from Tabitha and Arnold's (2014) study: On the verbal tests of WISC IV, a child obtained a VQ score of 70 indicating a "Borderline" intellectual functioning. On the performance tests, the child obtained a PQ score of 84 indicating a "Dull normal" intellectual functioning. On the Vineland Social Maturity Scale (VSMS), the child obtained a social age score of 11 years (132 months) while his chronological age was 13 years (156 months). Social age was found to be age appropriate on domains such as eating, dressing, locomotion, and occupation. His SQ was found to be 84. Such cases of incongruences could be huge in numbers in a country like India, keeping the fact that there are no guidelines on how to resolve such incongruences. 3) Further, there is an incongruence between what is suggested in DSM-5 and ICD-11, and what is prevalent in the clinical practice could be very different in India. Again, averaging IQ and SQ scores for fixing intellectual capacity and categorising the severity is not uncommon in India. E.g., authors averaged the Developmental Quotient as obtained on Developmental Screening Test and Social Quotient as obtained on VSMS to give the IQ scores (Lakhan, 2013).

The assumption that SQ is better than IQ for disability certification is based upon the assumption that the capability of social adaptable function is a better reflection of cognitive ability, adaptable function, and ability to learn new skills. This argument itself is fallacious as even if the person might be able to adapt to daily functioning due to repeated instruction and practice effects, a person with mild ID lacks the ability and capability for independent living skills or cannot earn livelihood without any supervision or support. And this argument of using VSMS purely to get this 'intelligence equivalent score' has theoretical and practical limitations, and how much of the 'Social Quotient' obtained by VSMS represents actual 'intelligence quotient or intelligence' is debatable (Roopesh, 2022). However, as mentioned earlier, the definition and criteria of ID according to Gazette of India-2024, IDEA, 2018, ICD-11 (whereas ICD-10 relied on IQ both for identifying the condition and ascertaining the severity levels of ID), and DSM-5 underlines assessment of both not substituting with one another.

Average Indian Intelligence and Prevalence of Intellectual Disability

Amidst all such concerns, the Census of 2021 reported that 6% (15,05,964) of disabled people in India have intellectual disability (52% male and 48% females) although the method of determination, how/whether the assessment was done, and whether IQ or SQ was considered, and what cutoff point was considered are not clear. Also, in the national mental health survey (2015-16), the prevalence of ID condition was 0.6% in adults and 1.7% among adolescents (13-17 years) and assessment of ID was undertaken using a screener instrument. A meta-analysis of prevalence studies over the last six decades reported 2% prevalence of ID in India and this contributes to 10.8% of the burden of mental and behavioural disorders (Russel et al, 2022). The assessment methods used in all these studies are either VSMS or any IQ test or clinical or reports by family members (without any adaptive function scale) or visual screening. And none of these attempted to measure average IQ of the population studied.

Ironically, India globally ranks at 94th place with an average IQ of 76.24 (Lynn and Becker, 2019; Worldmetric.com). The method of calculation was uniform for all countries and was done by applying a special formula by authors to find out the average IQ from various studies published from India (primarily studies on ID). This again reflects the issues such as the absence of any national sample survey data on IQ in India, and use of non-uniform (or may be non-appropriate) measures of IQ (or SQ or how combined IQ-SQ scores were interpreted). Therefore, defining ID, determining severity criteria, and type of intelligence tests used all three play a crucial role in enhancing accuracy of the ID severity category. Moreover, whether we want to measure average IQ or ID is very crucial.

Need and Objective of this Study

The Binet-Kamat Test (BKT), Seguin Form Board Test (SFBT), Bhatia Battery of Intelligence Tests, Malin's Intelligence Scale for Children (MISIC) and VSMS were examined thoroughly by Roopesh (2016, 2021, 2020,2019, 2022, 2023) although didn't discuss the theme of this paper. Also, none of his series of papers by Roopesh was not an empirical study, or a comparison of these tests, or did not address the fundamental issue of the suitability of these IQ tests specifically to the Indian population or it did not analyse these tests in terms of legal validity and disability certification. However, his papers and regular clinical difficulty faced both served as an impetus for this paper to outline the fundamental issues in disability certification of ID.

The objectives of this study are to: 1) do a critical analysis of commonly used IQ/SQ tests and report the findings of a cross-sectional study on these tests, 2) examine the discrepancy in IQ severity categories & other discrepancies in ID in Gazette-2024, 3) discuss the SQ and IQ conundrum, 4) highlight the scope of new tests (especially for adults and for the purpose of employment) in the Gazette-2024, 4) do a critical analysis with suggested solutions with policy and clinical implications while discussing the importance and relevance of guidelines for using IQ and/or SQ and/or clinical diagnosis of ID as defined in Gazette-2024, IDEA, DSM-5, and ICD-11.

METHODOLOGY

A total of 79 Rehabilitation Council of India licensed clinical psychologists were approached out of which 55 (Table-1) clinically active clinical psychologists participated (the response rate was 69.6%). Data was collected in two phases:

1) In the phase-I, face to face and telephonic structured interviews (N=31), and through Google Forms (N=24). IQ tests, which are commonly used in clinical practice irrespective of the status of their placement in the Gazette of India from time to time were included for inspection. We provided open-ended questions to professionals about their own experience of issues related to the commonly used tests, norms, age issues, scoring and interpretation, FSIQ, items related issues, difficulties faced, suitability, etc.
2) In the phase-II, the response received from all participants in phase-I were categorised into 2 sections namely, Description of IQ test with 7 critical parameters (Table-2: age norms applicability, whether measures speed (S)/accuracy (A)/both (SA), time taken for administration, administration difficulties, inherent risks, whether entails a Full Scale IQ, and applicability for moderate, severe and profound ID and any disability category), and 6 criteria for description of each IQ test for their suitability to Indian context (Table-3: test or subtest originally developed in India or by Indian authors, norms and validation for Indian population, limitation in applicability across socio-economic status in India, most recent modification if any, status in common clinical practice, legal standing, cost of the test). We gave them 11 questions on 10 IQ/SQ tests commonly used in India and Google Form was used. A total of 30 (55.5% response rate) professionals who participated in Phase-I, constituted the sample in phase-II.

