

TRAUMATIC BRAIN INJURY (TBI) Special Education Eligibility Determination Worksheet

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 educational performance. 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 to brain injuries induced by birth trauma. CFR § 300.8

Note: comments to the regulations indicate near drowning may be considered TBI

*This form is a tool designed to assist IEP team members in determining if a student may appropriately be determined to be found eligible for **Special Education and Related Services** under the category of Traumatic Brain Injury (TBI)*

Student Name:		Date:
DOB:	Grade:	School:

All questions must be checked "yes" for a student to be found eligible for special education as TBI.

<input type="checkbox"/> yes <input type="checkbox"/> No	Does the student have an acquired injury to the brain that occurred following a period of normal development? Type of Evidence (✓ check all that apply):
	<input type="checkbox"/> Medical report <input type="checkbox"/> Parent report <input type="checkbox"/> School records /transcripts <input type="checkbox"/> Other Agency Records _____

Note: the acquired injury may not be due to congenital causes such as PKU or Down Syndrome, or degenerative causes such as multiple sclerosis or muscular dystrophy or induced by birth trauma such as perinatal stroke or oxygen deprivation.

<input type="checkbox"/> yes <input type="checkbox"/> No	Was the student's acquired brain injury caused by an external physical force from a strike or blow to the head or from movement of the brain within the skull? (for example: due to a bike or auto accident, a fall, a sports injury, an object like a nail, penetrating the brain, gun shot, or whiplash to the head)
--	--

<input type="checkbox"/> yes <input type="checkbox"/> No	Is the student's educational performance adversely affected due to a total or partial functional disability or psychosocial impairment, or both, in one or more of the following areas listed below / partially or totally affected by the acquired brain injury?
	<input type="checkbox"/> Cognition <input type="checkbox"/> Problem Solving <input type="checkbox"/> Psychosocial Behavior <input type="checkbox"/> Memory <input type="checkbox"/> Physical Functions <input type="checkbox"/> Executive Functions <input type="checkbox"/> Reasoning <input type="checkbox"/> Abstract Thinking <input type="checkbox"/> Judgment <input type="checkbox"/> Communication <input type="checkbox"/> Sensory, Perceptual and Motor Abilities

Comments:

