# Education and Brain Injury in Children and Youth

A Manual for Educators

Oregon Department of Education LogoThe Center on Brain Injury Research and Training Logo 

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The dysfunctions and difficulties resulting from various types of brain injuries are often challenging for school and EI/ECSE staff to detect or properly identify. Students with brain injuries sometimes need special provisions, supports, and services. School districts may not have adequately trained personnel or processes in place for recognizing these students or properly supporting their educational needs.

As more students with mild to moderate brain injuries are identified, school districts and EI/ECSE staff must adapt to meet their needs. By a wide margin, concussions are the most common type of brain injury in schools today. Oregon addresses this in the Governor’s Task Force (GTF) on Traumatic Brain Injury (TBI) (Executive Order No. 13-02, 2013) which aims to identify the gaps in Oregon’s public and private sector system of services for individuals with brain injury, and to make policy recommendations to address those gaps.

**Sample Assessment Process**

* “Team”: a team can consist of school administration, school psychologists, counselors, EI/ECSE personnel, etc.
* A point person is alerted to a potential TBI and follows the procedures to inform parents, teachers, EI/ECSE workers, and any other involved school personnel.
* After the student has been identified as having a TBI that adversely affects their academic experience, the team should meet monthly for review. This ensures that the student’s support addresses the student’s needs, remains efficient, and tracks any new barriers the student may be experiencing.
* See Appendix C for more information

## School Re-Entry:

Regardless of severity, school personnel need to:

* Watch for possible negative effects of a brain injury as soon as they become aware of the student’s situation.
* Determine whether that student can access the curriculum and/or has any health-related needs at school.

Brain injury often results in varying impairments and may be either temporary or permanent. The functional results of a brain injury fall on a continuum, ranging from partial to total disability. Students with preexisting conditions, maladaptive behaviors, and/or other disabilities may experience their conditions intensifying following a sustaining brain injury.

### District Level

In order to ensure that the needs of all students with brain injuries are met, each school district should review their procedures and establish relevant protocols. An effective district policy should encompass various ranges of brain injury, from mild (TBI/concussion) to severe. Additionally, districts should form brain injury teams to create, review, and monitor effective processes to support students with brain injuries.

A school district should:

* Develop brain injury expertise (or a team) consisting of educational, health, and support services who can serve as resources for the student, family, and teachers.
* Increase awareness for teachers and administrators through training on brain injuries and the potential impact on education.
* Prepare to provide assistance and resources for families in crisis and families who need long-term support.
* Assess physical accessibility of school buildings for individuals with limited ability to ambulate.
* Ensure that building-level teams have assessment assistance to aid in identifying the students’ needs and supplying accurate identification for special education services.

#### Schools should:

* Establish Brain Injury Management Teams.
* Following the occurrence of a brain injury: assign a case manager or point person to the student (prior to returning to school is recommended).
* Identify and assess the student’s current level of functioning.
* Create support plans for students with brain injuries (temporary plans, 504s and IEPS).
* Cultivate collaborative relationships with the student, parents, and all agencies or health care providers involved.

# Types of Brain Injury

## Classifications of Brain Injury

Causes of head trauma vary and influence the classification of brain injuries. For example, a child’s brain injury caused by a stroke is classified as a non-traumatic brain injury. Despite the cause or classification, professionals supporting students with brain injury generally utilize the same types of interventions.

Although similar interventions and supports are utilized for various types of neurological difficulties, schools must note the type of brain injury incurred by the student. This is especially important when considering special education services, due to the particular manners in which each type of brain injury are defined and categorized for special education eligibility for access to an Individual Education Program (IEP).

Considerations for accommodations and modifications:

* Fundamentally adjust schedule and the classroom environment to accommodate the student’s needs.
* Regulate what is needed for the student to meet district graduation requirements, if in high school, and establish a plan
* Equip staff and teachers with relevant training in regard to the student’s identified needs
* When presenting new tasks, demonstrate the task, provide examples, charts or other visual cues to aid in illustrating the ideas and concepts
* Give the student ample time to complete a task. Students with TBI often need extra time to process information and complete the tasks, in addition to responding to responding to verbal cues and questions from the instructor
* Allow the student to audio record lectures or/and assist the student with accessing a note taker
* Keep in mind that a student with TBI may have decreased stamina, increased fatigue, and may be still getting used to adjusting their learning methods from their methods prior to the TBI.

### Congenital Brain Impact

Despite students with congenital or degenerative brain injuries not being eligible for Early Childhood Special Education Services under the category of traumatic brain injury, they may be eligible under a different category to receive services and support.

Occurs before birth, in utero, or within the birthing process. Can be a result of a lack of blood flow or oxygen, exposure to substances (legal or illicit drugs or prescriptions), infections, or other depravities to the developing brain prior to birth.

This would be considered a TBI; while this condition may require supports, it would not be classified as a TBI for educational purposes.

# TBI and the Individuals with Disability Education Act

The Individuals with Disability Education Act (IDEA) is a federal law that oversees the manner in which schools administer special education and related services for children and adolescents with disabilities.

## Supports through IDEA

Under IDEA, it is mandated that all children who are suspected of having a disability have the right to an evaluation to determine if they have a disability and if, due to the disability, they require extra support and special services. Special services include:

Early Intervention (EI): services which support infants and toddlers (under the age of 3) and their families. To access early intervention, the child’s pediatrician can provide a referral.

Special Education and related services: This includes services accessible through the public school system for school-aged children, including preschoolers (ages 3-21). Schools can provide families with steps to obtaining the free evaluation, and if found eligible the child can begin receiving services specialized to address the child’s needs.

**Individuals with Disabilities Education Act (IDEA) Definition of TBI**

“…an acquired injury to the brain caused by an external force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely effects a child’s educational performance.” [34 Code of Federal Regulations §300.8©(12)]

# Special Education and Traumatic Brain Injury

In accordance with the Oregon Department of Education, “students with disabilities” signifies students who have been evaluated in accordance with OAR 581-015-2100 through 581-015-2180 as having one of the

Qualifying conditions that require special education and related services [OAR 581-015-2000 (4)(a)(K)]. TBI is classified as a qualifying condition, if it is not congenital, degenerative, or induced by birth trauma.

When a child is suspected of having a TBI, a comprehensive evaluation is conducted, and must include the following:

* A medical examination conducted by a physician, naturopathic physician, a nurse practitioner, or a physician assistant [OAR 581-015-2175 (2)(a)(A)], or [OAR 581-015-2175 (7)(a)(A)].

A guided credible history interview facilitated by an individual familiar with TBI that documents one or more TBI, is reported by a reliable and credible source, and can be corroborated by more than one reporter along with a comprehensive psychological assessment [OAR 581-015-2175 (2)(a)(B], and [581-015-2175(7)(a)(B)]

* A developmental history covering the child’s medical, behavioral, familial, and educational information

### Eligibility for Special Education in the area of TBI

For a child to be found eligible, the team must determine that the child meets the definition of TBI in one of the following areas:

# Establishing a Credible History of TBI

**(2) Early Childhood Special Education (age 3 through 5) and School Age (age 5 through 21) in accordance with OAR 581-015-2175(6):**

"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.

