**TBI Psychological/Educational Evaluation Report**

**to use with a Credible History Interview**

(template )

| **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**

|  | Before Injury | After Injury |
| --- | --- | --- |
| **Communication** |  |  |
| **Behavior** |  |  |
| **Cognition** |  |  |
| **Memory** |  |  |
| **Attention** |  |  |
| **Abstract Thinking** |  |  |
| **Judgment** |  |  |
| **Problem Solving** |  |  |
| **Reasoning** |  |  |
| **Information Processing** |  |  |
| **Sensory** |  |  |
| **Perceptual Motor** |  |  |
| **Physical Abilities** |  |  |

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** |  |  |
| **Assignment Completion** |  |  |
| **Behaviors** |  |  |

**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**

**Assessment Information**

**Summary**