

**POST BRAIN INJURY SCHOOL RE-INTEGRATION PLAN  
STEPS FOR REINTEGRATION**

**Directions:** It is recommended that this TBI checklist is to be completed at or before the time of re-entry to school for a student that has sustained a head injury.

<b>Date Initiated:</b>	
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**I. Student Information**

<b>Name:</b>		<b>Date of Birth:</b>		<b>Age:</b>		<b>Grade:</b>	
<b>Parent/Guardian Address:</b>							
<b>Home Phone:</b>		<b>Cell / Other Phone:</b>					
<b>School Contact Person:</b>				<b>Phone:</b>			

**II. Medical Health Summary**

<b>Date of Injury:</b>		<b>Cause of Injury:</b>			
Does this student require an emergency crisis response plan? (if yes, attach a summary or copy of plan to this form)		<b>YES</b>		<b>NO</b>	
Does this student have a current post-TBI <i>Health Plan</i> on file?		<b>YES</b>		<b>NO</b>	
<b>Description of Injury:</b>	Include area(s) affected, length of loss of consciousness and post-traumatic amnesia, and other relevant health information (DO NOT include diagnoses, judgments and opinions made by a health care provider)				

**III. Prior to the Student's Return to School Checklist**

<b>TASK</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>	
School contact person with training in BI has been identified			<b>Title</b>	
			<b>Name</b>	
Parent/guardian has been contacted to obtain further information (ongoing is recommended)			<b>Date</b>	
			<b>Outcome</b>	
Student has been visited by school staff			<b>Name</b>	
			<b>Date</b>	
Available medical data and assessment reports have been received and reviewed				
Parent permission has been sought to contact medical providers ( <i>release of</i>				

<i>information)</i>					
Medical staff have been contacted			<b>Date(s)</b>		
			<b>Name(s)</b>		
			<b>Title(s)</b>		
Conference has taken place with medical staff					
Meeting with parent/guardian to plan for re-integration					
Assessment initiated (as deemed appropriate)			<b>504</b>	<b>Date</b>	
			<b>IEP</b>	<b>Date</b>	
School nurse has initiated a health plan (if needed)			<b>Date</b>		
			<b>Name</b>		

#### IV. Upon Re-Entry Checklist

<b>TASK</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>DATE</b>
Post BI Re-integration, Domains of functioning Form has been completed, or other checklist to determine present needs (attached)				
504 planning meeting has been scheduled if deemed appropriate				
Individualized Education Plan (IEP) meeting has been scheduled if deemed appropriate				

#### V. Other Comments