**(1) Early Intervention (birth through two in accordance with OAR 581-015-2175(1)):**

“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. 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 currently affecting or has the potential to significantly affect an infant or toddler’s developmental progress. The infant or toddler’s disability does not need to be presently affecting their development for the infant or toddler to be eligible for Early Intervention services. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

In the event that a student’s medical documentation cannot be accessed, or the student never received medical attention, a credible history interview can be used to document the TBI. The following methods should be considered when conducting a Credible History Interview with parents or guardians:

* Comprehensive Health History which includes multiple questions on brain/head injuries and/or neurological concerns.
* Interview should be conducted with a skilled interviewer, who has in-depth knowledge of brain injury, and acute and latent symptoms covering physical, cognitive, emotional, and social skill areas. Questions should be presented in a variety of ways, with pointed questions being asked multiple times, in order to provide variance in establishing details of TBI(s).
* Documentation of a reported incident (or multiple incidents) coupled with documentation of ongoing behaviors or symptoms that prevail the incident. This aids in considering that functional impairments might not appear until well after the injury.
* Clear and consistent details of the incident(s). There should not be a wide variety amongst each report, or from reporter to reporter. Multiple instances of the same incident should be tracked and documented.
* The student’s levels of functioning pre-injury versus post-injury should be compared. This can include physical changes, skill regression, and/or changes in personality, social skills, executive function skills, behavioral skills, and emotional regulation skills.
* Interviewers should have knowledge of the terminology utilized to describe the brain injury and should have the ability to identify the presence of symptoms that can be correlated with the brain injury.
* Interviewers should be culturally competent and consider the child’s family’s background (e.g. ethnicity, religious beliefs, culture, etc.)

After determining eligibility under TBI through either medical documentation or credible history, the next step is to establish the special education criteria. The child must exhibit educational impairment(s) presumably related to the TBI. The child must be hindered from receiving feasible educational benefits from general education in one or more of the following areas:

Limited ability to sustain attention and/or poor memory skills; inefficiency in processing; deficits in sensory-motor skills; delays in acquisition of information; difficulty with language skills; deficits in behavior regulation; problems in cognitive executive functioning; delays in adaptive living skills; and/or delays in academic skills.

# Special Education Evaluation and Resources for Assessment

School personnel can utilize a variety of neuro-educational assessments to determine the presence and potential impact of the TBI (see Appendix B). School personnel should consider contributing factors (e.g. culture, ethnicity, socioeconomic status, religious beliefs, etc.) that might act as a barrier for the family accessing assessments from outside sources.

## Early Intervention & Early Childhood Special Education Resources

Parents wanting more support or information, can contact their local [Early Intervention & Early Childhood Special Education (EI/ECSE) Services office](https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/eiecsecontractorcontactsmap.pdf).

# Resources

School personnel can also access support or information to support students with a TBI by contacting their regional [Oregon Traumatic Brain Injury Liaison](https://www.oregon.gov/ode/students-and-family/SpecialEducation/RegPrograms_BestPractice/Documents/tbiliaisons.pdf).

## Other Helpful Links:

ODE EI/ECSE webpage: <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx>

 ODE TBI webpage: <https://www.oregon.gov/ode/students-and-family/SpecialEducation/RegPrograms_BestPractice/Pages/Traumatic-Brain-Injury-Education-Services.aspx>

 EI TBI eligibility forms: <https://www.oregon.gov/ode/students-and-family/SpecialEducation/publications/Pages/EIECSE-Forms-EI-Eligibility-(Birth---3).aspx>

ECSE TBI eligibility forms: <https://www.oregon.gov/ode/students-and-family/SpecialEducation/publications/Pages/EIECSE-Forms-ECSE-Eligibility-(3-5).aspx>

School Age Special Education TBI eligibility forms: <https://www.oregon.gov/ode/students-and-family/SpecialEducation/publications/Pages/School-Age-Sample-Forms.aspx>

# Considerations for Non-Traumatic Brain Injury

By definition, non-traumatic brain injury cannot be considered when determining eligibility for special education services. In the event that a student has non-traumatic acquired brain injury or congenital brain impact, other eligibility categories might be considered if the student is in need of special education services. These categories might include: Other Health Impairment (OHI), Specific Learning Disability (SLD), or Intellectual Disability (ID), depending on the areas of impact. It is important to document the known history of the student’s acquired brain injury in the narratives section of the IEP, even if the brain injury does not qualify them for services.

## Section 504 Plans

A 504 Plan is a legal document that provides students with accommodations under the Rehabilitation Act of 1973. Due to the broad aspects of brain injury and the variances in student needs, educators should ensure that 504 Plans are drafted to include the specifics students need to access the school’s curriculum or environment. Students who do not need specially designed instruction (an IEP) but require accommodations and/or modifications to curriculum, environment, or other areas to access their education, may fit the requirements to be eligible for a 504 Plan.

**What is a 504 Plan?**

Derived from Section 504 of the Rehabilitation Act of 1973, this plan protects specific rights in federally funded programs and actives for individuals who qualify as having a disability. Section 504 notes that no qualified individual with a disability shall be denied benefits or be subjected to discrimination under any federally funded program, due to their disability. It mandates school districts to provide a free appropriate education (FAPE) to any qualified students.

Processes for identifying eligible students and developing a 504 Plan often vary by district and are generally a function of the general education staff. To be found eligible for a 504 Plan, students must exhibit:

* The presence of a disabling condition, including a physical or mental impairment; and
* An inability to access the general education environment or curriculum as a result of the disabling condition (i.e., substantial limitation to one or more major life activities).

# Supporting Students after High School

## Transitions: Academic or Workplace Accommodations

A student with a 504 Plan may pursue academic and/or workplace accommodations. While a transition plan is not required by the 504 Plan, the student’s success can be ensured with support from school personnel in addressing appropriate accommodations with the student and the family. Crucial factors in promoting a favorable integration into the school and the community can be enhanced through early identification of TBI and the student’s needs, as well as allocating needed interventions.

### Transition of Students with Disabilities to Postsecondary Education

The U.S. Department of Education guides high school educators to follow these recommendations when supporting a student with a disability with a transition to postsecondary education:

* Encourage the student to contact possible required entrance exam administrators (ex. ACT/SAT) to inquire about testing accommodations (braille, tape recorded responses, extended testing time, etc.)
* Assist the student with identifying existing documentation in education records that might be needed for the student to access an institution’s disability support services (evaluation reports, summary of the student’s academic achievement and functional performance, etc.)

