

Student's Name _____

TRAUMATIC BRAIN INJURY

VI. ELIGIBILITY CRITERIA AND EVALUATION

	JSD Requirements	NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment				
1a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
1b	Psychological Report in File <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD2	Academic Assessment				
2a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD3	Language/Communication Assessment				
3a	Multisource Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
3b	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TRAUMATIC BRAIN INJURY: Eligibility Criteria					
TBI.A1	Documentation of acquired brain injury: Prior documentation by a physician of an acquired brain injury caused by an external physical force included in student file. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TRAUMATIC BRAIN INJURY: Evaluation					
TBI.B1	Multiple measures used: Multiple measures (formal and informal) must be used to assess all areas of suspected deficits. Informal assessment and diagnostic teaching must be part of the full evaluation. Data that are gathered must include information on the student's developmental history and/or pre-injury learning and educational performance. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B2	Prior medical history included: The student's prior medical history from a qualified health professional, must be on record regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's educational program. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
Although other evaluations could be considered, the following areas <u>must be considered for evaluation:</u>					
TBI.B3a	Team considered assistive communication needs: Augmentative communication assistive service needs. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3b	Team considered rehabilitative team evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3c	Team considered self-help/adaptive behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3d	Team considered academics: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3e	Team considered speech/language skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3f	Team considered social skills and classroom behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3g	Team considered intellectual/cognitive functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3h	Team considered vocational skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
TBI.B3i	Team considered gross/fine motor skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
