**TBI Psychological/Educational Evaluation Report**

**to use with a Credible History Interview**

(template example)

| **Name:**  | **School:**  |
| --- | --- |
| **Date of Birth:** | **Grade:**  |
| **Age:** | **Date of Report:**  |
| **Examiner:**  |  |

THE INFORMATION PROVIDED IN THIS REPORT IS CONFIDENTIAL. THIS ASSESSMENT IS DONE TO ASSIST THE STUDENT, SCHOOL PERSONNEL, AND THE STUDENT’S FAMILY IN DEVELOPING AN APPROPRIATE EDUCATIONAL PROGRAM.

**Reason for Evaluation**

**Assessment Components**

**Background Information**

**Medical Statement/Credible History Interview Process**

John Smith was seen by XXXX MD, Pediatric Neurologist on XXXX as a follow up to his head injury. Dr. XXXX gave him the following diagnosis: Post-Concussion Syndrome related to a traumatic brain injury. Dr. XXXX states “John was involved in a car accident on XXXX, which resulted in a traumatic brain injury. He was treated in XXXX hospital immediately after the incident. He continues to show symptoms from the accident and may continue to show symptoms within school.”

OR

A report of an ATV accident that resulted in a possible brain injury was provided by Mrs. Smith, John’s mother. John was not provided with medical attention after the injury as the family “just thought he had his bell rung,” and therefore no medical documentation is available to support a possible brain injury. When medical documentation cannot be obtained, the school must establish a credible history of TBI. To do that, a structured interview occurred. Along with the structured interview, ongoing symptoms/behaviors continuing past the date of the incident must be demonstrated. Those two items help determine whether there is a credible history of a traumatic brain injury and assist in discerning special education eligibility in the area of Traumatic Brain Injury.

The structured interview was completed by XXXXX, School Psychologist. Mrs. Smith was asked the following questions about the ATV accident *(In this section, the Brain Checklist could be a good resource to help determine whether a possible traumatic brain injury occurred. This checklist provides a specific screen for the possible TBI)*.

* When and where did this event occur?
* Please provide a description of the accident.
* How was John feeling after the accident?
* Was any medical intervention sought?
* What symptoms occurred? What did you observe in his behavior?
* When did John start to feel better?
* Did his classroom teacher notice any behavior changes?
* Were any accommodations needed to help him at school or at home?
* What symptoms/behaviors at home and at school are happening now?

A pre/post injury performance was also completed by his parents and his classroom teachers to help determine the impact of the suspected traumatic brain injury. *(The following is just an example of what this could look like.)*

Mr. and Mrs. Smith completed a pre/post injury performance comparison worksheet. The results were as follows.

|  | Before Injury | After Injury |
| --- | --- | --- |
| **Communication** | *Above average* | *Still above average — sometimes lacks social awareness, i.e., interrupting* |
| **Behavior** | *Well behaved, normal* | *Sometimes lacks impulse control, gets angry more easily, nervous, tired, gets distracted* |
| **Cognition** | *Above average* | *Above average — however, it is now difficult for him to learn new math skills, take notes, doesn’t know some letters* |
| **Memory** | *Above average* | *Has trouble remembering small lists, gaps in memory surrounding and following the brain injury* |
| **Attention** | *Normal* | *Limited by sensory sensitivities* |
| **Abstract Thinking** | *Way above average* | *Above average* |
| **Judgment** | *Good* | *Still has good judgement but could be affected in certain situations depending on sensory issues* |
| **Problem Solving** | *Normal* | *Has difficulty* |
| **Reasoning** | *Normal* | *Still normal unless affected by sensory issues* |
| **Information Processing** | *Superfast and efficient* | *Okay, sometimes has a hard time* |
| **Sensory** | *Had some issues, did not affect daily living* | *Has many issues, affects every aspect of daily living* |
| **Perceptual Motor** | *Somewhat uncoordinated* | *Has a lot of trouble following instructions involving physical movement, right leg doesn’t do what he wants* |
| **Physical Abilities** | *Normal* | *Balance issues, loss of peripheral vision, tires easily* |

His classroom teachers from the time of the accident to his current teacher worked together to complete what was/is being seen within the school setting.

|  | Before Injury | After Injury |
| --- | --- | --- |
| **Peer Relations** | *He related well to his friends, interactive in class, and participated in group classroom activities* | *Has a difficult time relating with peers, takes other students’ materials without permission (more absent mindedly than being unkind), does not participate with the class* |
| **Assignment Completion** | *He completed the minimum required, would not take notes even when required, handed in throwaway, incomplete assignments* | *Continues to not take notes and only completes assignments for which he is given direct instruction and required to complete them* |
| **Behaviors** | *Disorganized with materials, read books instead of listening to lectures* | *Does not listen in class, reads most of the time, hums, taps while reading, ignores others when he is spoken to* |

*If the accident occurred before school age, documentation of pre/post injury performance can be obtained through documents such as Well Child Check-ups. Was the student meeting developmental milestones within normal limits and is s/he now behind or lagging?*

**Educational Information**

*Information on how the possible brain injury has affected the student should be provided here. How was the student performing on state assessments, informal assessments, or other curriculum-based measures before and after the accident?*

**Observation**

*Observation should be done within the classroom and at least one other setting.*

**Assessment Information**

*Depending on the concerns and what is being observed, information on cognitive, memory, behavior/social/emotional, speech, motor, academic, and adaptive skills, etc., is included here.*

**Summary**

*What is shown by all the assessment information? Is there a credible history or medical documentation to support a TBI?*