RESULTS

Table-1 revealed that the average age of the participants was 31 years and the majority of them were females.

Table -1: Participants' Profile (N=55)

Socio-Demographics	Mean/SD (% in parenthesis)
Age (Mean and SD)	31 years; SD=4.7
Gender	Male= 6 (10.9) and Females= 49 (89)
Years of Clinical Experience	Mean = 6 years 1-4 years =24 (43.6) 5-10 years =23 (41.8) >10 years =8 (14.5)
Working in a Government Setup Issuing disability certificate	41 (74.5)
Working in a private setup but regularly do IQ assessment	14 (25.9)
Structured Interview Google Forms (Phase-I)	31 (56.3) 24 (43.6)

Table-2 revealed that except MISIC, WISC-IV/V, and WAIS-V no IQ test gives a full-scale IQ (FSIQ) score. Currently WAIS-IV is the only IQ scale for adults which is for 18 years and above while VAIS (PGIBBD) though is an adult scale it covers age 20 & > and does not give a FSIQ. The NIEPID Indian Test of Intelligence (2023) applies till 18 years. Full scale IQ test for children or adults is desirable as such a test measures speed and accuracy both, therefore, the scores reflect more accurate cognitive ability.

Table -2: Description of IQ Tests against Critical Parameters (N=55)

Name of the Intelligence Test (Year)	Test Description	Age norms applicability	Measures Speed (S)/ Accuracy (A)/ Both (SA)	Time taken for administration	Entails a Full Scale IQ	Applicability for Moderate Severe And Profound ID and Any Disability category
Binet Kamat Test (1967)	Based on the Stanford-Binet Test and adapted by V.V. Kamat consists of both verbal and performance items. It's one of the earliest tests to be adapted in India.	3-22 years	SA	1-1.5 hours	No. It gives a ratio IQ score	Can be administered on: Mild, Moderate ID Can be attempted: Severe and Profound ID as scoring can up to IQ=1 Cannot be administered on: multiple disabilities, visual impairment, hearing impairment, speech impairment, locomotor disability
Malin's Intelligence Scale for Indian Children (1966)	Based on Wechsler's Intelligence Scale and developed by Arthur J.Malin, the test provides a Verbal Quotient and a Performance Quotient and an average of the two for an Intelligence Quotient. Consists of 11 subtests in total	6-15 years	S (6 subtests) A (5 subtests)	1-1.5 hours	Gives a full scale IQ score	Can be administered on: Borderline Intellectual Functioning and Mild ID Can be attempted on: Verbal Subtests can be administered on Visually impaired individuals, Locomotor disability, cerebral palsy with speech Performance subtests can be attempted on hearing impairment, speech impairment Cannot be administered on: Moderate, Severe and Profound ID
Vineland Social Maturity Scale (1992)	Based on Edgar Doll's scale, the scale was adapted to the Indian setting by Arthur J. Malin and later by Bharatraj to give an estimate of an individual's Social Quotient.	0-15 years	A	20-30 minutes	Does not give FSIQ as it gives SQ	Cannot be administered: In cases when primary caregivers/guardians are not available
Colored Progressive Matrices/Standard Progressive Matrices (1995)	Developed by J.C. Raven as a performance test of 'intellectual ability', it involves 5 sets of 12 items with increasing difficulty.	5-11 years (CPM)	A	40-45 minutes	None	Can be administered on: Borderline, Mild ID, Speech Impairment, Locomotor disability Can be attempted on: Hearing Impairment Cannot be administered: Visual Impairment
Weschler's Intelligence Scale for Children-IV (2003)	The test was developed by David Wechsler for children as a measure of full scale Intelligence Quotient. It includes both verbal and performance items.	6-16 years 11 months	S (5 subtests A (5 subtests)	1-1.5 hours	Gives FSIQ score	Can be administered on: Borderline, Mild, Moderate ID, lower locomotor disability Cannot be administered: Severe and Profound ID, visual impairment, hearing impairment, speech impairment, Upper locomotor disability
Weschler's Adult Intelligence Scale-IV (2008)	The test was developed by David Wechsler including both verbal and performance items to give a full scale Intelligence Quotient.	16-90 years	S (5 subtests) A (5 subtests)	1-1.5 hours	Gives FSIQ score	Can be administered on: Borderline, Mild, Moderate ID, lower locomotor disability Cannot be administered: Severe and Profound ID, visual impairment, hearing impairment, speech impairment, Upper locomotor disability
Gesell's Drawing Test (2009)	Developed originally by Dr. Arnold Gesell as a part of the Gesell Developmental Schedule, it is essentially a screening test for Intelligence of children. It was adapted to the Indian population by Venkatesan including three levels of Preliminary, Intermediate and Advanced Level.	1.5 years-12 years	A	20-30 minutes	Does not give a FSIQ score	Can be administered on: Borderline, Mild, Moderate, Severe ID, Lower Locomotor Disability Can be attempted on: Hearing Impairment, Speech Impairment, Cannot be administered: Upper locomotor disability, Visual impairment, Profound ID

