

Assessment/ Evaluation Guidelines

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|---|---|
| File review/Background information | <ul style="list-style-type: none"> • Gather information on learning style, grades, academic profile, and interests • Pay attention to school performance, social involvement, and behavior before and after the brain injury • Often a parent interview is needed also to more fully understand the student's interests, prior and current abilities, social emotional concerns, problems and improvements |
| Medical Statement/Health Assessment | <ul style="list-style-type: none"> • <i>Medical records-documenting the likelihood of a TBI an injury</i> |
| Psychological Evaluation to determine difficulties associated with TBI | <ul style="list-style-type: none"> • <i>Memory</i> • <i>Attention</i> • <i>Abstract thinking</i> • <i>Judgment</i> • <i>Problem solving</i> • <i>Reasoning</i> • <i>Information Processing</i> |
| Other assessments: motor, sensory, physical disabilities | <ul style="list-style-type: none"> • <i>Physical Therapist: Mobility & Stamina issues</i> • <i>Occupational Therapist: Fine motor, feeding protocol</i> • <i>School Nurse: Seizure protocol, med side effects</i> |
| Other assessments: communication | <ul style="list-style-type: none"> • <i>Speech</i> • <i>Pragmatic Language</i> • <i>Abstract understanding of language</i> |
| Other assessments: psychosocial | <ul style="list-style-type: none"> • <i>Behavior</i> |
| Pre-Injury Performance | <ul style="list-style-type: none"> • <i>Previous evaluation results</i> • <i>Previous grades</i> • <i>Social involvement</i> • <i>Documentation of early development</i> • <i>Interviews with previous teachers</i> • <i>Parent interview</i> |
| Adaptive Performance | <ul style="list-style-type: none"> • <i>Adaptive measures</i> • <i>Parent interview</i> • <i>Observation</i> |
| Classroom Observation | <ul style="list-style-type: none"> • <i>See Classroom Observation Questions</i> |
| Observation in non-classroom setting | <ul style="list-style-type: none"> • <i>Look for social interaction</i> • |
| Assessments to determine impact of TBI | <ul style="list-style-type: none"> • <i>Academic assessments in suspected areas of difficulty</i> • <i>Current grades</i> • <i>Behavior reports from file review</i> • <i>Adaptive behavior assessment</i> • <i>Teacher interview for: fatigue issues, medication effects, learning style, processing speed etc</i> |
| Additional assessments needed | |

TBI Assessment Checklist

| Student Name: | | Date of Birth: | |
|---|--------------------|----------------------|-----------------------|
| Parent Name: | | Phone: | |
| Date Permission to Evaluate Signed: | | Evaluation Due Date: | |
| | <i>Team Member</i> | <i>Method</i> | <i>Date Completed</i> |
| <i>File review</i> | | | |
| <i>Medical /Health assessment statement of an event that may have resulted in a TBI</i> | | | |
| <i>Comprehensive psychological assessment to determine difficulties associated with TBI</i> | | | |
| <i>Other assessments: fine motor</i> | | | |
| <i>Other assessments: large motor/physical transfer</i> | | | |
| <i>Other assessments: communication</i> | | | |
| <i>Other assessments: psychosocial</i> | | | |
| <i>Information related to TBI: pre-injury performance</i> | | | |
| <i>Information related to TBI: adaptive ability</i> | | | |
| <i>Classroom observation</i> | | | |
| <i>Observation in non-classroom setting</i> | | | |
| <i>Assessments to determine impact of TBI</i> | | | |
| <i>Additional assessments needed to identify student's educational needs</i> | | | |

Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Memory Deficits

- Monitoring planner (check-off system)
- Written & verbal directions for tasks
- Posted directions
- Frequent review of information
- Strategy for note taking during long reading assignment
- Provide a copy of notes
- Open book or note tests
- Reminders for completing & turning in work
- Repetition of instructions by student to check for comprehension

Visual Spatial Deficits

- Large print materials
- Distraction free work area
- Modified materials (e.g., limit amount of material presented on single page, extraneous picture)
- Graphs & tables provided to student
- Use of math & reading template or guide

Gross Motor/Mobility Difficulties

- Priority in movement (e.g., going first or last)
- Adaptive physical education
- Modified activity level for recess
- Special transportation
- Use of ramps or elevators
- Restroom adaptations
- Early release from class
- Assistance with carrying lunch tray, books, etc.
- Escort between classes
- Alternative evacuation plan
- Simple route finding maps & cues