# Appendix A: Definitions

**Children with Disabilities or Student with Disabilities**: Children or students evaluated in accordance with OAR 581-015-2100 through 581-015-2180 as having autism spectrum disorder; communication disorder; deaf blindness; developmental delay; emotional disturbance; hearing impairment, including deafness; intellectual disability; orthopedic impairment; Other health impairment; specific learning disability; traumatic brain injury; or visual impairment, including blindness, and who, by reason thereof, need special education and related services.

**Consultation Services:** Technical assistance to or conferring with the local education agency and staff or early intervention/early childhood special education providers and staff or families to assist them to provide services to eligible children.

**Developmental History:** Gathering information regarding the following: the child’s prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs; meeting of developmental milestones; socialization and behavioral patterns, health and physical/medical history; family and environmental factors; home and educational performance; trauma or significant stress experienced by the child; and the display of characteristics of any additional learning or behavioral problems.

**EI/ECSE:** Early intervention/early childhood special education and refers to services or programs for preschool children with disabilities.

**Evaluation:** Procedures used to determine whether the child has a disability, and the nature and extent of the special education and related services that the child may need.

**Free Appropriate Public Education (FAPE):** School districts must provide a free appropriate public education all school-age children with disabilities for whom the district is responsible.

**General Education Curriculum:** The same curriculum as for children without disabilities. For preschool children with disabilities, the term means age-0appropriate activities.

**Guided Credible History Interview Process:** An interview facilitated by an individual familiar with the symptoms of a traumatic brain injury to thoroughly explore a family’s report of a possible traumatic brain injury.

**Individuals with Disabilities Education Act (IDEA):** National special education law that provides children with disabilities and their parents/legal guardians with rights and protections.

**Individualized Education Program (IEP):** A written statement of an educational program which is developed, reviewed, revised and implemented for a school-aged child with a disability.

**Intellectual Disability (ID):** Significantly sub-average general intellectual functioning and includes a student whose intelligence test score is two or more standard deviations below the norm on a standardized individual intelligence test, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, and that adversely affects a child’s educational performance.

**Maladaptive Behaviors:** Behaviors utilized by some individuals in order to evade facing discomforts of unfamiliar environments or situations.

**Other Health Impaired (OHI):** Limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment.

**Psychological Assessment:** A comprehensive psychological assessment using a battery of instruments intended to identify deficits associated with a traumatic brain injury administered and interpreted by a school psychologist licensed by Oregon Teacher Standards and Practices Commission (TSPC), a psychologist or a psychologist associate licensed under Chapter 675 by the Oregon Board of Psychological Examiners (OBPE), or in the case of a student from another state an individual similarly credentialed in another state.

**Public Agency:** A school district, an education service district, a state agency or institution, EI/SCSE contractor or subcontractor, responsible for early intervention, early childhood special education or special education.

**Related Services:** Includes transportation and such developmental, corrective and other support services as are required to assist a child with a disability to benefit from special education.

**Section 504 of the Rehabilitation Act**: A student with a disability under Section 504 means any student who has a physical or mental impairment that substantially limits one or more major life activities.

**Services:** Early intervention services, early childhood special education and/or related services, and special education and/or related services, as defined in OAR 581-015-2700 and 581-015-2000, respectively.

**Specific Learning Disability (SLD):** A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.

**Traumatic Brain Injury (TBI):** 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 6 through 21). Applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention; reasoning; abstract thinking; judgement; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

# Appendix B: Oregon Administrative Rule for TBI

581-015-2175

Traumatic Brain Injury

(1) Early Intervention (birth through two in accordance with OAR 581-015-2700(10)): "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. 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 currently affecting or has the potential to significantly affect an infant or toddler’s developmental progress. The infant or toddler’s disability does not need to be presently affecting their development for the infant or toddler to be eligible for Early Intervention services. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

(2) Early Intervention: If an infant or toddler is suspected of having a traumatic brain injury, a comprehensive evaluation must be conducted, including the following:

(a) A medical examination or, with documentation of sufficient efforts by the Local Education Agency to obtain appropriate medical information through a medical examination and evidence that such information cannot be obtained, guided credible history interview process indicating that an event may have resulted in a traumatic brain injury as defined in subsections (1) and (3);

(A) A medical examination must be conducted by:

(i) A physician licensed under ORS chapter 677 or by the appropriate authority in another state;

(ii) A naturopathic physician licensed under ORS chapter 685 or by the appropriate authority in another state;

(iii) A nurse practitioner licensed under ORS 678.375 to 678.390 or by the appropriate authority in another state; or

(iv) A physician assistant licensed under ORS 677.505 to 677.525 or by the appropriate authority in another state.

(B) The guided credible history interview process is an interview facilitated by an individual familiar with the symptoms of a traumatic brain injury to thoroughly explore a family’s report of a possible traumatic brain injury. The guided credible history interview process must:

(i) Document one or more traumatic brain injuries,

(ii) Be reported by a reliable and credible source, and

(iii) Be corroborated by more than one reporter.

(b) A psychological assessment. A comprehensive psychological assessment using a battery of instruments intended to identify deficits associated with a traumatic brain injury administered and interpreted by a school psychologist licensed by Oregon Teacher Standards and Practices Commission (TSPC), a psychologist or a psychologist associate licensed under Chapter 675 by the Oregon Board of Psychological Examiners (OBPE), or in the case of a student from another state an individual similarly credentialed in another state;

(c) A developmental history as defined in OAR 581-015-2000(9); and

(d) Other:

(A) Other assessments including, but not limited to, motor assessments if the infant or toddler exhibits motor impairments; communication assessments if the infant or toddler exhibits communication disorders; and psychosocial assessments if the infant or toddler exhibits changed behavior. These assessments must be completed by qualified personnel knowledgeable in the specific area being assessed;

(B) Other information related to the infant or toddler’s suspected disability, including pre-injury performance and a current measure of adaptive ability;

(C) An observation in at least two different settings;

(D) Any additional assessments necessary to determine the impact of the suspected disability.

(3) Early Intervention: To be eligible as an infant or toddler with a traumatic brain injury, the infant or toddler must meet all of the following criteria:

(a) The infant or toddler has an acquired injury to the brain caused by an external physical force;

(b) The infant or toddler's condition is permanent or expected to last for more than 60 calendar days; and

(c) The infant or toddler's injury results in an impairment of one or more of the following areas:

(A) Communication;

(B) Behavior;

(C) Cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing; or

(D) Sensory, perceptual, motor and/or physical abilities.

(4) Early Intervention: For an infant or toddler to be eligible for Early Intervention services as an infant or toddler with a traumatic brain injury, the eligibility team must determine that:

(a) The infant or toddler has a traumatic brain injury as defined in this rule; and

(b) The infant or toddler is eligible for Early Intervention services in accordance with OAR 581-015-2780.

(5) Early Intervention: 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.

