

Universal Design for Learning (UDL) Accommodation Plan

To be used for Educational Planning for Students with Traumatic Brain Injury (TBI) or other
Neurological Based Disabilities

Student Name		Date of Birth		Age/Grade		Today's Date	
Date of Injury or Event		Teacher Name		School of Attendance			

Summary of History of TBI or Event:

Directions: Check (✓) suspected areas of processing deficit or difficulty for the student below and briefly describe how that may impact the student. The team should select appropriate accommodations or adaptations to meet the students educational needs by indicating specific areas.

AREA OF DEFICIT OR DIFFICULTY	DESCRIPTION OF HOW EACH MAY IMPACT LEARNING
<input type="checkbox"/> Processing Speed Delays	
<input type="checkbox"/> Memory Deficits <input type="checkbox"/> Short-term <input type="checkbox"/> Long-term	
<input type="checkbox"/> Visual - Spatial Deficits	
<input type="checkbox"/> Motor Difficulties <input type="checkbox"/> Fine motor <input type="checkbox"/> Gross motor	
<input type="checkbox"/> Speech and Language <input type="checkbox"/> Articulation <input type="checkbox"/> Pragmatics <input type="checkbox"/> Other	
<input type="checkbox"/> Physical <input type="checkbox"/> Mobility or <input type="checkbox"/> Vision Deficits <input type="checkbox"/> Fatigue – Mental or Physical <input type="checkbox"/> Other	

Learning Environment Adaptations	Compensatory Strategies	Presentation Input	Allowable Expression Accommodations	Assistive Technology
<input type="checkbox"/> Post class rules (pictures & words) <input type="checkbox"/> Post daily schedule (pictures & words) <input type="checkbox"/> Preferential seating,	<input type="checkbox"/> Teach study skills <input type="checkbox"/> Skim and highlight key vocabulary in reading passages <input type="checkbox"/> Teach sequencing	<input type="checkbox"/> Repeat directions <input type="checkbox"/> Provide “hands on learning” <input type="checkbox"/> Teacher circulate around room	<input type="checkbox"/> Expression of learning through visual presentation <input type="checkbox"/> Expression of learning through	<input type="checkbox"/> Adaptive paper <input type="checkbox"/> Talking spell checker/dictionary <input type="checkbox"/> Concept mapping
<input type="checkbox"/> Post class rules (pictures & words) <input type="checkbox"/> Post daily schedule (pictures & words)	<input type="checkbox"/> Teach study skills <input type="checkbox"/> Skim and highlight key vocabulary in reading passages	<input type="checkbox"/> Repeat directions <input type="checkbox"/> Provide “hands on learning” <input type="checkbox"/> Teacher circulate	<input type="checkbox"/> Expression of learning through visual presentation <input type="checkbox"/> Expression of	<input type="checkbox"/> Adaptive paper <input type="checkbox"/> Talking spell checker/dictionary

