

Traumatic Brain Injury Team Referral Form
Jordan School District
Special Education Department
7387 S. Campus View Drive
West Jordan, Utah 84084

Student Name _____ Referral Date _____

School _____ Grade _____ Date of Birth _____

Person making referral _____ Position _____

Parent Name _____ Notified of concerns on _____

Date of Traumatic Brain Injury _____ Length of coma _____

Brief description of injury

Current medications _____

Post injury rehabilitation _____

Specific concerns of team

Current special education services _____

School Assessment Information

*Attach a copy of the student's Eligibility Results Summary Report

Additional testing that is not reflected on the Eligibility Results Summary should be listed below:

INTELLECTUAL EVALUATIONS

| | | |
|------------|------------|--------------|
| Test _____ | Date _____ | Scores _____ |
| Test _____ | Date _____ | Scores _____ |

ACADEMIC EVALUATIONS

| | | |
|------------|------------|--------------|
| Test _____ | Date _____ | Scores _____ |
| Test _____ | Date _____ | Scores _____ |
| Test _____ | Date _____ | Scores _____ |

COMMUNICATION EVALUATIONS

| | | |
|------------|------------|--------------|
| Test _____ | Date _____ | Scores _____ |
| Test _____ | Date _____ | Scores _____ |
| Test _____ | Date _____ | Scores _____ |

OTHER

| | | |
|------------|------------|--------------|
| Test _____ | Date _____ | Scores _____ |
| Test _____ | Date _____ | Scores _____ |

Comments _____

Signature of Principal _____

Be sure to fill out the checklist included in this form.

Submit this Referral to Cassandra Romine at River's Edge School.

Date Received _____

Traumatic Brain Injury Team Referral Checklist

Please place a checkmark before each item that is considered to be a concern.

- Poor attention or concentration
- Poor organizational skills
- Does not begin tasks
- Does not complete tasks
- Memory problems
- Difficulties learning new material
- Shuts down when tasks are too long or too complex
- Low energy level/fatigues easily
- Lack of motivation for school tasks
- Dependence on others
- Inflexibility
- Poor pragmatics (language used in a social context)
- Poor judgment
- Denial/poor awareness
- Egocentricity (wrapped up in self)
- Emotional lability
- Irritability
- Depression
- Aggressive outbursts
- Vision/hearing problems
- Motor skill problems
- Other concerns

Traumatic Brain Injury Team Meeting

I have participated in the development of the integrated plan for:

Name: _____ School _____

Date: _____

NAME

TITLE
