| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **School District** | **School** | **Grade** |
|  |  |  |

**Comprehensive Evaluation**

If a student is suspected of having a traumatic brain injury, a comprehensive evaluation must be conducted for early childhood or school age special education services, including the following (attach evaluation report that describes and explains the results of the evaluation conducted):

1. The team has reviewed existing information, including information from the parent(s), previous testing, medical data, the student’s cumulative records, and previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

| **Date Reviewed** |
| --- |
|  |

2. Medical examination as defined in OAR 581–015-2000 indicating a traumatic brain injury, OR

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

3. With documentation of sufficient efforts by the Local Education Agency to obtain appropriate medical information through a medical examination and evidence that such information cannot be obtained, a Guided Credible History Interview facilitated by an individual familiar with the symptoms of a traumatic brain injury to thoroughly explore a family’s report of a possible traumatic brain injury.

| **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

4. Psychological Assessment(s).

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

5. A developmental history as defined in OAR 581-015-2000.

| **Examiner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

6. Other assessment(s) including, but not limited to, motor assessments if the student exhibits motor impairments; speech or language assessments if the student exhibits a speech or language impairment; and psychosocial assessments if the student exhibits changed behavior. These assessments must be completed by qualified personnel-knowledgeable in specific area being assessed.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

7. Other information relating to the student's suspected disability, including pre-injury performance and a current measure of adaptive ability.

| **Examiner** | **Measure of Adaptive Ability** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

8. An observation in the classroom and in at least one other setting.

| **Examiner** **(classroom observation)** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |
| **Examiner** **(observation in another setting)** | **Date Conducted** | **Date Reviewed** |
|  |  |  |

9. Any additional assessments that may determine the impact of the suspected disability on the student’s developmental progress for a student age 3 to 5 or the student’s educational performance for a student age 5 to 21.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

10. Any additional evaluations or assessments necessary to identify the student's developmental or educational needs.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

**Eligibility Criteria**

A student with a traumatic brain injury has an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both. 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. *Students with brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma, are not eligible under the category of traumatic brain injury but may be eligible under a different category.*

The student meets the following criteria:

| [ ]  Yes | [ ]  No | The student has an acquired injury to the brain caused by an external physical force. |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | The student's condition is permanent or expected to last for more than 60 calendar days. |
| The child's injury results in an impairment of one or more of the following areas: |
| [ ]  Yes | [ ]  No | Communication; |
| [ ]  Yes | [ ]  No | Behavior; |
| [ ]  Yes | [ ]  No | Cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing; and/or |
| [ ]  Yes | [ ]  No | Sensory, perceptual, motor and/or physical abilities. |

| **Eligibility Determinations**The team has determined that: |  |
| --- | --- |
| The disability has an adverse impact on the child’s developmental progress when the student is age 3-5 or has an adverse impact on the student’s educational performance when the student is age 5-21.  | [ ]  Yes | [ ]  No |
| The student has a traumatic brain injury as defined in this rule; | [ ]  Yes | [ ]  No |
| By reason thereof, the student requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services. | [ ]  Yes | [ ]  No |
| The team has considered the student’s special education eligibility, and determined that the eligibility is due to:  |
| a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies); | [ ]  Yes | [ ]  No |
| a lack of appropriate instruction in math; | [ ]  Yes | [ ]  No |
| limited English proficiency. | [ ]  Yes | [ ]  No |

The team agrees that this student:

* [ ]  Does qualify for Early Childhood Special Education services with an eligibility of Traumatic Brain Injury.
* [ ]  Does not qualify for Early Childhood Special Education services with an eligibility of Traumatic Brain Injury.
* [ ]  This section does not apply to this student.

The team determined that this student:

* [ ]  Does qualify for special education services with an eligibility of Traumatic Brain Injury.
* [ ]  Does not qualify for special education services with an eligibility of Traumatic Brain Injury.
* [ ]  This section does not apply to this student.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]

[ ]  A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

This form is used to:

Document whether the student meets the eligibility criteria for Traumatic Brain Injury and the basis for that determination in accordance with OAR 581-015-2175 and 34 CFR §300.8.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

Document the date of the eligibility determination.

Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

Directions:

Enter the date the form was completed by the team (meeting date).

Enter the student’s name.

Enter the student’s date of birth.

Enter the student’s SSID.

Enter School District and School information.

Enter student’s grade level at the time of meeting.

List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s) and the testing date(s). If data is being reviewed only (e.g., for reevaluation), indicate the review date. Attach documentation of each evaluation.

The team must determine the following:

The student has an acquired injury to the brain caused by an external physical force.

The student's condition is permanent or expected to last for more than 60 calendar days.

The child's injury results in an impairment of one or more of the following areas: communication; behavior; cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing; and/or Sensory, perceptual, motor and/or physical abilities.

The team must also determine the following:

The student’s disability has an adverse impact on the student’s educational performance when the student is age 5-21, or has an adverse impact on the child’s developmental progress when the child is age 3-5.

The student has a traumatic brain injury as defined in this rule;

The student requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services.

The team must document that they considered the student’s special education eligibility, and determined that the eligibility:

Is not due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies);

Is not due to due a lack of appropriate instruction in math; or

Is not due to limited English proficiency.

Indicate if the student does or does not qualify for Early Childhood Special Education or School Age Special Education services with a Traumatic Brain Injury eligibility.

Have each team member (including the parent/guardian) sign the form, indicating their title and whether they agree or disagree with the eligibility determination.

Place a copy of this form with all attachments into the student’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).

Note: If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid. Attach documentation of each evaluation.