| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **EI/ECSE Program** | **County** | **School District** |
|  |  |  |

**Comprehensive Evaluation**

If a child is suspected of having a traumatic brain injury, a comprehensive evaluation must be conducted for early intervention services including the following (attach evaluation report that describes and explains the results of the evaluation conducted):

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.

| **Date Reviewed** |
| --- |
|  |

2a. Medical examination as defined in OAR 581-015-2000 indicating a traumatic brain injury, or

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

2b. Guided credible history interview indicating that an event may have resulted in a traumatic brain injury.

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

3. Psychological assessment(s).

| **School Psychologist, Psychologist, Psychologist Associate** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

4. A developmental history as defined in OAR 581-015-2000.

| **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

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.

| **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.

| **Examiner** | **Measure** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

7. An observation in at least two different settings.

| **Observation Setting** | **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

8. Any additional assessment(s) necessary to determine the impact of the suspected disability on the child’s developmental progress.

| **Assessment** | **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

**Eligibility Criteria**

To be eligible as a child with a traumatic brain injury, the child must have acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both. 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. (*Students with brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma, are not eligible under the category of traumatic brain injury but may be eligible under a different category.)* To be eligible for early intervention services, the child must meet all the following criteria:

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

| **Eligibility Determination**  The team has determined that: | | |
| --- | --- | --- |
| The child has traumatic brain injury as defined in this rule; and | Yes | No |
| By reason thereof, the child requires early intervention services (OAR 581-015-2780) | Yes | No |

The team determined that this student:

* Does qualify for early intervention services with an eligibility of traumatic brain injury.
* Does not qualify for early intervention services with an eligibility of traumatic brain injury.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

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

**This form is used to:**

Document whether the child meets the eligibility criteria for traumatic brain injury and the basis for that determination in accordance with 34 CFR §300.8, OAR 581-015-2780, and OAR 581-015-2175.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

OAR 581-015-2775 (EI Evaluations);

OAR 581-015-2780 (EI Eligibility);

Document the date the initial eligibility was established and/or re-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; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

**Directions:**

Enter the date the form was completed by the team.

Enter the date of initial eligibility and/or re-establish eligibility.

Enter the child’s name.

Enter the child’s date of birth.

Enter the child’s SSID number.

Enter the child’s school district.

Enter the child’s school.

Enter the child’s grade level at the time of completing the form.

Document the completion of the required evaluation elements.

Review and record responses for all components of the eligibility criteria.

Review and record responses for all components of the eligibility determination.

Indicate if the child meets or does not meet the eligibility criteria.

Have all team members sign and indicate title, date, and whether they agree or disagree that the child qualifies.

Place a copy of this form with all attachments into the child’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).

*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 each evaluation.