

**TRAUMATIC BRAIN INJURY (TBI)
RESOURCE DOCUMENT:
RE-ENTRY OF STUDENTS WITH A
TBI TO THE SCHOOL SETTING**

**A Collaborative Project of the Texas Education Agency and Statewide Evaluation
for Eligibility in Special Education Leadership**

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PURPOSE

The purpose of this document is:

- To provide information about TBI
 - Introduction
 - Definitions
- To identify the guidelines of the re-entry process from placement in a facility (Hospital/Cognitive Rehabilitation/Residential Placement/Texas Juvenile Justice Department (TJJD), residential placement made by a local juvenile probation department or from a local juvenile detention facility or detention stay longer than 30 days) to the school setting
- To describe common problems of students with TBI
- To provide an optional Head Injury Questionnaire form for use by schools to document occurrences of head injury in a student's health record

In order to effectively serve students with TBI, families, schools, and service providers must work collaboratively to address a unique and diverse range of physical, cognitive, behavioral, and social needs.

The guidelines in this resource document are intended to promote a continuum of service delivery options for this growing population in the Texas education system. The information included has been written to assist professionals and families in creating a successful education program for every student with a TBI. This resource document is aimed at sharing information to assist in promoting the importance and value of an integrated delivery of services.

INTRODUCTION

Information about TBI

TBI is the leading cause of death and disability in children and adolescents in the United States. More than one million children sustain head injuries annually; approximately 165,000 require hospitalization (Centers for Disease and Control and Protection (CDC), October 2011).

A TBI is defined as a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Modes of injury include motor vehicle accidents, bicycle accidents, falls, sporting injuries, and child abuse.

Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of damage to the brain. Mild cases may result in a brief change in mental state or consciousness, while severe cases may result in extended periods of unconsciousness, coma, or even death.

Levels of Severity of Traumatic Brain Injury

- Mild
 - Brief or no loss of consciousness
 - More than 90% of concussions do not involve loss of consciousness
 - Shows signs of concussion
 - Vomiting
 - Lethargy
 - Dizziness
 - Lack of recall of injury
- Moderate
 - Coma of less than 24 hours duration
 - Neurological signs of brain trauma
 - Skull fracture with contusions (tissue damage)
 - Hemorrhage (bleeding)
- Severe
 - Coma of more than 24 hours duration

The child with a moderate or severe TBI may have challenging educational issues that will need to be addressed as the child progresses through the stages of recovery. It is important for families and educators to work together to meet the needs of children who have suffered TBI.

DEFINITIONS

Difference between Acquired Brain Injury (ABI) and Traumatic Brain Injury (TBI):

- **An acquired brain injury (ABI)** is brain damage caused by events after birth, rather than as part of a genetic or congenital disorder.
- **Traumatic brain injury (TBI)** occurs when an external force traumatically injures the brain.

Every brain injury is different because the part of the brain involved in an injury will vary. When a child sustains a brain injury, his/her educational and emotional needs are often very different than before the injury. Both federal law and state rules define TBI and are as follows:

Federal Definition:

Individuals with Disabilities Act (IDEA) 2004

34 Code of Federal Regulations (CFR)

§ 300.8 Child with a Disability.

(c)(12)

Traumatic brain injury means 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 child's educational performance. Traumatic brain injury 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, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

State (Texas) Definition:

Texas Commissioner's Rules

19 Texas Administrative Code

§ 89.1040. Eligibility Criteria

(c)(11)

Traumatic brain injury: A student with a traumatic brain injury is one who has been determined to meet the criteria for traumatic brain injury as stated in 34 CFR, §300.8(c)(12). The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a traumatic brain injury must include a licensed physician, in addition to the licensed or certified practitioners specified in subsection (b)(1) of this section.

GUIDELINES FOR RE-ENTRY OF STUDENTS WITH TBI TO SCHOOL

To effectively serve students with a TBI, families, schools, and service providers must work collaboratively to ensure that the transition to school is seamless and addresses the unique and diverse needs of the students. Schools need to establish a plan of action prior to students' return to schools.

