

3.4.12 Traumatic Brain Injury

Student Name: _____ DOB: _____
Building: _____ Reviewer Name: _____
Date of Evaluation Report: _____ Eligible: ___YES ___NO

Evaluation⇒ (Must meet initial criteria) Reevaluation⇒ (Must address criteria components)

The team shall determine that a pupil is eligible and in need of special education and related services if the pupil meets the criterion in item A and one of the criteria in items B and C as documented by the information gathered according to item D below:

A. Documentation in file by a physician of medically verified traumatic brain injury Yes No

AND

B. Documentation in report of functional impairment attributed to the TBI adversely affecting educational performance in one or more of the following areas: Yes No

_____ intellectual/cognitive _____ academic _____ motor
_____ communication _____ sensory
_____ social/emotional/behavioral _____ functional skills/adaptive behavior

(See examples in MN Rule 3525.1348) functional impairments

AND

C. Verification of impairment not primarily the result of previously existing conditions: Yes No

- visual, hearing, motor impairments - mental retardation
- environmental or economic disadvantage - emotional/behavioral disorders
- language or specific learning disabilities - cultural differences

AND

D. Documentation in report of functional impairment (one from both #1 and #2 below): Yes No

1. _____ checklists _____ classroom or work samples
_____ documented, systematic behavioral observations _____ educational/medical history
_____ interviews with parent, student, & other knowledgeable individuals

2. _____ criterion referenced measures _____ personality or projective measures
_____ sociometric measures _____ standardized assessment measures

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1348