Bhatia Battery of Intelligence Test (1955)	It is a battery of performance tests including Koh's Block Design, Alexander's Pass-Along, Pattern Drawing, Picture Construction and Immediate Memory subtests.	11-16 years	S (4 subtests) A (1 subtest)	30-45 minutes	Does not give a FSIQ score	Can be administered on: Borderline, Mild ID Can be attempted on: Lower Locomotor disability Cannot be administered: Hearing impairment, Speech impairment, Visual Impairment, Moderate, Severe and Profound ID, Visual impairment
Seguin Form Board Test (1856)	Developed by Seguin as a visuo-motor performance based test of intelligence using 10 geometrical pieces which are to be placed in recesses of a wooden board quickly. Modified by Henry H. Goddard. Indian adaptation by Bharatraj (1971)	3-11 years	SA	10-15 minutes	Does not give a FSIQ score	Can be administered on: Moderate, Severe and Profound ID Can be attempted on: Visual impairment, upto level IV GMFCS CP Cannot be administered: Upper locomotor disabilities, Level V GMFCS CP
Verbal Adult Intelligence Scale-PGIBBD (2009)	It is a test included in the PGI Battery of Brain dysfunction which is a neuropsychological battery, and it gives a Verbal Quotient. It consists of 4 subtests including Information, Digit span, Arithmetic and Comprehension subtests.	20-69 years	A	40-45 minutes	Does not give a FSIQ score	Can be administered on: Borderline, Mild, Moderate Can be attempted on: Visual impairment, Locomotor Disability Cannot be administered on: Severe and Profound ID, Hearing impairment, Speech impairment
NIEPID Indian Test of Intelligence (2023)	NIEPID Indian Test of Intelligence (NIEPID – ITI) is an individually administered test of intelligence. The complete scale consists of 112 items under 5 factors (The test assesses five factors: knowledge, fluid reasoning, quantitative reasoning, visual spatial reasoning, and working memory) with 11 dimensions. It is based on Stanford Binet's 5 five factors.	The age range for this test is 3 years to 18 years.	S (4 subtests) A (7 subtests)	The test takes about 2–2.5 hours to complete when administered individually	FSIQ is derived from the sum of scaled scores for all 11 dimensions of the test. FSIQ is stated numerically.	Can be administered on: Borderline, Mild, Moderate ID Can be attempted on: Severe ID (can give score up to 40 ie upper limit of Severe category according to NIEPID ranges) Cannot be administered: Profound ID, Upper locomotor disability, Speech impairments, Hearing impairments, Visual impairment

Despite Weschler's Adult Intelligence Scale-IV (WAIS-IV) is the only IQ scale for adults covering 18 years and above, Table-3 reflected that WAIS-IV is not there in the Gazette-2024 along with CPM/SPM, GDT, Bhatia Battery, SFBT, VAIS (PGI BBD). Comprehensive Assessment Tool for Adults with Intellectual Disabilities" (CAT- AID) is a standardized Indian assessment tool for comprehensive assessment of skills, aptitudes, interests and work related competencies required for skill training, employability and adult independent living for persons between the ages of 18 to 58 years with intellectual disabilities.

This has 220 items in long form (internal consistency=0.992 and split-half reliability=0.985) and 128 items in the short-form (internal consistency=0.987) over 8 domains (Personal Care & Safety Skills, Communication Skills, Social-Emotional Maturity Skills, Cognitive Skills (27 items), Motor Skills, Work-related Academics, Sex Education, Self- advocacy).

Table-3: Suitability to Indian Context (N=55)

Name of the Intelligence Test	Test or Subtest Originally Developed in India or by Indian Authors	Norms and Validation for Indian Population	Whether applicable across socio-economic status in India	Most Recent Modification If Any	Status In Common Clinical Practice	Legal Standing for Disability Certification of ID	Cost of the test
Binet Kamat Test	Not developed in India	Indian norms available and it was validated on 1074 individuals	Applicable.	Binet Kamat Test- Revised - Damle and Srivastava (2018)	The test is being widely used across India at hospitals and clinics to measure IQ.	Yes. Gazette (March, 2024)	Government 3000 Private 5000
Malin's Intelligence Scale for Indian Children	Not originally developed in India	Indian norms available. Standardised on 1200 children were given full individual tests during a period of 6 years and over 3000 children (male-female were sampled in subtest trial runs	Applicable	No modification from original	The test is being widely used across India at hospitals and clinics to measure IQ.	Yes. Gazette (March, 2024)	Government 14,550 Private 16000