The following need to be taken into consideration while the student is in:

I. Hospital/ Cognitive Rehabilitation/ Residential Placement

- ✓ As soon as you know a student has been diagnosed with TBI, designate a **school contact person** to receive and provide information
- ✓ Obtain parental consent for release of confidential information between facility and school
- ✓ Identify a medical contact person at the facility (e.g., care coordinator or social worker)
- ✓ Access updates on progress and need
- ✓ Educate family and school staff regarding student's condition
- ✓ Arrange for hospital visits for school staff
- ✓ Establish and communicate follow-up and reevaluation schedule
- ✓ Request a school reentry meeting before discharge
- ✓ Find out date of discharge
 - Discharge Planner/Social worker/Parents notified of discharge date in order for everyone to have input in the transition plan
- ✓ Secure discharge summary
 - Should include necessary information/recommendations from doctor to inform 504 committee or admission, review, and dismissal (ARD) committee
 - [A Guide to the Admission, Review, and Dismissal Process \(ARD Guide\)](#)
 - [Section 504](#)
 - Identify cognitive and behavioral interventions used in treatment
 - What cognitive improvement/decline has been experienced
 - Review therapies/services (i.e. speech, occupational therapy, physical therapy, cognitive therapy, counseling, etc.) being provided
 - Identify all areas of deficits: vision, seizures, hearing, medical, communication, cognitive, fine and gross motor, emotional, behavioral, comprehension, psychiatric, functional limitations
 - Define behavior/academic needs
 - State accommodations/modifications in place for academic as well as for extra-curricular activities
 - Identify assistive technology being provided and discuss transfer of devices
- ✓ Establish a plan to determine medical benchmarks/medical milestones
- ✓ Identify community resources, support groups provided to family

II. Texas Juvenile Justice Department Facility or Juvenile Residential Facility or Detention Facility or Detention Facility if the stay is longer than 30 days.

- ✓ Designate a **school contact person** to receive and provide information
- ✓ Identify a facility contact person: TJJD, parole, or local
 - Be sure to include: probation officer, facility administrators, liaison between facility and school district, caseworker, psychologists
- ✓ Obtain parental consent for release of confidential information between facility and school; MOU, if necessary
- ✓ Employ case management processes in place (work with parole or probation officer in case coordination and planning)
- ✓ Establish and communicate follow-up and reevaluation schedule
- ✓ Request a school re-entry meeting before release/discharge
- ✓ Find out date of release/discharge
 - Parole/probation officer/case worker/parents notified of release/discharge date in order for everyone to have input in the transition plan
- ✓ Secure release/discharge summary – (brain injury screening results, relevant psychological/psychiatric evaluations and notes, treatment plans)
 - Should include necessary information/recommendations to inform 504 committee or admission, review, and dismissal (ARD) committee
 - [A Guide to the Admission, Review, and Dismissal Process \(ARD Guide\)](#)
 - [Section 504](#)
 - Identify cognitive and behavioral interventions used in treatment
 - What cognitive improvement/decline has been experienced
 - Review therapies/services (i.e. speech, occupational therapy, physical therapy, cognitive therapy, counseling, etc.) currently being provided
 - Identify all areas of deficits: vision, seizures, hearing, medical, communication, cognitive, fine and gross motor, emotional, behavioral, comprehension, psychiatric, functional limitations
 - Define behavior/academic needs
 - State accommodations/modifications in place for academic as well as for extra-curricular activities
 - Identify assistive technology being provided and discuss transfer of devices
 - Secure information from key personnel of child's needs/any modifications (facility administrator); all aspects (medical, dietary, behavioral, or anything else that affects the child's education). They can ask judge for any special assistance the child may need. Court orders may be able to be modified.
- ✓ Notify Community Resource Coordination Groups (CRCG)—coordination of resources needs to be established

Prior to the student's release from a facility and before he/she returns to school, the school needs to consider/plan for the following:

I. Information Sharing

- ✓ Establish a school team (school psychologist (LSSP)/educational diagnostician , special education teacher, general education teacher, school counselor, administrator, school nurse, occupational therapist, physical therapist, speech pathologist, or any other related service providers) for decision making
- ✓ Secure parental permission to release confidential information
- ✓ Request/review all reports/evaluations as they become available from the facility
- ✓ Review existing plan/schedule of current placement—information from the facility
- ✓ Translate medical and treatment information to school language, i.e. ensure that medical/treatment information is in language easily understood by school personnel
- ✓ Share information with school staff as needed
- ✓ Obtain all facility records—from hospital/ cognitive rehabilitation/ residential placement/ correctional or detention placement
- ✓ Determine need for special education services—invite facility representatives if not discussed prior to discharge
 - See Evaluation Flowchart: [Parental Request for Evaluation Flowchart](#)
 - [Section 504](#)