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Engagement	Behavioral	Social-Emotional	Home/School Collaboration	Self-Advocacy/Awareness
<input type="checkbox"/> Use manipulative materials in math <input type="checkbox"/> Use of manipulatives in other subjects _____ <input type="checkbox"/> Discuss errors and how they were made <input type="checkbox"/> Use of games such as bingo, card game or tic tax toe to learn or reinforce concepts <input type="checkbox"/> Allow student to select topic <input type="checkbox"/> Prompt or require student to explicitly formulate or restate learning objective of lesson <input type="checkbox"/> Use prompts or scaffolds for visualizing desired outcome <input type="checkbox"/> Engage students in discussions of what constitutes excellence and demonstrate and share relevant examples that connect to their cultural background and interests <input type="checkbox"/> Differentiate the degree of difficulty or complexity of learning activities <input type="checkbox"/> Provide	<input type="checkbox"/> Teach and model expected behavior <input type="checkbox"/> Increase student success rate <input type="checkbox"/> Determine antecedents (triggers) to the behavior <input type="checkbox"/> Determine the function of the behavior (escape or avoidance or other) <input type="checkbox"/> Determine if consequences or actions following the behavior are reinforcing <input type="checkbox"/> Use of proximity, close monitoring, and non public verbal redirection <input type="checkbox"/> Use of "Good Behavior Game" (group reinforcement) <input type="checkbox"/> Reinforce positive behavior (4:1); use of "caught you being good tickets" <input type="checkbox"/> Use consistent consequences that have been communicated to the student in advance <input type="checkbox"/> Use of "contingency management" if you do this then you will get _____ <input type="checkbox"/> Set attainable goals <input type="checkbox"/> Use key students for role models of target behavior <input type="checkbox"/> Use of <i>advance organizers</i> such as a education game, choral	<input type="checkbox"/> Avoid or reduce known emotional stressors or triggers <input type="checkbox"/> Individual counseling <input type="checkbox"/> Group counseling <input type="checkbox"/> Social skills group <input type="checkbox"/> Use of Peer Buddy <input type="checkbox"/> Use of <i>Cognitive Behavior Therapy</i> to address and change maladaptive thinking <input type="checkbox"/> Use of sensory stimulation to address emotional dys-regulation <input type="checkbox"/> Elicit responses when you know student knows the answer to improve self confidence <input type="checkbox"/> Use of soothing techniques to de-escalate when agitated <input type="checkbox"/> Use of calming music <input type="checkbox"/> Use of physical activity to de-escalate, if yes, describe _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Team meetings with parent to review progress/maintain consistency, if yes, frequency _____ <input type="checkbox"/> Schedule parent conferences with teacher or case manager - if yes, frequency _____ <input type="checkbox"/> Reports home, if yes, mode and frequency _____ and by who _____ <input type="checkbox"/> Parent visits/contact, if yes frequency _____ <input type="checkbox"/> Home visits, if yes, frequency _____ <input type="checkbox"/> Parent training, if so describe _____ <input type="checkbox"/> Parent counseling <input type="checkbox"/> Parent social work service (wrap around model) <input type="checkbox"/> Other _____	<input type="checkbox"/> Encourage and teach student to appropriately request for clarification, repetition, etc. <input type="checkbox"/> Presentation on brain injury to peers <input type="checkbox"/> Teach peers how to be helpful <input type="checkbox"/> In-service training for school staff on brain injury <input type="checkbox"/> Teacher student about injury and how to appropriately advocate for self <input type="checkbox"/> Other _____ <hr/> <p style="text-align: center;">Environmental Adaptations/Other</p> <input type="checkbox"/> Adapted physical education <input type="checkbox"/> Modified activity level for recess <input type="checkbox"/> Special transportation <input type="checkbox"/> Use of ramps and elevators <input type="checkbox"/> Restroom adaptations (i.e. grab bars, modified toilet seat, etc.) <input type="checkbox"/> Assistance with carrying lunch tray, books, etc. <input type="checkbox"/> Adult assistance with daily living skills (e.g., modified eating, drinking, dressing device) <input type="checkbox"/> Physical escort between classes <input type="checkbox"/> Early release from class <input type="checkbox"/> Alternative school evacuation plan (establish in writing and provide to applicable staff) <input type="checkbox"/> Provide route finding maps and cues (visual charts) <input type="checkbox"/> Other _____ -

