

ATHLETE ELIGIBILITY APPLICATION GUIDANCE NOTES

VERSION 12 (JAN 23)



Virtus is the 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 in all Virtus and para-sport competition.

Athlete eligibility

Eligible impairments within Virtus competition are explained below. Please note that not all groups are eligible in other para-sport competition.

A diagram showing the routes to eligibility is included in Appendix 3.

II1 – Athletes with an Intellectual Disability

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 22'. Limitations in adaptive behaviour affect both daily life and the ability to respond to life changes and environmental demands (AAIDD – 2010, WHO ICD-10 and ICF-2001).

Based upon this definition, the Virtus Eligibility Criteria for athletes with an intellectual disability 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 22 years of age

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

II2 - Athletes with an intellectual disability and significant additional impairment

A significant additional impairment is defined by Virtus as a lifelong condition that affects the functional capacity of the individual and substantially impacts on their sports performance. This includes athletes who have an intellectual disability, associated lifelong conditions, and/or a genetic condition, such as Down syndrome.

Athletes will be eligible for II2 if it can be demonstrated that they have significant functional impairment in addition to an intellectual disability. That is:

1. A formal diagnosis of Trisomy 21 or Translocation Down Syndrome.

OR

2. Have a diagnosed intellectual disability (as defined by the II1 criteria) AND meet the minimum criteria for additional impairment as defined by the Virtus FAST Assessment.

II3 – Athletes with Autism

Autism or Autism Spectrum Disorder (ASD), is defined by the World Health Organisation (WHO) as 'persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully apparent until later when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.' ([ICD 11](#)). Both the ICD 11 and the [DSM 5 definition](#) of Autism are accepted by Virtus.

Based upon this, the Virtus eligibility criteria for athletes with autism is a formal diagnosis of Autism or ASD carried out by qualified practitioners, using accepted diagnostic techniques.

Completing the application form

Before completing the form, athletes should contact their Virtus [National Member Organisation](#) for guidance.

The form must be completed in English. Page 1 and 2 should be completed by the athlete/athletes representative. All athletes with Down syndrome should also complete Appendix 1 (Atlanto-Axial Instability).

The form together with all supporting evidence should then be sent to your Virtus National Member Organisation. An original copy of all reports should be provided together with an English translation where appropriate.

The National Member Organisation will complete Page 3 (National Eligibility Officer) and Page 4 (Endorsements).

All sections must be completed in full as incomplete applications or those that are not completed properly will be returned and will cause delays.

Fees

Please be aware the Virtus levies a fee on eligibility applications to help cover administrative costs, as follows:

<u>Application submitted (before final entry deadline):</u>	<u>Fee:</u>
More than 12 weeks	\$75
Less than 12 weeks but more 6 weeks	\$100
Less than 6 weeks but more than 4 weeks	\$125
Less than 4 weeks	\$150

Please note that fees may change from time to time and details will be published at virtus.sport. There is no application fee for II1 National Eligibility applications.

Athletes with Down syndrome and Atlanto-Axial Instability (AAI)

All athletes with Down syndrome must submit evidence that they do not have symptomatic Atlantoaxial Instability (AAI) - a common orthopaedic problem more commonly seen in people with Down Syndrome

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.

Athlete identification

The application should include a copy of the athlete's 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, citizenship and date of birth should be included.

Storing and using information

Virtus will use the information submitted within the application for the purpose of registering the athlete into the athlete database 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. Please see the full [Privacy Policy](#) for details.

Research is governed by the [Virtus Research Code](#). All data will be anonymised and follow the Virtus Privacy Policy.

Further help and assistance

If you have any questions or need help completing the form, then please contact your National Member Organisation. Athletes, parents/carers and psychologists should not contact Virtus directly.

