

Education Agency Logo and Information Here

STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION  
Traumatic Brain Injury (74)  
(Early Childhood Special Education & School Age)

**Child's Name** Click or tap here to enter text.      **Birthdate** Click or tap to enter a date.      **Date** Click or tap to enter a date.

mm/dd/yyyy

mm/dd/yyyy

**School District** Click or tap here to enter text.      **School** Click or tap here to enter text.      **SSID** Click or tap here to enter text.

**Date of Initial ECSE Eligibility** Click or tap to enter a date.      **Date of Initial KG-21 Eligibility** Click or tap to enter a date.

**Date KG-21 3-Year Reevaluation Date** Click or tap to enter a date.

**Date KG-21 3-Year Reevaluation is Due** Click or tap to enter a date.

**Definition:** "Traumatic Brain Injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's developmental progress (age 3 through 5) or educational performance (age 5 through 21). Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

The team has obtained/conducted the following assessments. Each items below must be received in order to find a student eligible in the category of Traumatic Brain Injury. An evaluation report is attached that describes and explains the results.

1. The team has reviewed existing information, including the child's cumulative records; previous individualized education programs or individualized family services plans; evaluations and information provided by the parent/guardian(s); current classroom-based, local, or state assessments; classroom-based observations; observations by teachers and related services providers; medical, sensory, and health information. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

Click or tap to enter a date.

Date Reviewed

2a. Medical Examination (indicating a traumatic brain injury) or

Click or tap here to enter text.      Click or tap to enter a date.      Click or tap to enter a date.

Physician, Nurse Practitioner,  
Physician Assistant, Naturopathic  
Physician

Date Conducted

Date Reviewed

2b. Guided Credible History Interview

Click or tap here to enter text.      Click or tap to enter a date.      Click or tap to enter a date.

Examiner

Date Conducted

Date Reviewed

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**3. Psychological Assessment(s)**

Psychological Assessment tool used: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
School Psychologist, Psychologist, Psychologist Associate	Date Conducted	Date Reviewed

**4. Developmental History**

Click or tap here to enter text. Click or tap to enter a date. Click or tap to enter a date.

Examiner	Date Conducted	Date Reviewed
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**5. Other assessment(s) including, but not limited to, motor assessments if the child exhibits motor impairments; communication assessments if the child exhibits communication disorders; and psychosocial assessments if the child exhibits changed behavior.**

Assessment tool(s) used: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Examiner	Date Conducted	Date Reviewed

**6. Other information relating to the child's suspected disability, including pre-injury performance and a current measure of adaptive ability.**

Measure of adaptive ability used: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Examiner	Date Conducted	Date Reviewed

**7. An observation in the classroom and in at least one other setting.**

Observation setting: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Examiner	Date Conducted	Date Reviewed

Observation setting: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Examiner	Date Conducted	Date Reviewed

**8. Any additional assessment(s) necessary to determine the impact of the suspected disability, if applicable.**

Additional assessment tool(s) used: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Examiner	Date Conducted	Date Reviewed

**9. Any additional evaluation(s) or assessment(s) necessary to identify the child's developmental or educational needs, if applicable.**

Additional assessment or evaluation tool(s) used: Click or tap here to enter text.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Examiner	Date Conducted	Date Reviewed

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**The eligibility team has determined that:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | A comprehensive evaluation was conducted that met the minimum evaluation requirements for Traumatic Brain Injury. |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child was evaluated in all areas of suspected disability.   |

**The child meets the following criteria:**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child has an acquired injury to the brain caused by an external physical force.  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child's condition is permanent or expected to last for more than 60 calendar days.<br>The child's injury results in an impairment of one or more of the following areas: |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Communication;   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Behavior;  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing; and/or   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Sensory, perceptual, motor and/or physical abilities.  |

**The eligibility team has considered the child's special education eligibility and determined that it:**

- |                             |                                 |  |
|-----------------------------|---------------------------------|--|
| <input type="checkbox"/> is | <input type="checkbox"/> is not | due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development, reading fluency/oral reading skills, and reading comprehension strategies); |
| <input type="checkbox"/> is | <input type="checkbox"/> is not | due to a lack of appropriate instruction in math; and  |
| <input type="checkbox"/> is | <input type="checkbox"/> is not | due to limited English proficiency.  |

**The eligibility team has determined that:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child has a traumatic brain injury as defined in OAR 581-015-2175.  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child is eligible for special education services in accordance with OAR 581-015-2795 and/or OAR 581-015-2120. |

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Traumatic Brain Injury (74)  
(ECSE & SCHOOL AGE)

The team agrees that as a result of the child’s disability the child  does  does not qualify for Early Childhood Special Education services with an eligibility of Traumatic Brain Injury.

