**TRAMATIC BRAIN INJURY**

DETERMINATION OF DISABILITY: Based on medical reports, evaluation information, and observations, *(student’s name) meets/does not* meet eligibility criteria for Traumatic Brain Injury sustained on *\_\_\_\_\_\_\_\_\_\_(date).* Traumatic brain injury means 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.

1. Written documentation by a licensed physical of a traumatic brain injury (insert diagnosis, physician’s name, and date of physician documentation)

2. *(Student’s name)*’s Traumatic Brain Injury has resulted in impairments in one or more of the following areas (**please include pre and post injury information in the body of the report**) in addition to adversely affecting a child’s educational performance:

☐ Cognition (Memory, Reasoning, Abstract Thinking, and/or Information processing)

☐ Academics (Reading, Written Expression and/or Math)

☐ Attention

☐ Problem solving and Judgment

☐ Sensory and/or Perception

☐ Social, Emotional, and/or behavior

☐ Physical and/or motor functions

☐ Speech and Language

3. *(Student’s name)*’s functional impairments *are not* primarily the result of previously existing conditions such as congenital or degenerative brain injuries, brain injuries induced by birth trauma, visual, hearing or motor impairments, emotional-behavioral disorders, intellectual disability, language, or specific learning disabilities.

Data for determining eligibility was gathered from (List multiple resources):

☐ Cumulative file review

☐ Medical reports

☐ Three observations

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Tests (Speech Assessments, Visual/Motor/Sensory Assessments, Vision and Hearing Assessments, Academic Assessments, Adaptive Behavior Scales, Behavioral Checklists, etc.)

☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_