Member Organisations needing further support should contact Virtus 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:

- Virtus National Member Organisations - virtus.sport/member
- American Association on Intellectual and Developmental Disabilities - aaidd.org
- International Association for the Scientific Study of Intellectual and Developmental Disabilities - iassidd.org
- Virtus Eligibility Policy - virtus.sport
- IPC Classification Code - paralympic.org
- World Health Organisation - who.int
- Global Down Syndrome Foundation - globaldownsyndrome.org
- Interactive Autism Network - iancommunity.org
- Autism Speaks - autismspeaks.org

ADDITIONAL INFORMATION FOR NATIONAL MEMBER ORGANISATIONS

Submitting the application

Applications may **only** be submitted by the Virtus National Member Organisation.

- Applications should be uploaded via the [Virtus website](#). Please do not send applications by email as this is not secure and does not meet data protection laws.
- The application form, reports and all evidence should be scanned into pdf format in the order:
 - Application form
 - Psychological reports OR diagnosis of Trisomy/Translocation Down syndrome
 - FAST Assessment + supporting medical information + personal best performance data (if relevant)
 - AAI clearance (if relevant)
 - Passport/ID copy
- A copy of the athletes photo will also be needed (jpeg or png format)

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

Member Organisations who are making an application for athlete eligibility for the first time should contact eligibility@virtus.sport **BEFORE** completing the form or arranging for psychological assessment. The Virtus team will arrange a video call with you to guide you through the process and ensure that all parts of the assessment are completed correctly. This can save time later if the application cannot be approved.

Appendix 1: Evidential Requirements – II1 (Intellectual Disability)

II1 athletes may apply for either a NATIONAL or INTERNATIONAL eligibility registration.

II1 National Eligibility permits entry to national events, youth events and Virtus developing sports. It will not permit athletes to enter World and Regional Championships, the Global Games 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

II1 International Eligibility permits entry to World and Regional Championships, the Global Games 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 22 - 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 22 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 information regarding the athlete's background, relevant history & 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.

This illustration shows a summary sheet for an IQ test. It includes a header with 'IQ Test Summary' and 'Client Name'. Below this, there are several rows of data, including 'Full Scale IQ', 'Verbal IQ', and 'Performance IQ'. A bar chart is present, showing the distribution of scores across different subtests. The chart has a vertical axis for 'IQ Score' and a horizontal axis for 'Subtest'. The bars represent the scores for each subtest, with the highest bar representing the Full Scale IQ score.

This illustration shows a summary sheet for an Adaptive Behaviour assessment. It includes a header with 'Adaptive Behaviour Summary' and 'Client Name'. Below this, there are several rows of data, including 'Communication', 'Self-care', 'Self-direction', 'Social/interpersonal skills', and 'Ability to respond to life changes and environmental demands'. Each row contains a score and a corresponding bar in a bar chart. The chart has a vertical axis for 'Adaptive Behaviour Score' and a horizontal axis for 'Domain'. The bars represent the scores for each domain, with the highest bar representing the overall Adaptive Behaviour score.

A sample report template can be found in Appendix 4 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.

APPENDIX 2: Evidential Requirements – I12 (Intellectual Disability + Significant Additional Impairment)

The evidential requirements vary according to the nature of the additional impairment.

1. Athletes with Trisomy 21/Translocation Down Syndrome should submit:

- A copy of the results of a blood test (cytogenetic analysis) for that athlete confirming Trisomy 21 or Translocation Down Syndrome.

2. All other athletes (including athletes with Mosaic Down Syndrome) should submit:

- A full and detailed psychological assessment undertaken by a qualified psychologist to support the diagnosis of an intellectual disability (as set out in I11 criteria above)
- A completed Virtus FAST Assessment with overall score;
- A brief description of the main additional impairments for which I12 eligibility is sought
- Detailed medical supporting documentation;
- Details of 'best performance' in the sport/event with year and competition **in the last 4 years**

Athletes who meet the I12 criteria will initially be given 'provisional eligibility'. Full eligibility will be given after observation in competition. Any significant inconsistency in the overall expected performance in competition compared to submitted best performance may result in ineligibility for I12 or continued provisional status pending further observation.

