

EVALUATION TEAM RECOMMENDATION

Traumatic Brain Injury (TBI)

TBI

File #:	MET Date:
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Student: _____ D.O.B: _____ Age: _____

District: _____ School: _____

Dom. Language: _____ Grade: _____

PURPOSE

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: _____

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to recommend eligibility for special education as a student with a traumatic brain injury:

Required Information:

- Ability/Achievement level
- Classroom performance (Relevant behavior and relationship to achievement)
- Educationally relevant medical information
- Physician statement that medical condition is permanent (If applicable)
- Information from parents

Name and Date of Attached Report/Document

ASSURANCE STATEMENTS

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

1. An acquired injury to the brain caused by external physical force and which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance.
2. The student manifests an open or closed head injury resulting in impairment in 1 or more of the following areas: *(Check all that apply)*

<input type="checkbox"/> Attention	<input type="checkbox"/> Information Processing	<input type="checkbox"/> Physical Functions
<input type="checkbox"/> Behavior	<input type="checkbox"/> Language	<input type="checkbox"/> Reasoning
<input type="checkbox"/> Cognition	<input type="checkbox"/> Memory	<input type="checkbox"/> Speech
3. The suspected disability does NOT apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.
4. The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.

RECOMMENDATION OF ELIGIBILITY

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the traumatic brain injury rule (R340.1716).

Yes* No

* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

EVALUATION TEAM SIGNATURES

As a member of the Evaluation Team, I agree with the eligibility recommendation:

Physician _____ Other/Title _____

Other/Title _____ Other/Title _____

* (Signature on attached report)

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title _____

EXCLUSIONARY FACTORS WORKSHEET

Traumatic Brain Injury

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, and adaptive scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> • Is there a language other than English spoken by the student's home? 		
<ul style="list-style-type: none"> • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
<i>Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of cognition, achievement, and adaptive behavior</i>		
<ul style="list-style-type: none"> • Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Medical Conditions That Impact School Performance		
<i>Document all information gathered through assessment that would exclude medical or health reasons for this student's deficient performance on both assessments of cognition, achievement, and adaptive behavior.</i>		
<ul style="list-style-type: none"> • Does the student have a medical history and/or school history of medical or health-related difficulties, other than traumatic brain injury, causing the student to have difficulty accessing the general education curriculum? 		
<ul style="list-style-type: none"> • Are there school records of illness or health-related conditions that would impact negatively on this student's ability to progress in the general education curriculum? 		
5. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
<i>Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment of cognition, achievement, and adaptive functioning.</i>		
<ul style="list-style-type: none"> • Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on cognitive, achievement, and adaptive skills measured? 		
<i>If any of the questions in sections 1-5 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, and/or adaptive scores:</i>		
6. Impairment Specific Considerations		
<ul style="list-style-type: none"> • Are the student's measured skills the result of an acquired injury to the brain? 		
<ul style="list-style-type: none"> • Are the student's measured skills the result of an external physical force? 		
<ul style="list-style-type: none"> • Are the student's observed behaviors in the classroom and school setting consistent with open or close head injury? 		

Present Level of Academic Achievement and Functional Performance: