### 1. Definition

- Evidence that the TBI is from an acquired open or closed injury to the brain caused by an external physical force
  - Yes
  - No

- Documentation that the TBI resulted in total or partial functional disability or psychosocial impairment that adversely affects student's educational performance
  - Yes
  - No

- Documentation that the TBI is not due to brain injuries that were congenital or degenerative or to brain injuries induced by birth trauma
  - Yes
  - No

- Student's TBI includes the following:
  - An insult to the brain caused by an external force that produced a diminished or altered state of consciousness
    - Yes
    - No
  - The insult to the brain induced a partial or total functional disability and results in one (1) or more of the following:
    - Physical impairments
    - Cognitive impairments
    - Psychosocial impairments
    - Yes
    - No

### 2. Evaluation Procedures

- Appropriate medical statement obtained from a licensed physician
  - Yes
  - No

  - Name of physician
  - Name(s) of other caretakers
  - Medical rehabilitation or hospital
  - Date of trauma
  - Date(s) of medical report(s)

- Parent/caregiver interview
  - Yes
  - No

- Evaluation of educational history and current levels of educational performance
  - Yes
  - No

- Functional assessment of cognitive/communicative abilities
  - Yes
  - No

- Evaluation of social adaptive behaviors which relate to TBI
  - Yes
  - No

- Evaluation of physical adaptive behaviors which relate to TBI
  - Yes
  - No

- Documentation (observation and/or assessment) of how Traumatic Brain Injury adversely impacts educational performance
  - Yes
  - No

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**Signature of Assessment Team Member**

**Role**

**Date**

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**Signature of Assessment Team Member**

**Role**

**Date**

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Traumatic Brain Injury Assessment Documentation