II. Training Activities

- ✓ Problem solving—discussion of what types of instruction and interventions will be most successful
- ✓ Train all school staff who have interactions with the student, including information about the unique characteristics of TBI and the types of strategies that are effective with students with TBI
- ✓ Provide information to all school staff regarding the recognition and understanding of family issues
- ✓ Utilize the Education Service Center (ESC) as a resource for additional information and training: [Education Service Center \(ESC\) Technical Assistance](#)
- ✓ Utilize the Office of Acquired Brain Injury: [Office of Acquired Brain Injury](#)
- ✓ Support school staff
- ✓ Inform and support peers

III. Family Support

- ✓ Help family members understand medical and educational language and issues
- ✓ Ensure parent understanding of the special education referral process: [Parental Request for Evaluation Flowchart](#)
- ✓ Support family members through the grieving process
- ✓ Assist in the identification of community resources/ support groups

REMEMBER: *The keys to successful transitions for students with TBI are the support, understanding and acceptance of the family, school, and other significant parties.*

COMMON PROBLEMS—INFORMATION FOR TEACHERS

Compiled by the Statewide Evaluation for Eligibility for Special Education Leadership

Areas that may be affected following a TBI:

While each brain injury is unique, changes in physical ability, learning, behavior and personality are common. Frequently reported problems may include:

Cognitive/Learning Changes	Social/Emotional & Behavioral Changes	Physical/Sensory Changes
<ul style="list-style-type: none"> • Concentration • Attention • Communication • Writing skills • Memory • Problem-solving • Reading/math skills • Insight • Perception • Planning • Judgment • Sequencing • Orientation • Organization 	<ul style="list-style-type: none"> • Anxiety • Agitation • Mood swings • Depression • Self-centeredness • Impulsivity • Grief/loss • Low self-esteem • Restlessness • Lack of motivation • Lack of inhibition • Vulnerability • Changes in peer relationships 	<ul style="list-style-type: none"> • Speech production • Swallowing • Seizure disorder • Vision • Fatigue • Motor skills • Sensory impairment

Some common interventions for students with TBI that can be *implemented immediately* may include:

- Provide structure and consistency throughout all settings
- Assign a “buddy” to travel in hallways and cafeteria and provide prompts for homework assignments and needed supplies
- Utilize a memory system to serve as a communication tool between home and school, outline homework assignments, outline daily schedule and locker information and establish short and long-term goals
- Present information at a slower pace and monitor level of understanding
- Give directions using more than one modality
- Avoid abstract, figurative language
- Seat close to instructional focus to maintain and redirect attention
- Use gestures, visual cues, pictorial illustrations and hands-on demonstrations
- Be systematic in instruction: categorizing or grouping information, working in sequence, using task analysis
- Provide a time and place for mental and emotional rest
- Allow for repetition and review
- Provide deliberate instruction for study skills and problem-solving

- Modify tests: reduce number of items, transform essay questions to short answer with a word bank or multiple choice format
- Employ assistive technology as needed
- Utilize universal design of instruction (UDI) to maximize the learning of all students
- Accommodate fatigue and endurance issues by considering length of day, physical needs and architectural barriers, and designating a place for calming down

Programming issues for students with TBI must focus on educational implications beyond traditional curriculum. The following are areas of functioning that are often affected as a result of a TBI and may interact with one another making it difficult to describe and to provide intervention. The age of the student, the time since the onset of the injury, and the demands of the academic setting also may affect how each deficit impacts performance and may change as the student recovers.

Although these cannot be easily isolated, difficulties in any one or more of the following areas may result in inappropriate classroom behavior and academic problems. These may be misinterpreted as voluntary misbehavior or lack of ability or effort. This is not always the case. The limitations should be addressed as part of programming considerations.