The team agrees that as a result of the child’s disability the child  does  does not qualify for School Age Special Education services with an eligibility of Traumatic Brain Injury.

Signature of Team Members	Title	Agree	Disagree*
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the evaluation report and the eligibility statement has been provided to the parent/guardian(s).

Date Click or tap to enter a date.

By Click or tap here to enter text.

The parent/guardian(s) were provided a copy of the Procedural Safeguards Notice: Parent Rights for Early Childhood Special Education (ages 3 through 5).

Date Click or tap to enter a date.

By Click or tap here to enter text.

The parent/guardian(s) were provided a copy of the Procedural Safeguards Notice: Parent Rights for Special Education (ages 5 through 21).

Date Click or tap to enter a date.

By Click or tap here to enter text.

\* If a team member disagrees with the team’s determination, they may attach a statement describing their conclusions.

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### This form is used to:

- Support teams in making decisions concerning eligibility as defined in Oregon Administrative Rule. All decisions for eligibility must be consistent with Oregon Revised Statute (ORS) and Oregon Administrative Rule (OAR). Teams are strongly encouraged to review applicable ORSs and OARs to support appropriate decision making.
- Document whether the student meets the eligibility criteria for traumatic brain injury and the basis for that determination;
- Meet the requirements of OAR 581-015-2795, OAR 581-015-2120, OAR 581-015-2175, and 34 CFR 300.8 regarding the need to establish eligibility for special education services;
- Document the date that initial eligibility was established and the date that the reevaluation was established;
- Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination;
- Document the parent was given a copy of evaluation report(s), eligibility statement, and Procedural Safeguards Notice: Parent Rights for Early Childhood Special Education (ages 3 through 5) and/or Special Education (ages 5 through 21).

### Directions:

1. Enter date the form was completed by the team.
2. Enter child's complete legal name; do not use a nickname.
3. Enter child's birthdate.
4. Enter child's school district (N/A for ECSE).
5. Enter child's school (N/A for ECSE).
6. Enter the date of the initial ECSE eligibility, if applicable.
7. Enter the date of the initial 5 through 21 eligibility.
8. Enter date of 3-year reevaluation, if applicable.
9. Enter date of 3-year reevaluation due.
10. Enter date eligibility team considered relevant information from a variety of sources used in this eligibility determination.
11. Medical examination or guided credible history interview process- enter examiner, date conducted, and date reviewed.
12. Psychological assessment- enter assessment tool used, examiner, date conducted, and date reviewed.
13. Developmental history- enter examiner, date conducted, and date reviewed.
14. Other assessment(s) - enter assessment tool(s) used, examiner, date conducted, and date reviewed.
15. Other Information relating to the child's suspected disability, including pre-injury performance and current measure of adaptive ability- enter measure of adaptive ability used, examiner, date conducted, and date reviewed.
16. Observations- enter locations of observation, observer, date conducted, and date reviewed.
17. Additional assessment(s) necessary to determine the impact of the suspected disability- enter assessment tools(s) used, examiner, date conducted, and date reviewed.
18. Additional evaluations or assessments necessary to identify the child's developmental or educational needs- enter evaluation or assessment tool(s) used, examiner, date conducted, and date reviewed.
19. Review each criteria and determine yes or no to each question.
20. Review each special education eligibility statement and determine the appropriate answer for each statement.
21. Review each determination statement and determine the appropriate answer for each statement.
22. Review ECSE eligibility (ages 3 through 5) **and/or** school age eligibility (ages 5 through 21) and determine appropriate answer for each statement.
23. Please note that this eligibility form can be used to establish an eligibility for ages 3 through 5, ages 5 through 21, and ages 3 through 21.

OAR 581-015-2805(3)

Transition from ECSE to School-Age Special Education Services:

- (a) For children previously eligible in a disability category under OAR 581-015-2127 through 581-015-2180, before a child reaches the age of eligibility for public school, the district must continue the child's eligibility for school age special education services. The school district may conduct a reevaluation and reconsider eligibility for special education services.
  - (b) The school district and contractor or subcontractor must hold a meeting during the year before the child is eligible to enter public school:
    - (A) To determine steps to support the child's transition from ECSE to public schooling or other educational setting; and
    - (B) For a child eligible for school age special education services to develop an IEP that is in effect at the beginning of the school year.
24. Obtain signature from each member of the eligibility team and if they agree or disagree with the eligibility.
  25. Document providing parent/guardian(s) a copy of the evaluation report and eligibility statement
  26. Document providing parent/guardian(s) a copy of either the Procedural Safe Guard Notice: Parent Rights for Special Education ages 3 through 5 and/or ages 5 through 21.

**Note:** If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid. Attach documentation of evaluation.