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individual
inventive
informed
inspiring
included
involved
inspired
intricate
intuitive
intense
inviting

so much more than injured

students with tbi
TRAUMATIC BRAIN INJURY

thriving beyond injury

a guide for parents and schools
working together to improve
special education services
for students with tbi

ohio legal rights service
hrsa p&a tbi program
december 2006

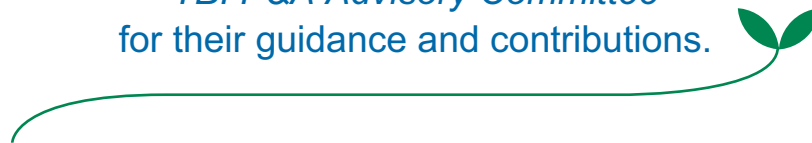
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Students with TBI

THRIVING BEYOND INJURY

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Goldstein, F. C., & Levin, H. S. (1987). Epidemiology of pediatric closed head injury: Incidence, clinic characteristics, and risk factors. *Journal of Learning Disabilities*, 20, 518-525.

Kraus, J. F., Fife, D., Cox, P., Ramstein, K., & Conroy, C. (1986). Incidence, severity, and external causes of pediatric brain injury. *American Journal of Diseases in Childhood*, 140, 687-693.

Kraus, J. F. (1995). Epidemiological features of brain injury in children: Occurrence, children at risk, causes and manner of injury, severity, and outcomes. In S. H. Broman & M. E. Michel (Eds.), *Traumatic head injury in children* (pp. 22-39). New York: Oxford University Press.

Ohio Department of Education, iLRC Interactive Reports, 2005-2006 Child Count.

US Census Bureau.

Introduction



background on traumatic brain injury (TBI), on the laws which define your child's rights, and important TBI facts and figures to assist you, as you advocate for your child's right to thrive beyond injury

TBI FACTS



Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 1: Because there is no clear direction from Ohio on evaluation of children with TBI or best practices in providing educational services to children with TBI, your child's school may need information and guidance to provide a FAPE to your child. This book can help you and your school work through the process of developing a plan to educate your child. Remember that there is an expanded definition of TBI in Ohio that may qualify your child for special education services through an IEP.

As of 2005, the Ohio Department of Education reported 962 children served under the TBI category in Ohio's schools. Given that TBI became a category for special education eligibility in 1991, OLRs believes that many more children should have been identified by Ohio's schools as eligible for services under the TBI category. Our motivation for writing this book is based on these and other statistics, and our agency usage statistics. The primary goal of this book is to help parents and schools to work together to improve services to children with TBI. Another goal of this book is to emphasize the discrepancy between the number of children who sustain moderate to severe TBI, and the number of children who are identified and served in the TBI category in Ohio's schools.

MANY MORE CHILDREN SHOULD BE IDENTIFIED FOR TBI SERVICES

IDEIA
INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT

This book is designed to provide parents of children with traumatic brain injuries with information about special education and related services as they are provided under the Individuals with Disabilities Education Improvement Act (IDEIA) in the state of Ohio. This publication has been written to guide parents through the process of getting appropriate special education services through the various stages of traumatic brain injury and rehabilitation.

FAPE
FREE APPROPRIATE PUBLIC EDUCATION

Special Education Law

The IDEIA is a federal law which requires specialized services to be provided to children with disabilities age 0 through 21. That law requires schools to provide a Free Appropriate Public Education (FAPE) to children beginning at age 3 in the least restrictive environment (LRE), and the provision of early intervention services to children age 0 through 2. A team of individuals with knowledge of your child and special education is required to decide eligibility for services and what services your child needs. You are an important member of that team. This book will help prepare you for your role as a team member.

LRE
LEAST RESTRICTIVE ENVIRONMENT

A FAPE means that your child receives the appropriate special education and related services to address his or her unique

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IF
YOUR
CHILD DOES
NOT QUALIFY
FOR SERVICES
UNDER IDEIA,
ASK ABOUT
SECTION
504

needs. These services are provided at no cost to you. Special education is specially designed instruction to meet the needs your child has because of his or her disability. Related services are services your child needs in order to benefit from his or her specially designed instruction. Related services include, but are not limited to, speech therapy, physical and occupational therapy, assistive technologies and transportation.