Attention

- Visual prompts
- Positive reinforcement
- Higher rate of task change
- Verbal prompts to check work

Organizational Skills

- Study guide or timeline
- Daily calendar for assignments & tasks (digital or written)
- Instructions in using a planner or app
- Provide color-coded materials
- High-lighted materials to emphasize important or urgent information

Academic Progress

- Assigned person to monitor student's progress
- Contact person (home & school)
- Weekly progress report (home & school)

Fine Motor Difficulties

- Copy of notes provided
- Oral examinations
- Note-taker for lectures
- Scribe for test taking
- Recorded lectures

Curriculum

- Reduce length of assignments
- Change skill or task
- Modify testing type or setting
- Allow extra time
- Teach study skills
- Teach sequencing skills
- Teach memory strategies
- Write assignments in daily log
- Teach peers how to be helpful

Fatigue

- Reduced schedule
- Planned rest breaks
- Schedule arranged for high cognitive demand tasks to be followed by less stressful coursework

Processing Delays

- Complex direction broken into steps
- Repetition of pertinent information
- Cueing student to question prior to asking
- Use of precise language

Other Considerations

Home/School Relations

- School counseling
- Scripts about the injury & hospitalization
- Schedule regular meetings for all staff to review progress & maintain consistency
- Schedule parent conferences every _____
- Parent visits/contact
- Home visits

Disability Awareness

- Explain disabilities to other students
- Teach peers how to be helpful
- Training for school staff

This checklist serves as a starting point for identifying student needs and developing appropriate accommodations. Because rapid changes take place after a brain injury, the plan must be frequently reviewed and updated to meet the changing needs of the student. Be sure to review and change the plan as frequently as needed.

Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Student: _____ Teacher: _____ Grade: _____ Date: _____ Birth Date: _____

Presenting Concerns: _____

Persons Responsible for Providing Selected Items: _____

Directions: Circle the challenges that affect your child or student. Check the accommodations that may be helpful.

Environment

- Post class rules
- Post daily schedule
- Give preferential seating
- Change to another class
- Change schedule (most difficult in morning)
- Eliminate distractions (visual, auditory & offactory)
- Modify length of school day
- Provide frequent breaks
- Provide a quiet work place
- Maintain consistent schedule
- Provide system for transition

Transitions

- Specified person to oversee transition between classes or end of day
- Advanced planning for transition between grades/schools
- Modified graduation requirements
- Assistance with identifying post-secondary supports
- Identification of community resources for persons with brain injury

Method of Instruction

- Repeat directions
- Circulate teacher around room
- Provide visual prompts.
- Provide immediate feedback
- Point out similarities to previous learning & work
- Use manipulative materials
- Teach to current level of ability (use easier materials)
- Speak clearly
- Pre-teach or re-teach
- Use peer tutor or partner
- Use small group instruction
- Use simple sentences
- Use individualized instruction
- Pause frequently
- Use cooperative learning
- Encourage requests for clarification, repetition, etc.
- Use examples relevant to student's life
- Demonstrate & encourage use of technology

Behavioral Needs

- Early interventions for situations that may escalate
- Teach expected behavior
- Increase student academic success rate
- Learn to recognize signs of stress
- Give non-verbal cues to discontinue behavior
- Reinforce positive behavior
- Set goals with student
- Use social opportunities as rewards
- Teach student to use advance organizers at beginning of lesson
- Role play opportunities
- Use proactive behavior management strategies
- Daily/weekly communication with parents
- Modification of non-academic tasks (e.g., lunch or recess)
- Time & place to regroup when upset
- Additional structure in daily routine
- Frequent specific feedback about behavior

Assistive Technology

- Multimedia software
- Electronic organizers
- Shortcuts on computers
- Concept mapping software
- Accessibility options on computer
- Proofreading programs
- Alternative keyboards
- Voice output communication devices and reminders
- Enlarged text or magnifiers
- Recorded text & books
- Specialized calculators
- Picture & symbol supported software
- Talking spell checker & dictionary
- Computer for responding & homework
- Use of communication devices
- Word predicting programs
- iPad/tablet
- Smart Phone