Classroom Implications of TBI:

Areas of Functioning	Classroom Manifestations of Deficits
Attention or Alertness	<ul style="list-style-type: none"> • Falls asleep in class • Appears to be daydreaming • Gets focused on one object or subject; cannot shift • Loses train of thought when talking • Unable to sit still • Looks toward any movement or noise • Cannot tune out distractions • Displays other off-task behaviors
Visual Perception	<ul style="list-style-type: none"> • Has difficulty with puzzles and other toys • Omits portions of material when reading or copying • Cannot find items on a shelf or in text • Runs into people or objects • Skips words or lines when reading • Has difficulty aligning columns
Memory & New Learning	<ul style="list-style-type: none"> • Cannot recall events of the day or previous day • Forgets to do or hand in assignments • Loses track of time • Gets lost travelling to and from class • Recalls information from before the injury, but has difficulty with new information • Has difficulty recognizing faces • Forgets rules

	<ul style="list-style-type: none"> • Misses classes • Recalls only parts of directions or assignments
Organization & Problem Solving	<ul style="list-style-type: none"> • Has difficulty breaking tasks down into parts or steps • Has difficulty prioritizing what to do first • Has difficulty playing games requiring sequencing • Cannot distinguish between relevant and irrelevant information when studying or note taking • Does not recognize problem situations • Only sees limited solutions • Does not understand humor • Tends to interpret information literally • Loses or cannot find materials • Has difficulty following through on tasks or assignments until completion
Speed of Processing	<ul style="list-style-type: none"> • Takes excessive time to complete assignments, tasks and tests; overloads easily • Asks questions about topics already discussed • Requests repeated directions • Takes excessive time to respond to questions, resulting in long pauses
Verbal Expression	<ul style="list-style-type: none"> • Can be nonverbal • Uses vague responses or questions • Has word finding problems • Takes long pauses • Seems to have knowledge but cannot express it clearly • Has unintelligible speech • Has language delays
Written Expression	<ul style="list-style-type: none"> • Unable to write legibly • Unable to keep up with note taking • Makes spelling and grammatical errors • Makes organizational errors • Lacks organizational skills • Composes in simplistic fashion • Lacks proofreading skills • Unable to express ideas clearly
Social	<ul style="list-style-type: none"> • Jokes inappropriately • Behaves immaturely • Interrupts others • Touches others inappropriately • Demonstrates poor listening skills • Unable to read social cues • Chatters inappropriately • Displays flat affect • Shows little or no emotion
Behavior & Emotion	<ul style="list-style-type: none"> • Has verbal outbursts • Fights

	<ul style="list-style-type: none"> • Curses • Demonstrates mood swings • Tends to be negatively influenced by peers • Lacks initiative • Regarded as egocentric • Appears apathetic • Lacks awareness of deficits • Practices poor hygiene • Laughs or cries uncontrollably
Physical	<ul style="list-style-type: none"> • May have related pain • May have impairments in any of the following: <ul style="list-style-type: none"> ▪ Speech ▪ Gait ▪ Coordination & dexterity ▪ Respiration ▪ Feeding ▪ Vision ▪ Hearing

Intervention Strategies

The following strategies have been found to be helpful with student's re-entry to school in the specified areas. These are listed alphabetically – one or more may apply.

Attention

- It may be necessary to shorten assignments or break tasks down into smaller parts
- Plan to minimize distraction in the student's auditory/visual space
- Student may need re-direction to task (e.g., verbal, physical prompts)
- Student may benefit from taking tests in a quiet area and additional time for tests

Behavior/Emotional Adjustment

- Avoid changes in student's routine
- Provide the student with choices, and be flexible with expectations
- Student should be encouraged to review behavior at the end of the day (via diary or teacher-student contact)
- Utilization of intervention strategies for specific problems may structure the environment and help student return to baseline emotional functioning
- Contact with the school counselor, social worker, or psychologist may facilitate student's insight into emotional changes and assist in developing coping/problem-solving strategies

Expressive/Receptive Language

- Provide homework assignments in written and verbal form
- Limit length of verbal directions and verify student understands directions
- Use of specific vs. open-ended questions may decrease student's frustration with language formulation and word retrieval
- Utilize different modes of communication, including augmentative communication devices

Fatigue

- Plan shorter days initially, per licensed physician's recommendation
- Frequent rest breaks may be needed
- Younger children may need a short nap in a quiet area

Math

- Student may need extra help recalling memorized math facts
- Student may benefit from instruction in applied calculation skills
- Students with visual organizational problems may benefit from the use of grid paper to organize their columns for multiplication/division
- Larger key calculator
- Short-term remedial math may be necessary