In addition to the IDEIA, there are other federal laws which may provide specialized services to your child. The Rehabilitation Act of 1973, commonly called Section 504, is a federal law which prohibits schools and other agencies that receive federal money from discriminating against people with disabilities. Your child may qualify for services through Section 504. If your school tells you that your child does not qualify for an IEP through the IDEIA, you should ask your school to determine whether your child qualifies for services through a Section 504 plan.

Another federal law, the Americans with Disabilities Act (ADA), requires schools and other programs to provide access to people with disabilities. This law may apply to your child if your child is being denied access to school or another program because of a disability.

This book addresses services, procedures and rights regarding the IDEIA. For more information on 504 and the ADA, see the OLRs web site at <http://olrs.ohio.gov>.

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ADA
AMERICANS
WITH
DISABILITIES
ACT

Definition of TBI - Ohio v. IDEIA

There are two definitions of traumatic brain injury that apply to children with disabilities and special education. The definition of TBI in the IDEIA is limited to acquired brain injuries caused by an external force to the head. Ohio has a different definition of TBI. In Ohio, the definition of TBI includes damage to the brain caused by medical conditions which are not external, such as strokes, tumors, and injuries caused by surgeries.

TBI
UNDER
IDEIA

AN INJURY
ACQUIRED
BY AN
EXTERNAL
FORCE

The distinction in Ohio is important because it qualifies more children with brain injuries for special education services.

You should make sure that your school district understands the broader Ohio definition of TBI when advocating for services for your child. Below is the definition of TBI with the additional *Ohio language in italics*:

An acquired injury to the brain caused by an external physical force *or other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments.*

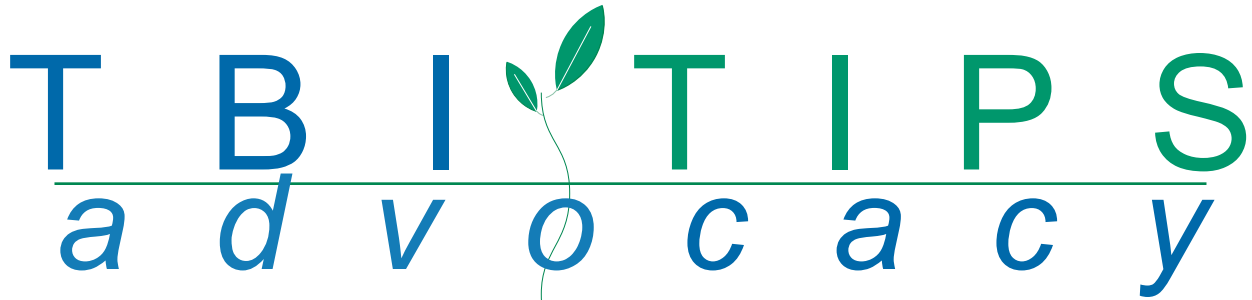
The injury results in total or partial functional disability or psychosocial impairment or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries, *as well as to other medical conditions that result in acquired brain injuries.*

The injuries result 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.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

TBI
IN OHIO

INCLUDES
INJURIES
FROM
STROKE,
SURGERY,
TUMOR



***Will my school understand
that my child is eligible for services
under Ohio law?***

Your school may not be as familiar with the expanded Ohio definition of TBI. You may have to educate your school about the expanded definition by copying the definition provided in this book and sharing it with your school.

Transitions



a coordinated set of activities designed to assist your child in moving among school settings, and from school to post-school activities

TBI FACTS



Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 2: Transitions are inevitable and a part of life. Transitions can be stressful but can also be managed with planning and preparation. It is helpful to anticipate transitions and work with others to address your child's transition needs. Providing positive transition experiences for your child will help your child learn to see transitions as a positive part of life.

Children with brain injury will go through many transitions from injury to recovery. Unlike many disabilities, brain injury is unique because children with brain injuries acquire the injury after birth. The family must make the transition from having a child without brain injury to accepting a child with brain injury and its consequences.

In addition to the family transitions, there will be transitions from medical/ rehabilitation service settings, between providers of service, and within educational service settings.

Depending on the age at which your child's brain injury occurs, different agencies will be responsible for assisting you through the transition process. Successful transition includes a well thought out plan to assist your child from one setting or circumstance to another and includes necessary supports and services.