(6) Early Childhood Special Education (age 3 through 5) and School Age (age 5 through 21): "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.

(7) Early Childhood Special Education and School Age: If a child is suspected of having a traumatic brain injury, a comprehensive evaluation must be conducted, including the following:

(a) A medical examination or, with documentation of sufficient efforts by the Local Education Agency to obtain appropriate medical information through a medical examination and evidence that such information cannot be obtained, guided credible history interview process indicating that an event may have resulted in a traumatic brain injury as defined in subsections (6) and (8);

(A) Medical examinations must be conducted by:

(i) A physician licensed under ORS chapter 677 or by the appropriate authority in another state;

(ii) A naturopathic physician licensed under ORS chapter 685 or by the appropriate authority in another state;

(iii) A nurse practitioner licensed under ORS 678.375 to 678.390 or by the appropriate authority in another state; or

(iv) A physician assistant licensed under ORS 677.505 to 677.525 or by the appropriate authority in another state.

(B) The guided credible history interview process is an interview facilitated by an individual familiar with the symptoms of a traumatic brain injury to thoroughly explore a family’s report of a possible traumatic brain injury. The guided credible history interview process must:

(i) Document one or more traumatic brain injuries,

(ii) Be reported by a reliable and credible source, and

(iii) Be corroborated by more than one reporter.

(b) A psychological assessment. A comprehensive psychological assessment using a battery of instruments intended to identify deficits associated with a traumatic brain injury administered and interpreted by a school psychologist licensed by Oregon Teacher Standards and Practices Commission (TSPC), a psychologist or a psychologist associate licensed under Chapter 675 by the Oregon Board of Psychological Examiners (OBPE), or in the case of a student from another state an individual similarly credentialed in another state;

(c) A developmental history as defined in OAR 581-015-2000(9); and

(d) Other:

(A) Other assessments 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. These assessments must be completed by educators knowledgeable in the specific area being assessed;

(B) Other information related to the child's suspected disability, including pre-injury performance and a current measure of adaptive ability;

(C) An observation in the classroom and in at least one other setting;

(D) Any additional assessments necessary to determine the impact of the suspected disability:

(i) On the child's developmental progress for a preschool child (age 3 through 5); or

(ii) On the child's educational performance for a school-age child (age 3 through 5); and

(E) Any additional evaluations or assessments necessary to identify the child's educational needs.

(8) Early Childhood Special Education and School Age: To be eligible as a child with a traumatic brain injury, the child must meet all of the following criteria:

(a) The child has an acquired injury to the brain caused by an external physical force;

(b) The child's condition is permanent or expected to last for more than 60 calendar days; and

(c) The child's injury results in an impairment of one or more of the following areas:

(A) Communication;

(B) Behavior;

(C) Cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing; or

(D) Sensory, perceptual, motor and/or physical abilities.

(9) Early Childhood Special Education and School Age: For a child to be eligible for special education services as a child with a traumatic brain injury, the eligibility team must determine that:

(a) The child has a traumatic brain injury as defined in this rule; and

(b) The child is eligible for special education services in accordance with OAR 581-015-2795 and/or OAR 581-015-2120.

(10) Early Childhood Special Education and School Age: 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.

Statutory/Other Authority: ORS 343.035(1), 343.045, 343.146 & 343.157;

Statutes/Other Implemented: ORS 343.035(1), 343.045, 343.146, 343.157, 34 CFR 300.8 & 300.306

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EB 22-1995, f. & cert. ef. 9-15-95

EB 16-1992, f. & cert. ef. 5-13-92

EB 25-1991(Temp), f. & cert. ef. 11-29-91

1EB 7-1986, f. & ef. 2-24-86

Reverted to 1EB 29-1978, f. & ef. 7-20-78

1EB 18-1983(Temp), f. & ef. 12-20-83

1EB 29-1978, f. & ef. 7-20-78

# Appendix C: Identification

## Early Intervention (birth through two):

1. Infant or toddler suspected to have a brain injury:
   1. Medical examination or documentation by licensed professional
   2. Guided credible history interview
2. Impairments that significantly impact the infant’s or toddler’s developmental progress

1a AND 1b AND 2 MUST be accounted for and documented to proceed with an evaluation for Traumatic Brain Injury (TBI) through Early Intervention Services (EI)

## Documentation of Brain Injury:

Medical Documentation testified through:

* Medical information through records
* Medical examination by licensed professional
* Guided credible history interview conducted by a credible and knowledgeable skilled interviewer that documents the brain injury(ies) and corroborated by more than one reporter

A comprehensive psychological assessment may be used to identify deficits associated with TBI. It must be conducted by a licensed psychologist, school psychologist, or psychologist.

Developmental impacts most presumably associated to the TBI, preventing the child from reaching developmental milestones:

* Impairments in cognition; language; memory; attention; reasoning; abstract thinking; judgement; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

## Early Childhood Special Education (age 3 through 5) and School Age (age 5 through 21):

1. If a student is suspected of having traumatic brain injury:
   1. Medical examination or documentation by licensed professional
   2. Guided credible history interview
2. Educational barriers associated with TBI that prevent the student from accessing reasonable educational benefits from general education

1a AND 1b AND 2 MUST be accounted for and documented to pursue an evaluation for Traumatic Brain Injury (TBI) Educational Identification.

In the event that 1a, 1b, or 1c are present, but 2 is not present, school personnel can aid the student with support outside of the services granted by IDEA. These can include, but are not limited to, the following examples: informational services, Response to Intervention (RTI), 504, Positive Behavioral Intervention and Supports (PBIS).

## Documentation of Brain Injury

Medical Documentation testified through:

* Medical Information or Examinations provided by licensed professional
* School to Parent/Guardian guided credible history interview conducted by a credible and knowledgeable skilled interviewer that documents the brain injury(ies) and corroborated by more than one reporter

Other Assessment Options:

* Motor assessments, communication assessments psychosocial assessments, psychological assessments (all ladder conducted by expert in specific field)
* Observation of the child in classroom setting, and at least one other setting

Educational barriers associated with TBI that prevent the student from accessing reasonable educational benefits from general education

As documented by:

* Diminished ability to sustain attention
* Inadequate memory skills
* Inefficiency in processing information
* Sensory, motor, and perceptual deficits
* Impediments in acquisition of new academic learning
* Delays in language skills
* Prolonged gain of visual-spatial skills

