

Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Traumatic Brain Injury

Student _____ Date of meeting _____
 School _____ Grade _____ DOB _____

Definition: 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 student'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 or motor abilities; psychosocial behavior; physical functions; information processing; and speech, that affects a student's educational performance. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

- ☐ **All requirements of Rule II.J.12 must be documented below or attached.**
- ☐ **Documentation from a physician of an acquired injury to the brain caused by an external physical force is attached.**
- ☐ **Medical history from qualified health professional regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's educational program is attached.**
- ☐ **Developmental history and/or pre-injury learning and educational performance information is attached.**

Assessment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area assessed.

1. Augmentative communication assistive service needs _____
2. Rehabilitative team evaluations (attach written report when possible) _____
3. Self-help/adaptive behavior _____
4. Academic achievement data _____
5. Speech/language _____
6. Social skills and classroom behavior _____
7. Intellectual/cognitive _____
8. Vocational (secondary) _____
9. Gross/fine motor _____
10. Information from parents _____
 - Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
 - Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

Written Prior Notice for Eligibility Determination (Black Rules pp.73-74)

The Procedural Safeguards under Part B of the IDEA you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the eligibility team proposes the following action:

- ☐ This student has a Traumatic Brain Injury, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.
- ☐ This student does **not** have a Traumatic Brain Injury, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

The following options were considered and rejected for these reasons:

Other factors that are relevant to this eligibility classification proposal:

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Notice in Understandable Language:

Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you, or upon conducting a manifestation determination.

If the native language or other mode of communication of the parent/adult student is not a written language:

☐ The notice was translated orally or by other means to the parent/adult student in his/her native language or other mode of communication on: _____ by: _____

☐ Parent/adult student verify to the translator that he/she understands the content of this notice.

Signature of Interpreter, if used

Date

Special Education Teacher Signature

Date

Parent/Adult Student Signature
(signature acknowledges receipt of copy)

Date

Signature

Date

Signature

Date

*Note: If parent/adult student signature is missing, then parent/adult student: ☐ Did not attend (document efforts to involve parent/adult student) **OR**

☐ Participated via telephone, video conference or other means **AND** ☐ Copy of this document was mailed to parent/adult student on (date) _____