Transition Between Settings

You and your child are likely to engage in multiple transitions. You will encounter transitions in both setting and providers. Transition is the movement from place to place, service to service, or program to program. Successful transition requires planning, cooperation, and coordination. Transitions can also be stressful as you move from the known to the unknown. Knowing that transitions are inevitable and a necessary part of growth and development can lessen the stress. Transitions also can become less stressful with support, practice, and patience.

For children with TBI, transitions are likely to occur from hospital to rehabilitation, to home, and to school and the community. Not only do transitions involve different settings, they will also involve different providers. In order to begin a successful transition, you must seek support from individuals who can help you through the process. Seek individuals who are knowledgeable about the programs and services available to your child.



TRANSITIONS
FROM PLACE
TO PLACE,
SERVICE TO
SERVICE, OR
PROGRAM TO
PROGRAM



AND
FROM
HOSPITAL
TO REHAB,
TO HOME,
TO SCHOOL,
AND TO THE
COMMUNITY

Transition from Hospital to Rehabilitation Program

Some health care facilities are better equipped to provide transition services and support than others. If your child is in a major children’s hospital or trauma center, the hospital will likely have its own rehabilitation unit and individuals responsible for assisting you with your child’s transition. When a facility has an in-house rehabilitation program, it is more likely that staff have the opportunity to establish smooth communication and collaborate in transition efforts. Because rehabilitation staff is on-site, staff has the opportunity to assess and get to know you and your child prior to transition.

A small, rural hospital is less likely to have in-house rehabilitation services and may transfer your child to another location. You should work to ensure that this transition is as smooth as possible by planning and coordinating the move. You should determine if there is someone on staff who has transition knowledge and responsibilities. If not, you should begin to educate yourself about your child’s needs and the options available. It can be helpful to visit a program before any move and/or read as much information about the program and its services as possible. The hospital may have a library or internet access with information about programs available. You should also contact the Brain Injury Association of Ohio for information and referrals. See Part 7, Resources, for contact information and other helpful resources.



Transition from Rehabilitation Program to School

One of the first transitions faced by parents of children with brain injury in education is the transition from sole membership in the regular education community to dual membership in both the regular and special education communities.

This transition can raise issues that parents of children with recently acquired disabilities have not previously encountered.

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A TIME OF
ADJUSTMENT
FOR
THE SCHOOL,
FOR YOU AND
FOR YOUR
CHILD

Your child's school, including teachers and administrators may have difficulty adjusting to your child's new way of functioning. Your school is used to thinking of your child in pre-injury ways. There will be an adjustment period where your school is re-thinking the way that it works with your child. This adjustment is particularly difficult where the results of a TBI may not be obvious by looking at your child. Because your child may look the same, your school may find it difficult to remember that your child is injured. It can be helpful to discuss ways to support your school in this adjustment. Support can include providing information on brain injury, in-service training, and other learning opportunities for school staff.

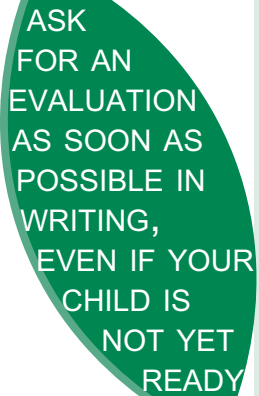
In addition to the adjustment to your child's new abilities, your child may receive services from special service providers. Your child's regular education teachers may now have to work with special services teachers and support personnel. There can be an adjustment period where the providers from both systems must learn to coordinate and work together. In this case, training and support can also be helpful.

Because it takes time to transition your child into school after a TBI, you should begin the transition process by notifying your school as soon as possible that your child has sustained a TBI. Because you may not know how the TBI will ultimately affect your child's educational progress, you should inform the school, in writing, that you suspect your child might have a disability and may be in need of special services. See the sample letter on page 26. With this information, your child's school can monitor your child for any negative impact on learning and make arrangements for evaluation and special services if necessary.

At any time, you can request evaluation for your child. This request should be in writing. In a letter, you should request that your child be evaluated to determine eligibility for special education. You should also provide express permission (consent) for the evaluation to begin. See the sample letter on page 48.