Vineland Social Maturity Scale	Not developed in India	Norms available and validated on Indian population	Applicable	VSMS- by Bharatraj (1992)	Widely used across India across settings.	Yes.Gazette (March, 2024)	Govt. 1240 Private 2000
Colored Progressive Matrices/Standard Progressive Matrices	Not developed in India	Standard Progressive Matrices was validated in India with 5161 (Mumbai) and 5127 (Pune) individuals in 1997 (Deshpande et al., 2003)	Applicable	No modification from original	The test is used widely across hospitals and clinics in India to estimate intelligence	It is not mentioned anywhere in the Gazette/ RPWD Act as a test to assess IQ	CPM Govt. 17,050 Private 20068 SPM Govt. Private
Weschler's Intelligence Scale for Children-IV	Not developed in India	Norms available and validated on 2,200 children between the ages of 6:00 and 16:11 years	Not applicable	WISC-V (2014)	The test is being widely used across India at hospitals and clinics to measure IQ.	It is mentioned in the updated Gazette (March, 2024) as measure of IQ to give a disability certification for Intellectual Disability	Govt. 78442 Private
Weschler's Adult Intelligence Scale-IV	Not developed in India	Indian norms not available. Test is validated on 2200 individuals in US, sample was divided into 13 age groups composed of 200 people each, the four older age groups had 100 participants	Not applicable	WISC-IV (2008)	The test is being widely used across India at hospitals and clinics to measure IQ.	It is not mentioned anywhere in the Gazette/ RPWD Act as a test to assess IQ	Private 4250
Gesell's Drawing Test	Not developed in India	Indian norms available, standardisation done on a sample of 842 children aged 18 months to 60 months	Applicable	Gesell's Drawing Test (2009) by Dr. S Venkatesan	The test is being widely used across India in both paediatric and psychiatric setups to assess intelligence.	It is not mentioned in the Gazette/ RPWD Act as a test to assess IQ	N/A
Bhatia Battery of Intelligence Test	Developed in India by adapting test to Indian population	Yes, 1154 subjects (only boys) including 642 literates and 512 illiterates were used for validation	Applicable	Revised Bhatia's Short Battery of Intelligence Test for Adults (1988)- Verma, Pershad, Malhotra and Arunima	The test is being widely used across India at hospitals and clinics to measure IQ.	It is not mentioned anywhere in the Gazette/ RPWD Act as a test to assess IQ	Private 7000
Seguin Form Board Test	Nit developed in India. Indian adaptation by J. Bharatraj in the year 1971	Yes, on 1052 subjects including 705 males and 347 females (Bharatraj). It was revalidated by Venkatesan (1998)	Applicable	Seguin Form Board Test-1971	The test is being widely used across India at hospitals and clinics to measure IQ.	It is not mentioned anywhere in the Gazette/ RPWD Act as a test to assess IQ	Private 4000
Verbal Adult Intelligence Scale-PGIBBD	Not developed in India	Indian norms available and validated on 3600 males and females, who were Hindi speaking and belonged to different states of India	Applicable	PGIBBD-1990	The test is being used across India at hospitals to get an estimate of intelligence by assessing the Verbal Quotient.	It is not mentioned anywhere in the Gazette/ RPWD Act as a test to assess IQ	Private 18000 (Complete battery)
Scope of New Tests							
NIEPID Indian Test of Intelligence	Yes, National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID).	Indian norms are available and the sample size for the standardisation was 4070.	Applicable, as the test was developed by the NIEPID, India.	2024	As the test guidelines it can be administered at school, classroom, office room, clinic, or any other such locale	Mentioned in the Gazette-2024	Manual is freely available online
Brain-Based Intelligence Test, Das et al, 2023	Developed in India. 45-60mts administration time.	Norms available for only for Indian population up to age 22.	Applicable	2023	Can be administered at clinic/ hospital setups.	Not mentioned in the Gazette/ RPWD Act as a test to assess IQ	Yet to come to the market

Comprehensive Assessment Tool for Adults with Intellectual Disabilities" (CAT- AID), Mugesh et al., 2020	Developed in India. 220 items in 8 domains. 30-50mts administration time.	Scoring key and interpretation of scores are available for 18 to 58 years	Applicable as the test was developed by the NIEPID , with the main aim for employment purpose.	2020	Not meant for Hospital (?)	Not mentioned in the Gazette	Yet to come to the market

Findings from the cross-sectional survey (Table-4) focused only on the tests mentioned in the Gazette, 2024. revealed that the majority of participants reported outdated items and norms along with other issues for mostly common test MISIC. Although more than 50% were not using BKT, 83.3% reported outdated items. 66.7% also viewed non-relevant and non-contextual items.

Table-4: Descriptive Analysis Of Critical Appraisal

Test	Inherent Risks	Administrative/Norms Difficulties	Suitability for India: Reason	Need for Modifications
BKT	-Doesn't provide age-norms based scores. 37.5% -Maximum chronological age is 16 years. 41.7% -Use of Ratio IQ- on the lower end it underestimates the ability and on the higher end it overestimates the ability. 45.8% -Use of age scale makes it difficult to differentiate between individuals of the same age group. 20.8%	-Outdated items (Picture cards, of motor accident, are not clear) 83.3% -It is a time-consuming test 33.3% -Non-standardized test version in Hindi is still used in North India. 58.3% -Items like aesthetic comparison seem irrelevant, and also promotes stereotypes. 66.7% -Not used frequently. 54.2%	No, due to Inherent risks. No FSIQ.	Yes
MISIC	-Age range is till 15 years. 50% - Discrepancy between IQ obtained on Wechsler and MISIC. 58.3% -Limited applicability across all socio-economic backgrounds. 62.5%	-Outdated norms 70.8% -Outdated items ('what is the meaning of VPP?', 'How many paise are there in 1 rupee'). 91.7% -Vocabulary subtest lacks Hindi items. 75% -Picture completion items are not clearly printed. 50% -In object assembly the item is named auto but is actually a car. 62.5% - Not used frequently. 4.2%	Yes. Gives a FSIQ. Assess both Accuracy + Speed.	Yes
VSMS	-Under-reporting and over-reporting. 75% - Discrepancy in scores following two different scoring systems. 41.7% - Recall bias by parents. 66.7% - Difficulty in application with other psychiatric comorbidities. 54.2% -The adaptability of a child being tested depends a lot on the exposure given to the child. 66.7% - Cultural differences affecting social milestones are not considered in results interpretation. 54.2%	-Some statements are no longer time/context relevant (E.g.- Writes letters to friends, goes to school alone, flies kites have become redundant in today's times) 87.5% -Limited age range up to 15 years. 50% -Few items lack clarity increasing the scope for subjectivity by the examiner there is a lack of description for certain items (item 1- '"crows", laughs, item 15- 'stands alone'- whether with or without support is unclear, item 75- 'cares for self at table', item 81- 'answers ads') 66.7% - Items are not available in regional languages 41.7% - Not used frequently. 12.5%	Should be used along with an IQ test that gives a FSIQ. Can be used alone in clinically diagnosed cases of severe and profound IQ and other disabling impairments	Yes. Or include a validated version of revised VSMS (VABS-3) which covers age till 90 years.
WISC-IV	-The verbal subtests portray a cultural bias as it was standardised on the private school going population. 75% - Risk of random responding by testee as the test is perceived as lengthy. 54.2%	-Lengthy- difficulty in administration due to time constraints in the OPD setting. 75% -A certain level of literacy is required. Difficulty in administration across all socio-economic status/govt. school going children (e.g. vocabulary subtest). 91.7% - Not used frequently. 29.2%	Gives FSIQ and can be used	
WAIS-IV	-Verbal subtest items are culturally sensitive 66.7%	-No Hindi version is available. 66.7% - Is lengthy. 50% -Applicability is limited in case of illiterate individuals/ those from a lower Socio-Economic Status. 91.7% -Similar difficulties as WISC-IV. 50% -Not used frequently. 20.8%	Gives FSIQ and can be used	
GDT	- Is used to estimate IQ due to the lack of more applicable IQ test in certain cases 50% -Not applicable in case of a child who has not attended schooling 20.8%	-Only a screening test for an estimation of intelligence. 75% -Performance is affected by prior learning and exposure. 70.8% - Assesses only visuo-motor functioning. 70.8% -Limited age range 3-13 years. 54.2%. (Venkatesan, 2002) - Not used frequently. 29.2%	Yes. As an IQ Screening Test	No
Bhatia Battery	-Does not have any verbal items, hence gives a partial picture of intelligence based only on Performance Quotient. 58.3% -Items reflect stimuli suitable for an older generation, are not applicable on the current population/ are culture specific (not for urban population). 41.7% -Standardization was done only on boys. 54.1%	-Norms need to be updated 70.8% -Norms don't go beyond an IQ of 69, hence cannot give a score for further categories beyond Mild Intellectual Disability. 75% -Not used frequently. 25%	No	Yes