Common Symptom Post TBI Checklist

Physical Symptoms

- problems w/balance or coordination
- changes in gait
- headache or seizures
- decreased strength or endurance
- differences between left & right side strength or speed

Cognitive Symptoms

- memory problems
- shorter attention span
- judgment problems
- difficulty w/ decision making skills
- difficulties w/ word retrieval
- trouble learning new info or skills
- difficulty following directions
- problems processing or retrieving info, organization

Social Symptoms

- more egocentric, self-focused
- invades others' personal space
- self discloses personal info inappropriately or excessively
- difficulty forming long lasting friendships
- difficulty initiating or maintaining conversation
- spends more time alone, fewer friends

Behavioral Symptoms

- depression, spends more time alone
- increased anxiety or paranoia
- trouble controlling anger, 'short fuse'
- inappropriate social behaviors
- motivation problems, lacking persistence
- higher frustration
- destroys property or yells/threaten others
- decreased inhibition, increased impulsively

TBI compared with ED, LD, ADHD, ASD

| | Traumatic Brain Injury | Emotional Disturbance | Learning Disability | ADHD | Autism Spectrum |
|---|---|--|---|---|---|
| Cause | <ul style="list-style-type: none"> Known: Injury due to external physical force. Challenges may not be apparent immediately after injury; may present later in development. | <ul style="list-style-type: none"> Unknown. | <ul style="list-style-type: none"> Unknown. | <ul style="list-style-type: none"> Unknown. | <ul style="list-style-type: none"> Unknown. |
| Scope | <ul style="list-style-type: none"> Oregon SPED census ('09): 284 | <ul style="list-style-type: none"> Oregon SPED census ('09): 4,708 | <ul style="list-style-type: none"> Oregon SPED census ('09): 27,662 | <ul style="list-style-type: none"> Included under OHI on the Oregon SPED census. | <ul style="list-style-type: none"> Oregon SPED census ('09): 7,579 |
| Formalized supports | <ul style="list-style-type: none"> Eligible for 504 plans or Special Education services. Underidentified in schools: Hospitalization rates and state reporting yield a conservative estimate of near 2,000 Oregon students. | <ul style="list-style-type: none"> Eligible for 504 plans or Special Education services. | <ul style="list-style-type: none"> Eligible for 504 plans or Special Education services. | <ul style="list-style-type: none"> Eligible for accommodations through 504 plans or SPED under OHI | <ul style="list-style-type: none"> Eligible for 504 plans and Special Education services. |
| Academic skill acquisition & level | <ul style="list-style-type: none"> Skill acquisition may be slower than before injury. After injury, some skills can be unaffected; other skills may improve during recovery. Performance may be inconsistent and varied. May have trouble with short-term memory, attention, and ability to remain on task. Task initiation, organization and completion may be challenging. Learning abstract information can be challenging. May have exceptional abilities in some areas but deficits in others. | <ul style="list-style-type: none"> Slower skill acquisition; may need remediation. Can include skill deficits and lower overall ability. | <ul style="list-style-type: none"> Slower skill acquisition, but what gets in stays in. Skills can seem splintered, with difficulties isolated in one or two areas. | <ul style="list-style-type: none"> Slower skill acquisition. Academic level may be affected by poor concentration and inattention. | <ul style="list-style-type: none"> Slower skill acquisition. Academic level affected by challenges with social skills communication, problem behaviors, sensory disorders and narrow specific interests. Learning abstract information can be challenging. May have exceptional abilities in some areas and deficits in others. |
| Cognitive processing & memory | <ul style="list-style-type: none"> Processing is generally slower. May or may not improve over time. Short-term and working-memory are often highly compromised. Affected areas can include: attention; memory; language comprehension; concept formation; integration; organization; generalizing information; problem solving; judgment; mental flexibility. | <ul style="list-style-type: none"> Processing is generally slower. Sensory and attention problems. Autobiographical memory is compromised and generalized memory supersedes detail. | <ul style="list-style-type: none"> Processing is impeded in a specific area. Mild memory problems. Some students may use superior memory to hide deficits. | <ul style="list-style-type: none"> Processing may be slower. Difficulty with impulsivity and inattention. No associated memory difficulties: Poor concentration and inattention may look like memory issues. | <ul style="list-style-type: none"> Processing is generally slower; development is often delayed. Theory of mind, planning, and attention are compromised. |