<input type="checkbox"/> Use manipulative materials in math <input type="checkbox"/> Use of manipulatives in other subjects _____ <input type="checkbox"/> Discuss errors and how they were made <input type="checkbox"/> Use of games such as bingo, card game or tic tac toe to learn or reinforce concepts <input type="checkbox"/> Allow student to select topic <input type="checkbox"/> Prompt or require student to explicitly formulate or restate learning objective of lesson <input type="checkbox"/> Use prompts or scaffolds for visualizing desired outcome <input type="checkbox"/> Engage students in discussions of what constitutes excellence and demonstrate and share relevant examples that connect to their cultural background and interests <input type="checkbox"/> Differentiate the degree of difficulty or complexity of learning	<input type="checkbox"/> Teach and model expected behavior <input type="checkbox"/> Increase student success rate <input type="checkbox"/> Determine antecedents (triggers) to the behavior <input type="checkbox"/> Determine the function of the behavior (escape or avoidance or other) <input type="checkbox"/> Determine if consequences or actions following the behavior are reinforcing <input type="checkbox"/> Use of proximity, close monitoring, and non public verbal redirection <input type="checkbox"/> Use of "Good Behavior Game" (group reinforcement) <input type="checkbox"/> Reinforce positive behavior (4:1); use of "caught you being good tickets" <input type="checkbox"/> Use consistent consequences that have been communicated to the student in advance <input type="checkbox"/> Use of "contingency management" if you do this then you will get _____ <input type="checkbox"/> Set attainable goals <input type="checkbox"/> Use key students for role models of target behavior <input type="checkbox"/> Use of <i>advance</i>	<input type="checkbox"/> Avoid or reduce known emotional stressors or triggers <input type="checkbox"/> Individual counseling <input type="checkbox"/> Group counseling <input type="checkbox"/> Social skills group <input type="checkbox"/> Use of Peer Buddy <input type="checkbox"/> Use of <i>Cognitive Behavior Therapy</i> to address and change maladaptive thinking <input type="checkbox"/> Use of sensory stimulation to address emotional dys-regulation <input type="checkbox"/> Elicit responses when you know student knows the answer to improve self confidence <input type="checkbox"/> Use of soothing techniques to de-escalate when agitated <input type="checkbox"/> Use of calming music <input type="checkbox"/> Use of physical activity to de-escalate, if yes, describe _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Team meetings with parent to review progress/maintain consistency, if yes, frequency _____ <input type="checkbox"/> Schedule parent conferences with teacher or case manager - if yes, frequency _____ <input type="checkbox"/> Reports home, if yes, mode and frequency _____ and by who _____ <input type="checkbox"/> Parent visits/contact, if yes frequency _____ <input type="checkbox"/> Home visits, if yes, frequency _____ <input type="checkbox"/> Parent training, if so describe _____ <input type="checkbox"/> Parent counseling <input type="checkbox"/> Parent social work service (wrap around model) <input type="checkbox"/> Other _____	<input type="checkbox"/> Encourage and teach student to appropriately request for clarification, repetition, etc. <input type="checkbox"/> Presentation on brain injury to peers <input type="checkbox"/> Teach peers how to be helpful <input type="checkbox"/> In-service training for school staff on brain injury <input type="checkbox"/> Teacher student about injury and how to appropriately advocate for self <input type="checkbox"/> Other _____ <div style="background-color: #cccccc; text-align: center;">Environmental Adaptations/Other</div> <input type="checkbox"/> Adapted physical education <input type="checkbox"/> Modified activity level for recess <input type="checkbox"/> Special transportation <input type="checkbox"/> Use of ramps and elevators <input type="checkbox"/> Restroom adaptations (i.e. grab bars, modified toilet seat, etc.) <input type="checkbox"/> Assistance with carrying lunch tray, books, etc. <input type="checkbox"/> Adult assistance with daily living skills (e.g., modified eating, drinking, dressing device) <input type="checkbox"/> Physical escort between classes <input type="checkbox"/> Early release from class <input type="checkbox"/> Alternative school evacuation plan (establish in writing and provide to applicable staff) <input type="checkbox"/> Provide route finding maps and cues (visual charts) <input type="checkbox"/> Other _____ -
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<p>as computer lesson, hands on activity, etc.)</p> <p><input type="checkbox"/> Vary the degrees of acceptable performance</p> <p><input type="checkbox"/> Other: _____</p>	<p>video-taped social stories</p> <p><input type="checkbox"/> Use proactive behavior management strategies</p> <p><input type="checkbox"/> Pre prime or prepare student for the daily schedule or changes to routine</p> <p><input type="checkbox"/> Use school-wide positive behavior system system</p> <p>Other _____</p>			
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