SFBT	-Practice and prior experience with the test may influence the results (nowadays similar board games are available in the market easily) 70.8% -Can sometimes give unrealistically high IQ score which doesn't correlate well with other full scale IQ tests 58.3% -Children from a low SES may have a lesser exposure to the test material compared to urban population 50% -Results may be affected by factors like interest, distractibility and temperament of child 54.2%	-Measures only the motor speed as a component of intelligence. 68% -Norms need a revision 75% - In certain cases, time obtained doesn't have a corresponding mental age and hence the nearest value is taken as the mental age. An update may provide a range of items in seconds for a corresponding mental age 50% -Limited age range 3-15 years. 37.5% - Not used frequently 33.3%	Yes. As an IQ Screening Test.	No
VAIS	-This refers to the age norms brackets like 20-29, 30-39, 40-49; The performance would vary considerably for someone who is 20 v/s someone who is 29 years. Hence the same norms should not apply for such a long age range -The range of 9-10 years is very long for the norms. 44%	- Due to the lack of a more applicable IQ test, VAIS is used in many settings to obtain an estimate of VQ and consequently predict the IQ of an individual. 64% - Norms need to be updated 68% -Items are not relevant to current population (information and comprehension subtests) 75% - Not used frequently 25%	No.	Yes.
CPM/ SPM	-Gives a percentile and Grade, does not give a full-scale IQ, hence the difficulty in classifying into ID categories. 87.5% -Measures only visuo-spatial skills. 66.7% -Individuals with poor exposure to puzzles may perform poorer. 58.3% - Since there is no time limit, hit and trial problem solving can lead to overestimation of a child's abilities. 79.2% - Color perception in CPM might be an issue for certain individuals. 50%	- Norms are outdated - No verbal items - Not useful for assessment of IQ for SLD. - Not used frequently. (37.5%)	No. Not useful for disability certification. However, it can still be used as an IQ Screening Test for clinical or research purposes.	No

Table-5 revealed the major discrepancies in disability category and range of IQ/SQ scores in India in comparison of international standards.

Table-5: Discrepancy on IQ/SQ Categories

IQ Severity Categories	Disability Category: IQ/SQ Ranges						
	Gazette- 2024 (VSMS)	NIEPID- ITI FSIQ	WISC- IV FSIQ	DSM-5	ICD-10 & ICD-11	Stanford-Binet Tests	WAIS-IV
Average	NA	86-115	90-109	-	-		90-109
Borderline	70-84	71-85	Low Average (80-89) Very Low (70-79)	-	-		Low Average (80-89) Borderline (70-79)
Mild	55-69	56-70	Extremely Low 69 Below	Cutoff of 65–75 (IQ 70± standard error of 5)	IQ cutoff of 70 IQ: 50–69	52-67	55-69
Moderate	36-54	41-55	NA	36-49	IQ: 35–49	36-51	40-54
Severe	21-35	26-40	NA	20-35	IQ: 20–34	20-35	25-39
Profound	Below 20	Below 25	NA	Below 20	IQ <20	0-19	0-24

DISCUSSION

Commonly used IQ and SQ Tests in India

The initial efforts for a cultural adaptation of the Binet scale was a Hindustani Binet Performance Scale (Rice, 1929) in the form of a doctoral thesis. The first few popular IQ tests introduced in India were the Bombay-Karnatak Revision which was an adaptation of the 1934 version of Stanford-Binet Scale of Intelligence (Kamat, 1934), and the Bhatia Battery Performance tests of Intelligence (Bhatia, 1955). Also, the Vineland Social Maturity Scale was adapted to the Indian setting by Malin (1965) and Bharat Raj (1992). Malin's Intelligence Scale for Indian Children is one of the most common tests used today (Malin, 1966). Some other tests which are frequently used across India are Colored Progressive Matrices/Standard Progressive Matrices (Raven, 1995), Seguin Form Board Test (1998), Weschler's Intelligence Scale for Children-IV (2003), Weschler's Adult Intelligence Scale-IV (2008), Gesell's Drawing Test (2009), and Verbal Adult Intelligence Scale- PGIBBD (2009).