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INFORM
THE SCHOOL
IN WRITING
ABOUT YOUR
CHILD'S
INJURY AS
SOON AS
POSSIBLE

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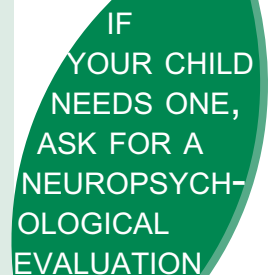
ASK
FOR AN
EVALUATION
AS SOON AS
POSSIBLE IN
WRITING,
EVEN IF YOUR
CHILD IS
NOT YET
READY

Requesting the evaluation as soon as possible is important because schools have 60 days from the date of request for an initial evaluation to get the evaluation completed. This is why it is important to convey your request and consent in writing as soon as possible. You should address your letter to your school's special education director/coordinator.

Even if your child is not capable of participating in an evaluation immediately, you want the evaluation to begin as soon as possible after your child is capable of participation. It is better to have an active request for evaluation that exceeds time-lines than to begin the process after your child can participate and have to wait for assessment. You can always have an active request and give the school permission to extend the time-lines. Under these circumstances, the school will be poised to begin evaluation as soon as your child is ready.

Your request for evaluation will require your school to begin a planning process for your child. The school psychologist would likely contact you to obtain a release to speak to medical providers and review records. The school needs to develop a plan to evaluate your child. This plan may be developed with or without a meeting. Because there are unique issues regarding the evaluation of children with TBI, you should be an active participant in the evaluation planning process for your child. During this process, you should ensure that your school is educated about the need for a neuropsychological evaluation as a part of your child's assessment and discuss how and when such evaluation will be completed.

If a neuropsychological evaluation is necessary for your child's appropriate assessment, and one has not already been completed for your child, you should request that your school ensures that one is completed at no cost to you. See Part 3, Evaluation, for more information.

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IF
YOUR CHILD
NEEDS ONE,
ASK FOR A
NEUROPSYCH-
OLOGICAL
EVALUATION

Transition from Private School to Public School

Some children who acquire a brain injury may have been attending a private/parochial school prior to the injury. Depending on the severity of the injury, the child may or may not be able to return to the private school. Just as brain injuries vary widely, so do private schools in their ability to serve and accommodate students with brain injury.

FAPE

FREE
APPROPRIATE
PUBLIC
EDUCATION

Private and parochial schools may offer services to students with disabilities but do not have the same obligation to provide a FAPE as the public schools. There are federal laws that provide some limited protections to children with disabilities in private or parochial schools. See the OLRs web site at <http://olrs.ohio.gov>.

PRIVATE
SCHOOLS
DO NOT HAVE
THE SAME
OBLIGATION
AS PUBLIC
SCHOOLS TO
PROVIDE
FAPE

If your private school is unable to accommodate your child you will likely transition to the public school system. If you have not already contacted your public school about your child's TBI, you should do so immediately. The process of transition will begin with the enrollment of your child in your local school district. You should contact your local board of education for specific information regarding enrollment and to refer your child for special education.

In order to facilitate the enrollment process, you should ask your child's private school to provide your child's educational records to your local school district. You will need to sign a consent form for your child's records to be released to the public school. You should also consider consenting to the release of relevant medical information about your child, such as information about the brain injury and current physical status.

Some parents are reluctant to consent to release of information when they are unsure of who will see the information and why release is necessary. In addition, some parents feel that medical information can be embarrassing or stigmatizing and may affect how others perceive their child. Parents need to balance the need to provide accurate information to schools

A
BALANCE
YOUR CHILD'S
PRIVACY
VERSUS THE
SCHOOL'S
NEED TO
KNOW

with concerns for privacy. In most cases, it is in your child’s best interests to share all relevant information with the school team. Once your child is enrolled, and information has been shared, the evaluation process can proceed.

Transitions within School

There are certain times in your child’s educational career where your school is required to address transition for your child. Figure 1 below summarizes these transitions.

Figure 1 - Planning for Transitions

CHILD’S AGE	STATE AGENCY RESPONSIBLE	LOCAL AGENCY RESPONSIBLE	PERSON RESPONSIBLE	TYPE OF PLAN	TRANSITION POINTS
Early Intervention (E.I.) ages 0 through 2	Ohio Department of Health	County Collaborative Local Family and Children First Council	Service Coordinator	Individual Family Service Plan (IFSP)	between providers, between programs, from E.I. to preschool
Preschool ages 3 through 5	Ohio Department of Education	Local School District	Special Education Coordinator	Individualized Education Program (IEP)	between providers and programs, from preschool to school age
School Age ages 5 through 21	Ohio Department of Education	Local School District	Special Education Coordinator	IEP including transition plan	at age 14 and 16

The IDEIA removes the requirement for transition planning at age 14 but maintains the requirement for age 16. Please note that, as of this printing, Ohio law still requires transition planning at age 14. You should check the status of Ohio law at the time you are using this book.