# Appendix D: Traumatic Brain Injury Eligibility Forms (EI & ECSE/School Age)

| **STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION**  **Traumatic Brain Injury (74) (Early Intervention)** | | | | |
| --- | --- | --- | --- | --- |
|  | | | | |
| **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** |
| **Date of EI Eligibility** Click or tap to enter a date. | | | | |
|  | | | | |
| **The team has obtained/conducted the following assessments, an evaluation report that describes and explains the results is attached.** | | | | |
| 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 | |
|  | | | | |
| 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 | |
|  | | | | |
| 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 necessary. | | | | | | | | |
| 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 | | |
|  | |  | | | |  | | |
| **The child meets 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. | | | | | |
| **The team has determined that:** | | | | | | | | |
| yes | no | | The child’s disability in the area of Traumatic Brain Injury as defined in OAR 581-015-2175 has an adverse impact on the child’s development (age birth through 3). | | | | | |
| yes | no | | As a result of the child’s disability, the child needs early intervention services. | | | | | |
| yes | no | | The child has been evaluated in all areas of suspected disability. | | | | | |
| The team agrees that as a result of the child’s disability the child  does  not qualify for Early Intervention services. | | | | | | | | |
| Signature of Team Members | | | | Title | | | Agree | Disagree |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| A copy of the evaluation report and the eligibility statement was 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 Special Education (ages birth through 3). | | | | | | | | |
| Date Click or tap to enter a date. | | | | | By Click or tap here to enter text. | | | |

| **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 | |
| **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 | |
| **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 | |
| **The eligibility team has determined that:** | | | | | | | |
| yes | no | | A comprehensive evaluation was conducted that met the minimum evaluation requirements for Traumatic Brain Injury. | | | | |
| yes | no | | The child was evaluated in all areas of suspected disability. | | | | |
| **The child meets 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. | | | | |
| **The eligibility team has considered the child’s special education eligibility and determined that it:** | | | | | | | |
| is | 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); | | | | |
| is | is not | | due to a lack of appropriate instruction in math; and | | | | |
| is | is not | | due to limited English proficiency. | | | | |
| **The eligibility team has determined that:** | | | | | | | |
| yes | no | | The child has a traumatic brain injury as defined in OAR 581-015-2175. | | | | |
| yes | no | | The child is eligible for special education services in accordance with OAR 581-015-2795 and/or OAR 581-015-2120. | | | | |

| **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\*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| 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.

# Appendix E: Sample Developmental History Interview

**PARENT INTERVIEW/ DEVELOPMENTAL HISTORY** **Date**

Student Name Grade

Date of Birth Age

Parent’s Name Home Phone

E-Mail Address Cell Phone

Language(s) spoken in home

Does your child receive English Language Services?

BIRTH AND DEVELOPMENT

Yes No *Explain:*

Complications During Pregnancy ☐ ☐

High Temperature During Pregnancy ☐ ☐

Communicable Disease During Pregnancy ☐ ☐

Alcohol Used During Pregnancy ☐ ☐ Frequency

Cigarettes Used During Pregnancy ☐ ☐ Frequency

Other Drugs/Medication Used During Pregnancy:

Type Frequency Prescription

|  |  | yes no |
| --- | --- | --- |
|  |  | yes no |
|  |  | yes no |

Yes No *Explain:*

Difficult Labor ☐ ☐

Difficult Delivery ☐ ☐

Caesarian Birth ☐ ☐

Baby Premature ☐ ☐

Child’s Weight at Birth: \_\_\_\_\_\_\_\_lbs. \_\_\_\_\_\_\_\_oz.

After birth, did your child require any extra help or services? (oxygen, surgery, etc) ☐ Yes ☐ No

*Explain:*

Did your child have any illness or other concerns during the first year of life?

At what age did your child first do the following?Please indicate year/month of age. *(Typical ages are noted)*

Sat Alone *(5-8 mo)* Walked Alone *(9-15 mo)*

Said Single Words *(9-15 mo)* 2-3 Word Sentences *(12-24 mo)*

Dressed Him/Herself Alone First Fed Him/Herself

Tied Shoes Rode Bike

Toilet Trained Generally Development was Early Average Late

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (night trained) (circle one)

MEDICAL HISTORY

*Please check yes or no if your child had any of the following. If you mark yes, please explain and give age.*

Birth Defects ☐ Yes  ☐ No

Allergies ☐ Yes  ☐ No

Fainting ☐ Yes  ☐ No

Unconscious (Describe) ☐Yes ☐ No

Head Injuries (Describe) ☐ Yes  ☐ No

High Temperature (over 104\*) ☐ Yes ☐ No

Seizures ☐ Yes  ☐ No

Frequent Colds ☐ Yes ☐ No

Ear Infections ☐ Yes  ☐ No

Tubes in Ears ☐ Yes  ☐ No

Headaches ☐ Yes  ☐ No

Stomach Complaints ☐ Yes ☐ No

Operations/Surgery ☐ Yes  ☐ No When?

Accidents/Other Injuries ☐ Yes ☐ No When?

Disability/ Diagnosis ☐ Yes ☐ No When?

**VISION**: Are you concerned with your child’s vision? No Yes

Date of last vision exam: Results:

Are glasses prescribed? ☐ No ☐ Yes If “Yes,” how often and when do they need to be worn?

Does child wear them? ☐ No ☐ Yes

Wear Glasses ☐ Yes  ☐ No Since when?

Hearing Concerns ☐ Yes  ☐ No Describe

Eats Well ☐ Yes  ☐ No

On Medication ☐ Yes  ☐ No

Medication Name(s), Dosage, Frequency

Reasons(s) for taking medications(s)

Wets at Night ☐ Yes  ☐ No

Wets During Day ☐ Yes  ☐ No

Soils Pants ☐ Yes ☐ No

Does your child have difficulty with sleep (falling asleep, staying asleep)? ☐ Yes ☐ No

*Explain:*

*Typical Bedtime (school night) (weekend) ☐ No set time*

Has your child ever seen a private counselor or psychologist? ☐ Yes ☐ No

*Explain:*

Is there any other important medical information that might be related to your child’s difficulties? ☐ Yes ☐ No

*Explain:*

FAMILY HISTORY

Mother’s Occupation Age Last Grade in School

Father’s Occupation Age Last Grade in School

Parents are ☐ Married/Residing Together ☐ Separated ☐ Divorce ☐ Other

*If not living together, please describe the schedule/contact/visitation between parents and child:*

Is there any history of learning problems or speech/language difficulties in the family?

Is there any history of physical or mental health problems in the family?

Names of children in family:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Sex | Relationship to This Child | Living at Home? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Anyone else living in the home:

This child differs from other children in the family in the following ways:

Do any of the other children have learning/speech problems?

Have any major stressful events occurred to you and your family within your child’s lifetime, such as a major illness, death in the family, trauma, homelessness, moving far away from family, incarceration, addiction/recovery, etc? If so, please explain and list when these things occurred.

FAMILY RELATIONS

Child is easily Managed ☐ Yes ☐ No

Gets along with brothers

and sisters ☐ Yes ☐ No

Gets along with other  ☐ Yes ☐ No

children

Likes himself/herself  ☐ Yes ☐ No

Child has the following responsibilities at home:

Watches about hours of television on each weekday and hours on the weekend

Spends about hours of screen time on each weekday and hours on the weekend

Amount of Time Playing Video Games Daily

How does your child spend their free time?