Concerns, Issues, and Gaps in Gazette-2024

1) The IQ tests commonly used in routine clinical practice by majority of participants are MISIC, BKT, WISC, WAIS, SFBT, SPM/CPM, Bhatia Battery of Intelligence Tests, VAIS (PGIBBD) and VSMS. However, only BKT, MISIC, WISC-IV, NIEPID-ITI, and VSMS are mentioned in the Gazette-2024 and MISIC, WISC-IV, and NIEPID-ITI give FSIQ and meant for children.
2) Children above the age of 5 years shall be given a diagnosis and certificate of ID. Except WISC-IV has norms for 6-16.11 years, however WAIS-IV has norms for 16-90 years onwards but it is not included in the Gazette-2024.
3) Adults with ID constitute a big proportion of the people with ID. As no adult IQ or SQ assessment tool is mentioned in the Gazette-2024, inclusion of WAIS-IV/V, BBIT, and CAT-AID should be considered for inclusion.
4) It also mentions in Page-489 that irrespective age the disability calculation will be done on the basis of VSMS. However, this decision has no scientific/clinical/research basis. It is also surprising that a validated version of revised VSMS (VABS-3) which covers age till 90 years was not considered for inclusion in the Gazette-24.
5) The Gazette-2024 does not provide any guidelines on how IQ/SQ assessment will take care of an additional disability. Like BKT, the recommended WISC-IV cannot be administered on severe and profound ID, visual impairment, hearing impairment, speech impairment, and upper locomotor disability. And NIEPID-ITI is similar as WISC-IV except that it can be attempted on severe ID (can give score up to 40 i.e. upper limit of severe category according to NIEPID ranges). As a part of clinical guidelines, Kishore (2019) has suggested tests (E.g. Psychiatric Assessment Schedule for Adults with Developmental Disability, Psychopathology Inventory for Mentally Retarded Adults, and Psychiatric Instrument for the Intellectually Disabled Adults) for ID with comorbid disabilities and other medical conditions.
6) As per the Gazette-2024, the ID certificate will have to be renewed at the age of 5, 10, and 18 years, which is feasible, practical and clinically relevant too. The certificate issued at 18 years of age will be valid lifelong, which is a welcome step (especially for children having 80% or more disability), however the Page-489-90 does not have 80% disability as per disability calculation. Also, as certification is done on basis of SQ, the major concern of Flynn effect (observed rise in IQ scores over time and related norm obsolescence) is also not there (Kishore, 2019). However, the point is that the social adaptation behaviour over time can increase/decrease across socio-economic status subject to the repeated exposure to social environment, regular schooling, and continuous training. Hence, life long validity might benefit some but may become a disadvantage for others as disability % or

severity category have direct financial, employment, and other implications.

7) Similarly, validity of SLD certification at age of 18 years will continue till death. It is prudent to argue that suppose a child has dyscalculia and didn't have any math or maths based subject during school years and college and in daily functioning we all need basic maths which the person has, why should a certificate be valid and why should the person be eligible to avail benefits. Such cases will affect the actually deserving persons.

Discrepancy in IQ Severity Categories & Disability % in Gazette 2024

The key concerns and issues are:

a) There is a major discrepancy between NIEPID-ITI vs VSMS (gazette ID categories) in terms of categorization of IQ scores. For example: Average: 86-115 (NIEPID-ITI) vs 90-110 (VSMS), Borderline: 71-85 (NIEPID-ITI) vs 70-89 (VSMS), Mild: 56-70 (NIEPID-ITI) vs 55-69 (VSMS), Moderate: 41-55 (NIEPID-ITI) vs 36-54 (VSMS), Severe: 26-40 (NIEPID-ITI) vs 21-35 (VSMS), Profound: < 25 (NIEPID-ITI) vs < 20 (VSMS). Ability Classification of WISC-V is also different from VSMS and NIEPID-ITI.

b) While the requirement of IQ 70 and below has consensus for diagnosis of ID across guidelines and countries, the categories beyond mild ID (borderline/dull average/average/superior, etc.) vary significantly, perhaps assumedly depending upon the average national IQ. Again, in case of no benefit to the borderline category of IQ (25% of disability) in India, the category might have relevance only for clinical purposes. Ironically in the Gazette-2024, there is a discrepancy between % of disability Page No-490 and 491. In the table on Page no. 490 corresponding disability percentages are as follows: A VSMS score of 0-20=100% disability, 21-35= 90% disability, 36-54= 75% disability, 55-69= 50% disability and 70- 84= 25% disability. On the other hand, in the flow chart mentioned on Page 491, a VSMS score of 70-84= <40% disability, 55- 69= 40 to 59% disability, 36-54= 60 to 79% disability, and = <35 = 80% disability. So, in Page No 491, Severe and Profound ID are clubbed together and there is no 100% disability. And how do we have arrived at this disability % categories that too in the range of %, this raises concerns.

c) In the Gazette 2024, the assessment of IQ for SLD can be done by MISIC/WISC-IV/ NIEPID-ITI/BKT/VSMS with the same IQ>85 criteria. There is a discrepancy in Gazette-2024 between Page no-492 and in Step 2 (IQ to be more than 85) and Step 3 under heading SLD diagnosis (IQ is 85 or more) and Page No 495, Figure-2 (Flow chart for details of assessment….) (if IQ >85). Additionally, Figure-2 also mentions that if the IQ is < or = 85, then it is not SLD and the child should be considered for work up for ID. Ironically, in the same Gazette-2024, Page No-490, the borderline IQ is 70-84 which is not considered as disability.

d) Vineland Adaptive Behaviour Scale-3 (Sparrow et. al, 2016), the updated version of VSMS, can be an alternative of VSMS as VABS-3 overcomes many inherent and administrative issues that occur in VSMS. VABS-3 extends the age range from birth to 90 years of age, therefore, should be validated in India and be regularly in common clinical practice. As compared to VSMS, VABS-3 is very lengthy tool with 502 items in the Comprehensive Interview Form and 195 items in the Domain-level Interview, spread over 3 domains (communication, daily living skills, and socialisation) but very comprehensively deals with development and adaptive behaviour from age 0-90 years.

e) The gazette is also not clear regarding the course of action that is to be taken in adult cases where no IQ test has been done before/ no disability. And the number of adult ID cases is huge in general OPDs.

