

Criteria for the Identification of Students with Traumatic Brain Injuries

Recognizing the many factors involved in appropriately identifying students with Traumatic Brain Injury (TBI), Middlesex County Public Schools' Office of Special Education, has established criteria to be used by eligibility committees for the purpose of decision-making.

State Definition:

Regulations Governing Special Education Programs For Children With Disabilities in Virginia (2009), define Traumatic Brain Injury by the following; “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. The term 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. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.”

Assessments:

If the student is suspected of having a Traumatic Brain Injury, then assessments should include, but are not limited to, the following:

1. Medical - Written report from a licensed physician or nurse practitioner to determine a child’s medically related disability. Documentation of past medical records, if available, indicating the nature and extent of the head injury should also be included.
2. Classroom Educational Documentation – Written report from classroom teacher(s) describing child’s level of academic functioning including strengths, weaknesses, and other factors which affect educational performance.
3. Psychological – Written report from a qualified school psychologist or other qualified professional based on the use of a battery of appropriate instruments which may assess cognition, emotionality, and processing performance.
4. Educational – Written report describing current educational performance/achievement and identifying instructional strengths and weaknesses in academic skills and processing performance.
5. Developmental – (Ages 2-5) Written report of an assessment of how the child functions in the major areas of physical development, cognitive development, communication development, social or emotional development, and/or adaptive development.
6. Observation – Written report of the child’s academic performance and behavior in the child’s learning environment (including the general education classroom setting) to

document the child's academic performance and behavior in the areas of difficulty.

NOTE: This observation should take place in a class where perceived weaknesses are indicated. *In case of a child less than school age or out of school, a group member shall observe the child in an environment appropriate for a child of that age.

7. Speech/Language – (when appropriate) Written report of an evaluation which may assess the child's articulation, voice, fluency, and expressive and receptive language skills.
8. Hearing Screening – Written report to assess the child's hearing.

Eligibility Criteria:

The following criteria should be met when determining whether a student with a traumatic brain injury requires special education services:

1. The child's age falls within 2-21 years of age, inclusive.
2. The student has sustained an injury to the brain caused by an external physical force. The committee must describe the injury and its cause.
3. The brain injury is not congenital or degenerative, or induced by birth trauma or stroke.
4. The brain injury results in total or partial functional disability or impairment in one or more areas: cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual, motor abilities, psychosocial behavior, physical functions, information processing, or speech.
5. The functional disability or impairment has an adverse effect on educational performance. The committee must specify evidence of the adverse effect.

NOTE: The majority of students with traumatic brain injuries experience problems focusing and sustaining attention for long periods of time, retrieving previously learned facts and skills, and learning new information and skills. They have difficulty with organization, abstraction, and flexible thinking. They have lost basic academic skills and learning strategies, and experience high levels of frustration, fatigue, and irritability, particularly early in recovery. In addition, they have difficulty reassociating with peers and controlling inappropriate social behaviors.

6. The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education.