Does your child have their own phone?

How many different school districts has your child attended?

How does your child behave when frustrated or angry?

How do you respond to their behaviors?

INTERESTS

|  |  |  |
| --- | --- | --- |
| Likes, Interests, and Social Activities at: | | |
| Home |  | School |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Dislikes, Disinterests, and Activities They Avoid at: | |  |
| Home |  | School |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

SOCIAL/ EDUCATIONAL HISTORY

*Please explain on line provided if your answer is yes*

Went to Preschool ☐ Yes ☐ No Where? How old?

Has resisted going to school ☐ Yes ☐ No

Was held back in school (grade)  ☐ Yes ☐ No

Likes school now ☐ Yes ☐ No

Gets along with teacher ☐ Yes ☐ No

What does homework look like at night for your child? (Amount of time, structure, when)

Does your child have trouble with any of the following:

Balance, throwing a ball, skipping ☐ Yes ☐ No

Writing, drawing, buttoning ☐ Yes ☐ No

Understanding when others talk

to him/her ☐ Yes ☐ No

Paying attention/concentrating ☐ Yes ☐ No

Additional Comments:

Special help given in school (Please tell what kind and when)

Previous evaluation completed (when and where):

*ATTACH REPORTS OF ANY COMPREHENSIVE INDIVIDUAL STUDIES PREVIOUSLY CONDUCTED*

Other information which may be helpful in understanding this student:

What does your child do that pleases you the most, or makes you proud to be their parent?

What would you like to know as a result of this evaluation:

Do you have any additional concerns that have not been shared or discussed?

# Appendix F: Guided Credible History Form

**TRAUMATIC BRAIN INJURY (TBI)**

**GUIDED CREDIBLE HISTORY INTERVIEW**

Date of Interview: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Individual Conducting Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFYING INFORMATION**

Legal Name of Child:

Birthdate:  Age:  Sex:  Grade:

Person Interviewed:  Relationship to Child:

Phone: Home  Work  Cell  Email

Child primarily lives with:   Both Parents  Mother  Father  Other (explain)

Child’s Primary Care Physician:

Last time seen: within 6 months within 1 year within 2 years over 2 years

**DEVELOPMENTAL HISTORY**

(Information in this section can be gathered through a different developmental history form, if desired)

Were there any complications during the pregnancy or birth?      Yes     No

Explain:  Was there any use of alcohol, cigarettes, or drugs during pregnancy?      Yes    No

Explain:  Did your child crawl by 9 months? Yes      No

Did your child walk by 18 months? Yes      No

Did your child speak single words by 15 months? Yes      No

Did your child use two-to-three word sentences by 24 months? Yes No

Were there problems with balance or coordination? Yes    No

Were there problems with fine motor skills? (picking something up, buttons, feeding self) Yes      No

Do you have other concerns about your child’s development? Yes     No

Explain:

**MEDICAL HISTORY**

(Information in this section can be gathered through a different developmental history form, if desired)

Major Illnesses:

Hospitalization/Surgeries:

Accidents/Injuries:

**Hearing**:

Does your child have any known hearing problems, including frequent ear infections or tubes placed?  Do you have any concerns about your child’s hearing?

Yes   No  Explain:

**Vision**:

Do you have any concerns about your child’s vision? (Please note if glasses have been prescribed, and if they are worn).

Yes     No

Explain:

**Motor**:

Does your child have any physical disabilities? Yes  No   Explain:

Are there any restrictions for activity? Yes     No   Explain:

**Neurological**:

Has your child ever had seizures? Yes  No  Date of last seizure:

Does your child have frequent headaches? Yes  No   Explain:

Has your child ever had a head injury or concussion?  Yes    No

If yes:

After injury: Dizziness? Memory problems?  Headaches? Fatigue?

Was a physician seen for the injury? Yes  No  Who?

Hospitalized? Yes No Where?

Does your child have sleeping/bedtime concerns? Yes  No  Explain:

**MEDICATIONS**:

Has your child been diagnosed with any medical or mental health conditions? Yes No

Is your child currently taking medications (prescription and/or over‐the‐counter)? Yes    No

List Name, Dose, and Time:

**Injuries and Illnesses Related to TBI**

Please check all that apply.

|  |  |  |
| --- | --- | --- |
| Injury or Illness (check all that apply) | Age | Outcomes |
| * Blow to head (from sports, playing, biking, falling, getting hit by an object, etc.) | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Whiplash | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Car crash (resulting in any degree of injury or lack of injury) | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Assault/violence (child abuse, fights, firearm injury) | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |

|  |  |  |
| --- | --- | --- |
| * Sustained high fever | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Brain tumor | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Anoxia (definition: lack of oxygen; caused by such events as a near-drowning experience or suffocating experience) | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Meningitis | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |

|  |  |  |
| --- | --- | --- |
| * Encephalitis | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Seizures (e.g. epilepsy) | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Overdose of drugs or alcohol or inappropriate use of prescription drugs or over-the-counter medication | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |
| * Other (please specify): | At what age? | Check all that apply:   * Concussion * Loss of consciousness \*for how long? * Coma \*for how long? * Confusion or altered state of mind * Medical attention sought * Missed school * Resulted in no problems |

**Additional Information** (when/where did incident occur, what type of medical intervention was sought, what symptoms occurred / what did you observe, when did your child start to feel better, were any accommodations needed at home or school, etc):

**Behaviors That Can Affect Learning**

|  |  |
| --- | --- |
| **Learning Style or Behavior** | **Impact** |
| Focusing or maintaining attention | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Getting started on activities, tasks, chores, homework, etc., on his/her own | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Being understood (speech is easy to understand, speaks clearly) | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Understanding others | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Coping with changes or transitions | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Letting go of one activity to attend to another | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Reacting to simple problems | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Monitoring own progress on homework, assignments, chores, and the like | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Solving everyday problems (e.g. thinking of different options when something is not working for him/her) | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Waiting for his/her turn in a game | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Learning from past mistakes or behavior | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |

|  |  |
| --- | --- |
| Thinking before speaking or acting | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Listening without interrupting others | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Handling a change of plans | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Demonstrating good judgment | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Learning new things easily | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |
| Remembering day-to-day events | □ No Concern □ Some Concern □ High Concern  □ Used to be a concern |

**Symptoms**

If your  child  has  experienced  any  of  the  following  symptoms,  rank  the  severity  of  those  symptoms