The SQ – IQ Conundrum

What is the relevance (except using as a screening tool) of using any IQ assessment tool, when the Gazette-2024 has made the VSMS (SQ not IQ) compulsory and directed to fix IQ scores and disability percentage on the basis of SQ. Though, this stand has been supported by the DSM-5-TR which mentions that various levels of severity/category for diagnosis of ID must be decided on the basis of adaptive functioning and not IQ scores, citing the reason that it is adaptive functioning that will decide the level of support required for the patient and not IQ scores. Also mentions that IQ tests are less valid in lower IQ ranges (DSM-5-TR, 2022). Interestingly, Obi et.al., (2011) suggested that if an individual has an IQ below 70 but has a good adaptive function (SQ), the subject does not have an intellectual disability. On the other side, individuals with a normal or even higher than normal IQ may manifest severe deficits in adaptive functions (due to many reasons) and are, therefore, classified as having an intellectual disability. The assumption that SQ is better for disability certification can be challenged as it is based upon the assumption the capability of social adaptable function is a better reflection of cognitive ability, adaptable function, and ability to learn new skills. This argument itself is fallacious as even if the person might be able to adapt to daily functioning, a mild ID person lacks the ability and capability for independent living skills or can't earn livelihood without any supervision or support. Therefore, the current diagnosis of ID based only on a person's adaptive function should be reconsidered, especially for adults who are aiming for employment. E.g. many government posts are reserved for people with mild mental ID and their certification on basis of VSMS can be detrimental for the organisation as well as for the person also.

Many VSMS items are old and out dated, including-item 53 (Goes about neighbourhood un-attended), item 61 (Goes to school unattended), item 78 (writes occasional letters to friends). Although Kishore et al., (2019) suggested that SQ reflects the severity of ID better than IQ under ordinary circumstances, they have not mentioned anything about the inherent issues and administrative difficulties embedded in VSMS. The Comprehensive Assessment Tool for Adults with Intellectual Disabilities" (CAT- AID) or VABS-3 could be a more appropriate tool for adults that consists of all components facilitating vocational assessment, program planning, skill training, job placement and rehabilitation of adults with intellectual disabilities.

The digitalisation and strict adherence to disability certification could be a risk factor for over reporting by a caregiver. Witnessing cases of over-reporting and malingering by patients to attain the benefits of disability certification is not so uncommon.

Instead of either SQ or IQ approach, in a majority of cases, the diagnosis of ID must be based on strictly going by the definition of ID. SQ +IQ or SQ + clinical diagnosis or IQ + clinical diagnosis should be the norm not the exception. In the remaining cases, it should be decided on a case-to-case basis depending upon the clinical picture of disability e.g. many cases of severe and profound disability with other disability or total dependency.

Guidelines are required for deciding severity/percentage when there is a mismatch between SQ, IQ test scores, and clinical decision. And the Gazette must specifically mention the same.

The Scope of New Tests in the Gazette of India

Three tests (NIEPID-ITI is added while adult tests namely, BBIT and CAT-AID are not added to Gazette 2024) seem potential and overcome many inherent risks and administrative difficulties of IQ tests mentioned in the Gazette. Although nowhere in the NIEPID-ITI manual it is mentioned, it seems that the Kaufman Assessment Battery for Children (2nd Edition) has been followed for the IQ severity category and average IQ.

In NIEPID-ITI, the norms are till 17 years and 11 months. Hence, its applicability to people who are on the 12th month of 17 years is doubtful, hence cannot be scored. And also, the Gazette-2024 should specify the age limit as 3-17.11 years instead of 3-18 years.

The NIEPID-ITI and WISC-IV are similar in terms of scoring the method is same in both; raw scores are converted to scaled scores, which gets totalled for sum of scaled scores which gives FSIQ; sub-tests (Vocabulary, Information, Arithmetic, Comprehension, Digit span subtests, Verbal analogies subtest in NIEPID-ITI is similar to Similarities subtest in WISC, Object series is similar to Matrix Reasoning, Square Construction is similar to Block Design, and Number Name Sequencing is similar to Letter Number Sequencing). However, the NEIPID-ITI does not have Processing Speed Domain like the Processing Speed Index (PSI) in WISC-IV. Spatial concept is a unique test in NIEPID-ITI, which is not there in WISC-IV.

The Fastrack BBIT, is a shorter version consisting of 7 subtests (all measuring both speed and accuracy), approximately takes 40-45 minutes of administration and is quick to score, covers the age range 6-20 years, and gives a FSIQ, appears promising. Again, the validation data and norms for 6-20 years which no other IQ assessment tool gives. All subtests are original and not adapted from any IQ test mentioned in Gazette-2024, although few subtests are similar to Cognitive

Assessment System-II (CAS-II) (Naglieri & Das, 1997). Also, the school readiness and overall intellectual skills for ages 5 need more clarification. And, the status of BBIT validation on ADHD, ASD, SLD population is awaited.