Medical Management

- Be aware of medications and changes in medications
- Help student remember when to take medications
- Be aware of side effects caused by medications

Memory/Organization

- Organizing information in advance may help students with transitions
- Student may not be able to complete make-up assignments and may need additional help with cumulative subjects (e.g., foreign languages, algebra)
- An extra set of books at home may be helpful
- A daily schedule and notebook organizers can help the student remember routines or unusual activities and assignments
- Use of a buddy system may be helpful with task organization
- Plan to limit changes in the daily routine
- Use of assistive technology
- May have to teach executive function skills such as planning, working memory, attention, problem solving, verbal reasoning, inhibition, mental flexibility, multi-tasking, initiation and monitoring of actions
- Other external aids as appropriate for the student may be useful. Examples include assignment book, log of daily activities, written cues on the board or desk and others

Physical and Coordination Difficulties

- Provide assistance with written tasks
- Reduce written work and utilize dictation
- The buddy system can help with written work and physical safety
- Provide extra time for assignment completion and getting from place to place
- Consider safety in activities such as climbing, jumping, and contact sports during recess and physical education
- Be aware of issues with sensory input and accommodate accordingly

Reading

- Books on tape/ cd/online
- Tests may be given orally
- Review of other students' notes may be helpful
- Short-term remedial reading instruction may be necessary
- Briefer reading passages may be needed due to decreased reading speed and comprehension
- Use of assistive technology may be helpful
- Students may need adaptations of written print size

Social Support

- Provide a staff person to monitor student's readjustment to school (attendance, assignment completion, or other problems)
- Buddy system can help model appropriate social skills, particularly in unstructured situations
- Provide extra supervision in unstructured activities
- Encourage participation in community clubs or after-school programs
- Consider an older-grade buddy or peer tutor for specific academic or social activities, tutoring, homework, and lunch time
- Some students may benefit from conflict resolution activities

Sports/Recreational Activities

- Return to physical education or sports only after obtaining doctor's approval
- Avoid contact sports (football, hockey, soccer) or in-line skating, skiing/skateboarding, and similar activities

RESOURCES

The following websites are provided as resources to assist in better understanding TBI. This is not an exhaustive list and will be updated as new information and sites become available.

Federal

[United States Office of Special Education Programs](#)

This site was created to provide a "one-stop shop" for resources related to IDEA and its implementing regulations.

[Centers for Disease Control and Prevention \(CDC\)](#)

A fact sheet for teachers, counselors, and school professionals

[The Brain Injury Resource Center](#)

This site provides a wealth of information, creative solutions and leadership on issues related to brain injury.

State

[Department of State Health Services](#)

[Traumatic Brain Injury Advisory Council](#)

The Texas Traumatic Brain Injury Advisory Council (TBIAC) was established September 1, 2003 through an act by the 78th Texas Legislature.

[Office of Acquired Brain Injury](#)

The Office of Acquired Brain Injury in Texas serves as resource for survivors of brain injuries and their families, including returning combat veterans, through referrals and greater coordination of federal, state and local resources.

[Texas Education Agency](#)

Special Education Rules and Regulations

- [A Guide to the Admission, Review, and Dismissal Process \(ARD Guide\)](#)
- [Notice of Procedural Safeguards](#)
- [Legal Framework](#)

[Texas Assistive Technology Network](#)

Texas Assistive Technology Network (TATN) is working to ensure that students with disabilities receive assistive technology devices and services when needed to benefit from a free, appropriate public education.

Teacher Resources

Texas Council for Developmental Disabilities: [Project IDEAL](#)

This Website is part of a teacher preparation program intended to better prepare teachers to work with students with disabilities. Project IDEAL (Informing and Designing Education For All Learners) was made possible by the Texas Council for Developmental Disabilities (TCDD).

NICHCY: [Tips for Teachers: Teaching Students with Disabilities](#)

The tips for teachers were excerpted from documents developed by the National Dissemination Center for Children with Disabilities.

[Center on Brain Injury Research and Training](#)

Established in 1993 at the Teaching Research Institute, a division of Western Oregon University, CBIRT conducts research and training to improve the lives of children and adults with TBI.

Educator site: [TBI](#)

This is one of many publications available through the Bureau of Exceptional Education and Student Services, Florida Department of Education, designed to assist school districts, state agencies which support educational programs, and parents in the provision of special programs.