(1 = once weekly, 7 = daily, N/A = not a problem)

|  |  |  |
| --- | --- | --- |
| **Symptom** | **Not a problem** | **Circle the number on the scale that best describes your child:** |
| Headaches and/or migraines (sudden, not responsive to medication, can last for more than a day) | □ N/A | 1 2 3 4 5 6 7 |
| Loss of muscle coordination (can look like awkward movements, problems with balance, slowed reactions, uncoordinated running or catching) | □ N/A | 1 2 3 4 5 6 7 |
| Blackouts/fainting | □ N/A | 1 2 3 4 5 6 7 |
| Confusion | □ N/A | 1 2 3 4 5 6 7 |
| Blank staring/daydreaming | □ N/A | 1 2 3 4 5 6 7 |
| Dizziness | □ N/A | 1 2 3 4 5 6 7 |
| Change in vision (blurred or double, depth perception difficulties) | □ N/A | 1 2 3 4 5 6 7 |
| Fatigue (tires easily, is often tired) | □ N/A | 1 2 3 4 5 6 7 |
| Seizures | □ N/A | 1 2 3 4 5 6 7 |
| Slurred speech | □ N/A | 1 2 3 4 5 6 7 |
| Has trouble finding the “right” word when talking | □ N/A | 1 2 3 4 5 6 7 |
| Noise sensitivity (easily upset by loud noises or specific sounds like a ticking clock) | □ N/A | 1 2 3 4 5 6 7 |
| Light sensitivity (easily upset by bright or strobe lights) | □ N/A | 1 2 3 4 5 6 7 |
| Sleepiness (has trouble staying awake during the day) | □ N/A | 1 2 3 4 5 6 7 |
| Mood swings (unusual or quick changes among sadness, happiness, depression, anxiety, anger) | □ N/A | 1 2 3 4 5 6 7 |

**Support Services**

Is your child currently receiving any of the following services? Check all that apply.

If “yes,” please check whether they are provided through the school, are being provided privately, or both.

|  |  |
| --- | --- |
| Service | Child’s Status |
| Occupational therapy | **□** No  **□** Yes  If Yes, please check whether these services are provided through a   * School-supported specialist (the school pays for the specialist) * Private specialist (you and/or your insurances pays) |
| Physical therapy | □ No □ Yes  If Yes, please check whether these services are provided through a   * School-supported specialist (the school pays for the specialist) * Private specialist (you and/or your insurances pays) |
| Speech-language therapy | □ No □ Yes  If Yes, please check whether these services are provided through a   * School-supported specialist (the school pays for the specialist) * Private specialist (you and/or your insurances pays) |
| Counseling / Psychological | □ No □ Yes  If Yes, please check whether these services are provided through a   * School-supported specialist (the school pays for the specialist)   Private specialist (you and/or your insurances pays) |
| Other: | □ No □ Yes  If Yes, please check whether these services are provided through a   * School-supported specialist (the school pays for the specialist) * Private specialist (you and/or your insurances pays) |

Is your child having difficulties with school performance? Please describe:

Has your child ever been privately evaluated for learning or behavioral concerns? □  YES    □ NO

If Yes, when and where was the evaluation completed?

Has your child ever been evaluated for special education services at school? □  YES    □ NO

If Yes, at what age was your child first evaluated?

Additional Concerns:

Signature of person completing this form                                                   Date

Role/Position

# Appendix G: Table of Assessments

|  |  |
| --- | --- |
| **TABLE 37-2** Tests Commonly Used With Students With Traumatic Brain Injury | |
| **DOMAIN** | **TEST** |
| Cognition | • Cognitive Assessment System, 2nd edition (152)  • Comprehensive Test of Nonverbal Intelligence, 2nd ed. (153)  • Differential Abilities Scale, 2nd ed. (154)  • Kaufman Assessment Battery for Children, 2nd ed. (155)  • Stanford-Binet Intelligence Scales, 5th ed. (156)  • Wechsler Preschool and Primary Scale of Intelligence, 4th ed. (157)  • Wechsler Abbreviated Scale of Intelligence (WASI), 2nd ed. (158)  • Wechsler Intelligence Scale for Children, 5th ed. (159)  • Woodcock Johnson, 4th ed.; Tests of Cognitive Abilities (160) |
| Neuro psychological | • Children’s Category Test (161)  • Functional Independence Measure (FIM) (162)  • ImPACT (Immediate Postconcussion Assessment and Cognitive Testing) (163)  • NEPSY-II, 2nd ed. (164)  • Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) (165) |
| Memory | Children’s Memory Scale (166)  Continuous Performance Test, 3rd ed. (167)  Logical Memory I and II (168)  Wechsler Memory Scale–IV (169)  Wide Range Assessment of Memory and Learning 2 (WRMAL2) (170) |
| Executive function | Behavior Rating Inventory of Executive Function (BRIEF), 2nd ed. (171)  Delis-Kaplan Executive Function System (172)  Executive Control Battery (173)  Stroop Color and Word Test (174)  Comprehensive Trail Making Test, 2nd ed. (175)  Wisconsin Card Sorting Test (176) |
| Attention/concentration | Delayed Gratification Task (177)  Digit Span (Forward and Reversed) (Wechsler scales) (178) |
| Language/verbal learning | Boston Naming Test, 2nd ed. (179)  Children’s Auditory Verbal Learning Test-2 (180)  Multilingual Aphasia Examination, 3rd ed. (181)  Token Test for Children, 2nd ed. (182)  Clinical Evaluation of Language Fundamentals, 5th ed. |
| Visual perception | Developmental Test of Visual Perception, 2nd ed. (183)  Test of Visual Perceptual Skills (184) |
| Academic-general | Kaufman Tests of Educational Achievement, 3rd ed. (185)  Peabody Individual Achievement Test- Revised- Normative (PIAT-R/nu) (186)  Wechsler Individual Achievement Test, 4th ed. (187)  Woodcock Johnson, 4th ed.; Tests of Academic Achievement (188) |
| Academic-targeted | Key Math Diagnostic Test, 3rd ed. (189)  Woodcock Reading Mastery Tests, 3rd ed. (190) |
| Behavior | Child Behavior Checklist (ASEBA Preschool and School Age) (191) |
| Social behavior | Behavior Assessment System for Children, 3rd ed. (BASC-III) (192)  School Social Behavior Rating Scale (SSBR), 2nd ed. (193)  The Social Skills Rating System (SSRS) |
| Adaptive behavior | Adaptive Behavior Assessment System, 3rd ed. (ABAS-III) (194)  Scales of Independent Behavior-Revised (SIB-R) (195)  Vineland Adaptive Behavior Scales, 3rd ed. (VABS-III) (196) |
| Motor skills | Grooved Pegboard (197) |

# Appendix H: Sample School Psychologist Report

**Psychological/Educational Evaluation Report**

**to use with a Credible History Interview**

(template example)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

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?*

# Appendix I: Additional Resources

## Resources for Parents

Oregon Family-to-Family Health Information Center

<https://www.ohsu.edu/oregon-family-to-family-health-information-center>

Oregon Health Authority: Behavioral Health Services Community Mental Health Programs

<https://www.oregon.gov/OHA/HSD/AMH/Pages/CMH-Programs.aspx>

FACT Oregon Empowering Families Experiencing Disability

<https://factoregon.org/>

Brain Injury Support Groups in the Pacific Northwest

<https://www.biaoregon.org/services/support-groups/>

IEP versus 504

[https://www.understood.org/en/school-learning/special-services/504-plan/the-difference-between-](https://www.understood.org/en/school-learning/special-services/504-plan/the-difference-between-ieps-and-504-plans?gclid=Cj0KCQjws536BRDTARIsANeUZ5-wJB3zoLwYlWh7rhK4kn12h33rc_eVAcFdAsIRMMmr2khsvks8UIEaAk5fEALw_wcB) ieps-and-504-plans?gclid=Cj0KCQjws536BRDTARIsANeUZ5- wJB3zoLwYlWh7rhK4kn12h33rc\_eVAcFdAsIRMMmr2khsvks8UIEaAk5fEALw\_wcB

## Resources for Educators

Classroom Accommodations

<https://cbirt.org/sites/cbirt.org/files/resources/classroomaccommodations_ocamp.pdf>

Centers for Disease Control and Prevention (CDC) Heads up to Brain Injury Awareness.

<https://cdc.gov/headsup/index.html>

Learn CBIRT (The Center on Brain Injury Research & Training) In the Classroom after Concussion: Best Practices for Student Success

<https://learn.cbirt.org/>

Regional TBI Contacts

TBI Region 1 Eastern Oregon (Intermountain ESD): <https://www.imesd.k12.or.us/o/imesd/page/traumatic-brain-injury>

TBI Region 2 Central Oregon (High Desert ESD): <http://www.hdesd.org/services/traumatic-brain-injury/>

TBI Region 3 Southern Oregon (Southern Oregon ESD): <http://www.soesd.k12.or.us/special-education/low-incidence-disabilities/>

TBI Region 4 Cascade (Linn/Benton/Lincoln ESD): <https://www.lblesd.k12.or.us/cascade-regional-program/tbi/>

TBI Region 5 Willamette (Willamette ESD): <https://www.wesd.org/Domain/116>

TBI Region 6 Columbia (Portland Public Schools): <https://www.crporegon.org/domain/50>

TBI Region 7 Lane (Lane ESD): <https://www.lesd.k12.or.us/se/regional/>

TBI Region 8 Northwest (Northwest ESD):<http://specialstudentservices.nwresd.org/tbi-services.html>

Brain Injury Alliance of Oregon

<https://www.biaoregon.org/>

CBIRT (The Center on Brain Injury Research & Training) TBI Team

<https://cbirt.org/tbi-team>

Oregon Center for Children & Youth with Special Needs (OCCYSHN)

[https://www.ohsu.edu/occyshn](https://cbirt.org/tbi-team)

Educational Needs for Children with TBI State of the States: Meeting the Educational Needs of Children with Traumatic Brain Injury

<https://issuu.com/johndavey/docs/tbikidsweb/1?e=4406893/3519047>

Training & Technical Assistance Centers (TTAC) Online

<https://ttaconline.org/index>

Brainline Classroom Interventions for Students with Traumatic Brain Injuries

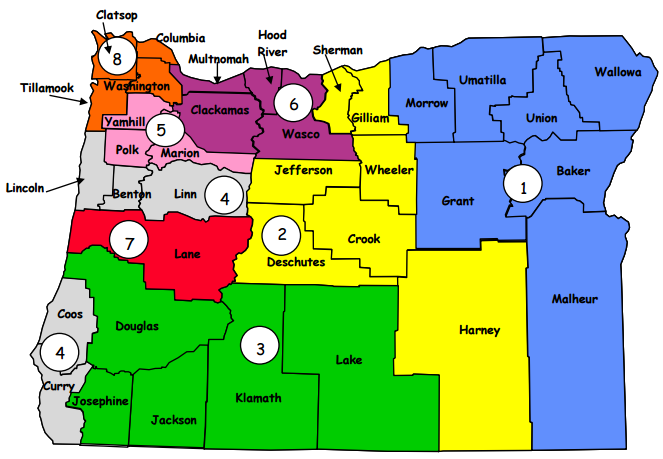
<https://www.brainline.org/article/classroom-interventions-students-traumatic-brain-injuries>

Webinars

<https://cbirt.org/tbi-team/recorded-webinars>

| **Region** | **Liaison** | **Liaison email** | **Liaison phone** | **Regional manager** | **Regional manager contact info** |
| --- | --- | --- | --- | --- | --- |
| 1 | Tonya Smith | Tonya.Smith@imesd.k12.or.us | 541-966-3145 | Tonya Smith | [Tonya.Smith@imesd.k12.or.us](mailto:Tonya.Smith@imesd.k12.or.us)  541-966-3145 |
| 2 | Sue Hayes | sue.hayes@hdesd.org | 541-693-5712 | Amy Joynt | [amy.joynt@hdesd.org](mailto:amy.joynt@hdesd.org)  541-693-5707 |
| 3 | Agnes Lee-Wolfe | agnes\_wolfe@soesd.k12.or.us | 541-776-8555 | Agnes Lee-Wolfe | [agnes\_wolfe@soesd.k12.or.us](mailto:agnes_wolfe@soesd.k12.or.us)  541-776-85555 |
| 4N | Brandina Lancaster | Brandi.Lancaster@lblesd.k12.or.us | 541-812-2600 | Don Dorman | [don.dorman@lblesd.k12.or.us](mailto:don.dorman@lblesd.k12.or.us)  541-812-2770 |
| 4S | Cynthia Barthuly | [cynthiab@scesd.k12.or.us](mailto:cynthiab@scesd.k12.or.us) | 541-266-4025 |
| 5 | Joella Nelson | Joella.Nelson@wesd.org | 503-588-5330 | Greg Gaden | [greg.gaden@wesd.org](mailto:greg.gaden@wesd.org)  503-540-4487 |
| 6 | Brad Hendershott | bhender1@pps.net | 503-916-5570 x 78380 | Lisa McConachie | [lmcconac@pps.net](mailto:lmcconac@pps.net)  503-916-5570 x78334 |
| 7 | Melaney Grenz | melaney.grenz@springfield.k12.or.us | (541) 744-6387  541-513-1169 | Sue Mathisen | [smathisen@lesd.k12.or.us](mailto:smathisen@lesd.k12.or.us) |
| 8 | Bethany Bowers | bbowers@nwresd.k12.or.us | 503-446-2856 | Cathy Jensen | Cathy Jensen  [cjensen@nwresd.k12.or.us](mailto:cjensen@nwresd.k12.or.us) |

# Appendix J: TBI Team Regional Contact Information 2020-2021



**Oregon Department of Education:**

**Kara Williams:**

[**kara.williams@state.or.us**](mailto:kara.williams@state.or.us)

**503-947-5728**

**Linda Brown**

[**Linda.brown@state.or.us**](mailto:Linda.brown@state.or.us)

**503-947-5825**