Critical Analysis with Suggested Solutions

If India agrees with the global definition of ID as deficits in capacity of intellectual functioning and social adaptability then:

1) An ID severity labelling/percentage must be given on the basis of assessing both IQ and SQ. And it must not be decided on the basis of one test that too VSMS, which is essentially wrong due to inherent risks of VSMS, age norms, and not meeting the very definition of ID.
2) The cases where IQ assessment is not feasible (e.g. few cases of moderate, many cases of severe and all cases of profound ID diagnosed clinically; and cases of specific sensory impairment and impairment of upper limb), disability status must be based upon SQ along with clinical diagnosis.
3) In case there is a mismatch between SQ and IQ test findings more than 5 points or to an extent that gives two different severity categories, then a) the case should be independently assessed by another examiner and b) then decision on the score and category must be accorded by a 3 members clinical team (till we get a better method, e.g. a national level trial to record the extent of mismatch between SQ and IQ across age/sex/literacy status (at least we can start with 100 samples from each state) and then decide.
4) If there is a mismatch among SQ, IQ, and clinical diagnosis, then in such cases a medical board consisting of at least 2 members including test examiners and the person who made the clinical diagnosis should decide the disability category and percentage.
5) Urgent steps must be taken up by relevant stakeholders, to update score norms, age norms, item modification, etc. for all tests that are already given a legal standing in Gazette-2024.
6) The gazette is also not clear regarding the course of action that is to be taken in adult cases where no IQ test has been done before.
7) We assume that there is a spelling error in the Gazette-2024 as WISC is mentioned twice in the same line in Page 489, which should be WAIS. However, if this is corrected, the WAIS-IV gets included and overcomes the problem of no adult IQ scale in the Gazette-2024. The new test BBIT could also be an alternative.

Policy Implications

India as a nation has to decide on the following critical points and urgently revise Gazette of India accordingly in giving directions in ID assessment and certification:

1) The role of IQ tests in diagnosis and disability certification of ID should be mentioned in the Gazette, 2024. Whether to consider both SQ and IQ and if yes then how and under what condition only SQ is applicable (e.g. in most cases of severe ID and all cases of profound ID) should be mentioned. Then, in case of discrepancy whether SQ or IQ will prevail. In addition to that, whether FSIQ or any component (VQ or PQ) is required as an indication of IQ has to be clearly mentioned.
2) Also, specify the condition, the situations (e.g. in case of profound ID) where only clinical diagnosis (alone or with VSMS) will be the basis of certification of ID.
3) Depending upon the decision on point number-1), a list of IQ tests should be provided. This is extremely important for bringing uniformity and standardisation in ID assessment and disability certification across the country.
4) Currently, the VSMS is the only basis for determining the severity of ID and disability certification. However, in any case urgent modification of the necessary items should be done.
5) The scoring of the VSMS is generally done following either Bharatraj or Malin's guidelines resulting in different scoring (Roopesh, 2019). The IQ score and categorization generally changes altogether. This also goes against the standardisation or uniformity of intellectual disability severity category.
6) Relevance of borderline IQ needs to be redefined. The vital concern is that the borderline IQ ranges from 70-84 in the 2018 and 2024 Gazette of India while the NIEPID (2024) mentions it as 71-85. We need to consider the DSM-5 and ICD-11 that clearly suggest that the ID is diagnosed when IQ is below 70 (means 69? Or inclusive of 70?). There has to be a congruence in all government documents on whether a mild ID is IQ up to 69 (Gazette 2024) or 70 (NIEPID-ITI, 2023) this incongruence is present in the same document of Gazette 2024.
7) Interestingly, currently, SLD is assessed if IQ is more than 85 which is as per NIEPID but not as per 2024 Gazette. Do we mean to say borderline IQ is equivalent to average IQ? Either this has to be changed or it should be uniformly mentioned in every document that SLD is assessed if IQ is =>85 (instead of saying SLD is assessed if IQ is average).
8) Moreover, fixing average IQ as 86-115 for India (NIEPID's ID severity category) should not be determined arbitrarily or be conflicting with existing tests in the Gazette-2024 (E.g. the WISC-V gives a FSIQ but the average IQ range is fixed at 90-109).
9) Although a gigantic and herculean task, undertaking a national survey (in two age groups: 5-18 and >18 years) to determine the normal/average IQ of India will be a futuristic step to rebut the current global standing of 94th rank with the country's average IQ=77.
10) The new IQ test namely, BBIT which is developed in India, and adequately and appropriately validated in India, gives a FSIQ, and age-based norms, therefore, should be considered.

Clinical Implications

Few suggested clinical implications are:

1. It is better to follow an international classificatory system (IDEA/DSM-5) till the required corrections/discrepancies are addressed in the Gazette of India-2024.
2. The diagnosis of ID should continue on basis of clinical evaluation + SQ/IQ tests.
3. The clinical practice guidelines by Kishore et al. (2019) should be followed for ID with a medical condition and other disabilities.
4. If BKT is used, scoring guidelines should be adopted as suggested (Roopesh, 2019).

CONCLUSION

The Government of India took affirmative steps in past few years to streamline and ensure uniformity procedure in providing Unique Disability Identity Card (UDID) and fixing disability criteria (at least 40%) across disabilities. Now, it is time to bring standardisation and uniformity in assessment of SQ, IQ and deciding the severity categories for people with ID.

Addressing the discrepancies and errors in the Gazette-2024 is important. Diagnosis of ID and severity category based on SQ +IQ or SQ + clinical diagnosis or IQ + clinical diagnosis must be the norm not the exception. In the presence of other disabilities, the Gazette should clearly direct which tests should be used for ID. Necessary modifications of existing tests, acceptance of potential new IQ/SQ tests, a consultation meeting to finalise IQ scores for borderline/ average IQ, and/or a national survey to determine average Indian IQ are crucial.

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