'FAST' ASSESSMENT

The 'Functional Assessment Screening Tool' (FAST) has been developed by Virtus and is derived from the taxonomy of the International Classification of Functioning Disability and Health (ICF), a classification of health and health-related domains.

It provides an assessment of the impact of additional functional impairment on sports performance which must be backed by medical evidence.

The FAST assessment process will normally be delivered by the NEO, however they may choose to delegate this to a suitably qualified person (somebody who has been trained in the use of FAST by the NEO and is a professional within the health area, familiar with completing screening tools). NEO's have access to a series of resources from Virtus to assist them in delivering the FAST.

An example template for an I12 submission report is provided in appendix 6

Appendix 3: Evidential Requirements – I13 (Autism)

Evidence should be submitted which supports a diagnosis of Autism or ASD. For most athletes the original historical diagnostic report confirming the athlete is autistic will contain the required information. This evidence must meet the following criteria:

- a) The assessment has been carried out by an appropriately qualified professional or multi-disciplinary team of professionals.
- b) There is a detailed developmental history focusing on the developmental and behavioural features consistent with ICD 11 or DSM 5 criteria for autism
- c) The assessment has included direct contact and interaction with the athlete, focusing on the autistic features as defined above.
- d) Autistic specific tools have been used in the assessment. Those accepted within Virtus are:
 - a. ADOS/ADOS2 (Autism Diagnostic Observation Schedule)
 - b. ADR-I (Autistic Diagnostic Interview – Revised)
 - c. CARS (Childhood Autism Rating Scale)
 - d. DISCO (Diagnostic Interview for Social and Communication Disorders Framework)
 - e. GARS (Gilliam Autism Rating Scale)
 - f. Adult Asperger Assessment (AAA)
 - g. RIMLAND (Autism Diagnostic Instrument)
 - h. Autism Spectrum Rating Scales (ASRS)
 - i. Indian Scale for the Assessment of Autism (ISAA) – note: for ages 2-9 only

In some cases where the above tools have not been used but specific comprehensive evidence has been gathered by a multi-disciplinary team and mapped against either the ICD 11 or DSM 5 frameworks this may be acceptable at the discretion of the eligibility panel.

The assessment report must include:

- (a) Details of the assessors professional qualifications and expertise to assess for autism.
 - (b) A comprehensive developmental history;
 - (c) Details of the assessment methods used;
 - (d) Full results of the assessment, including scores (if available) for any assessment tools used;
 - (e) A detailed analysis and discussion of assessment findings;
 - (f) Consideration of 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.
- The assessment report should be presented on formal letter-headed paper stating the professional's name and qualifications, professional accreditation membership number and details of any professional bodies, address, phone/fax number and email
 - The assessment report should be typed (no handwritten reports)
 - The assessment report must state when and where the assessment or report was completed (i.e. date, location)
 - Translated into English if required.

Appendix 4 - Report template – II1 (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 22 or over at the time of assessment then the psychologist would explain here what evidence is being submitted from before the age of 22, 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 5 - 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 6 – II2 (SIGNIFICANT ADDITIONAL IMPAIRMENT TEMPLATE REPORT

This template should be used a guide only

Name of person completing report:

Address:

Email Address:

Phone Number:

Profession/Qualifications

Membership of Professional Bodies/Membership numbers:

Athletes Full Name:

Athletes Date of Birth:

Date of Assessment:

Age at Assessment:

II1 athlete number (if II1 complete):

1. Introduction

Please provide a background to the application and any relevant information concerning the athlete and their current sporting activities.

2. Background to the assessment

Here the assessor 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 assessor should also explain the athlete's attitude towards the assessment, whether they are accompanied by parents/carer 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. FAST score:

4. Main rationale for application for ii2 (most significant additional impairment):

5. List of documents evidencing application:

6. Events wishing to compete in and best previous performance scores/results, event and competition in the last 4 years

7. Attachments

A) FAST score sheet

B) Medical evidence supporting application

Signature of the assessor

Date