[Learning Ally](#)

Students, who have sustained a Traumatic Brain Injury, may be eligible for services, if the injury prevents them from being able to: process, comprehend, see, or hold a standard book.

Associations & Foundations

[Brain Injury Support Groups in TX \(Texas Health & Human Services Commission\)](#)

Resource information for survivors of brain injuries and their families in Texas.

[Brain Injury Association of Texas](#)

The Brain Injury Association of Texas dedicates this site to brain injury survivors, family members, advocates, and brain injury professionals in Texas.

[Brain Injury Association of USA](#)

The Brain Injury Association of America (BIAA) is the country's oldest and largest nationwide brain injury advocacy organization.

[Brain Trauma Foundation](#)

415 Madison Avenue

14th Floor

New York, NY 10017

education@braintrauma.org

<http://www.braintrauma.org>

Tel: 212-772-0608

Fax: 212-772-0357

[Brain Injury Association of America, Inc.](#)

1608 Spring Hill Rd

Suite 110

Vienna, VA 22182

braininjuryinfo@biausa.org

<http://www.biausa.org>

Tel: 703-761-0750 800-444-6443

Fax: 703-761-0755

[Brain Injury Research Center of Mount Sinai School of Medicine](#)

In addition to conducting research addressing challenges of TBI, a variety of resources are made available for professionals and for people with TBI and their families through the Brain Injury Research Center (BIRC) of Mount Sinai. The BIRC is one of the nation's foremost TBI centers and partners with the Texas Health and Human Services Commission's Office of Acquired Brain Injury.

[The Dana Foundation: Students with Traumatic Brain Injury](#)

This 17-page brochure is intended to provide a general overview of how schools can best meet the needs of students with TBI.

[The Dana Foundation: A Wound Obscure, Yet Serious](#)

Consequences of unidentified traumatic brain injury are often severe.

[Internet & Books: Brain Injury Resource](#)

[Traumatic Brain Injury: Hope Through Research](#)

A booklet about TBI, or head injury, prepared by the National Institute of Neurological Disorders and Stroke (NINDS)

[NINDS Shaken Baby Syndrome Information Page](#)

Shaken baby syndrome information sheet compiled by the National Institute of Neurological Disorders and Stroke (NINDS).

[TBI Resource Guide](#)

[National Brain Injury Information Center](#)

[Brain Injury Information Only](#)

1-800-444-6443

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National Dissemination Center for Children with Disabilities (NICHCY), “Tips for Teachers” and
“Tips for Parents.”

A special thanks to Deb Williamson and Barb Cisco of the Minnesota Department of Education for
allowing the use the Instructional Strategies for the Student with TBI.

HEAD INJURY QUESTIONNAIRE

Child's Name: _____ School: _____

Date of Birth: _____ Grade: _____ Today's Date: _____

INTRODUCTION: According to the Centers for Disease Control and Prevention (CDC), *Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths, 2002-2006*, "Traumatic brain injury (TBI) is an important public health problem in the United States (U.S.). Because the complications that result from TBI, such as impaired cognition and memory, are often not readily apparent, and because awareness about TBI among the general public is limited, it is frequently referred to as the "silent epidemic."

Please answer the following questions:

1. Has your child ever been in an accident in which he/she was unconscious?
Yes No
2. Has your child ever struck his/her head hard enough in a fall to be unconscious?
Yes No
3. Are you aware of any instance in early childhood where, as a baby, he/she was difficult to wake?
Yes No
4. Has your child had a concussion/blow to the head while playing sports or other activity that was treated by a health care professional?
Yes No
5. If you answered yes to any of the questions above, please answer the remaining questions:
 - a) Approximately how long was your child unconscious? _____
 - b) Did you seek medical attention? Yes No
 - c) Was your child hospitalized? Yes No For how long? _____
 - d) May we have a Release of Information to obtain records from the hospital and/or doctors who treated your child for this head injury?
Yes No

Name and Location of Hospital(s):

Name and Location of Doctors(s):

I understand that the above information will be entered onto my child's health record and used only for the purpose of aiding in the creation and maintenance of a comprehensive educational plan. Confidentiality and FERPA laws apply to these documents which limits access to only personnel working with the student.

Printed Name of Person Completing this Form: _____

Relationship to Child: _____

Signature: _____ Date: _____