

03.04.12 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)

Based on information in the Evaluation Report and the student file, the student must meet the requirements in ***all FIVE*** areas below. The determination must be made by a multidisciplinary team and supported by information collected from multiple settings and sources.

1. Medical Documentation

_____ The student's file must include documentation by a physician of a medically verified traumatic brain injury.

2. Functional Impairment

The student's file must include documentation of a functional impairment attributed to the TBI that adversely affects education performance in at least one of the following:

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

_____ Yes _____ No

(For example, See Minnesota Rule 3525.1348)

3. Previously Existing Conditions

Verification that the student's impairments are not *primarily* the result of previously existing conditions. Indicate that none of the following contribute to a previously existing condition.

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

_____ Yes _____ No

4. Documentation

The student file must include documentation of functional impairment through at least one of the following:

checklists classroom or work samples
 documented, systematic behavioral observations educational/medical history

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1352

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interviews with parent, student, & other knowledgeable individuals

5. Documentation

The student's file must include documentation of functional impairment based on at least one of the following:

criterion-referenced measures

personality or projective measures

sociometric measures

standardized assessment measures

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **MUST** be checked.

_____ The documentation supports the team decision.

_____ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1352