In addition to the mandated transitions mentioned above, you may ask your school to address other transitions in your child’s life. For example, if your child is moving from middle school to high school, from one school building to another, or from one teacher to another, a transition plan may be

appropriate. Whether a plan is needed to address transition in such circumstances depends on the individual needs of your child. If you want to address transition for your child, and it is not a mandated transition, do not hesitate to request the support you need to coordinate the necessary transition activities. This can include convening an IEP meeting.

Transition from School to Community

The last transition your child will make in special education (IDEIA) is the transition from school to community life. Beginning at age 14 the IEP team will address future planning for your child.

This planning should focus on the course of study appropriate for your child to achieve future goals. At age 16, the IEP will address the services necessary to support your child's future goals. For children with disabilities, this transition planning addresses options for post-secondary education, employment and community involvement.

Within the general category of post-secondary education the options can include a four year college, community college, vocational program, or other appropriate educational opportunities. For employment, the options can include competitive employment, supported employment, sheltered workshop, or other appropriate employment opportunities. Community involvement will include a wide array of social, recreational, and civic opportunities. Examples of community involvement include housing, transportation, budgeting, recreation/leisure, social networks and activities of daily living.

Because transition covers a variety of topics and is a process of movement from one program or service to another, a variety of individuals and agencies should be involved. Schools are required to ensure that necessary individuals and agencies participate in transition planning. For example, if your child is likely to transition to college, the transition team should



PLANNING
YOUR CHILD'S
FUTURE IN THE
COMMUNITY
SHOULD
BEGIN AT
AGE 14



THE
SCHOOL IS
REQUIRED TO
INCLUDE ALL
NECESSARY
AGENCIES ON
YOUR CHILD'S
TRANSITION
TEAM

include the guidance counselor from your school and a college representative if a college has been identified. If your child is likely to transition to supported employment a representative of the Bureau of Vocational Rehabilitation should be present. In this case, your child would likely undergo a vocational assessment to inform future vocational planning. If your child is likely to transition to a group home, your county board of developmental disabilities should be present.

For students who will transition to post-secondary education the IEP team should develop a plan which addresses what documentation is necessary to qualify for post-secondary disability services. Most colleges and post-secondary programs require evidence/documentation of disability and a history of accommodations/modifications provided. This documentation must be current (within one year). If your child's last re-evaluation did not occur within a year of application to college, you should request that re-evaluation be addressed through the transition process. Parents/students should be prepared to provide the necessary documentation to colleges as colleges are not permitted to inquire about disability status. The student must request any accommodation/modification.

MOST
COLLEGE
PROGRAMS
REQUIRE
RECORDS OF
DISABILITY
CURRENT
WITHIN
1 YEAR.

Colleges and post-secondary institutions are required to provide access to their programs and services to students otherwise qualified to attend the program. They are not, however, required to provide a FAPE, including the evaluations, services, and procedural rights required by the IDEIA. When advocating for accommodations for your student in a college or post-secondary program, you should request information from the office of disability services. This should include the policies and procedures followed by the institution regarding students with disabilities.

COLLEGE
PROGRAMS
ARE NOT
REQUIRED
TO PROVIDE
FAPE

The transition process is to be guided by the interest and preferences of the student. Therefore, it is important for your child to be prepared to participate in any transition planning. You may begin prior to age 14 by talking to your child about his vision for himself, his understanding of his disability, and

what he finds helpful at school. As time goes on you may include your child in all or a portion of the IEP meeting with a goal to have your child fully participating before graduation. The amount and nature of your child's participation depends on your child's individual needs and choice.

Extended Eligibility



YOUR
CHILD IS
ELIGIBLE FOR
EDUCATION
ACCOMMO-
DATIONS
THROUGH
AGE 21.

IDEIA eligibility extends through age 21 to address the special challenges that may be encountered by children with disabilities. This extension provides to the student and team additional time to accomplish goals which students without disabilities should achieve within the traditional four years of high school. For example, a child with TBI may need to reduce the number of courses or credits taken during a year to allow time to access needed support resources such as tutoring, guided study hall, and scheduled breaks. Some schools have begun to offer basic courses in two parts, where the student will accomplish the same goals over an extended period of time. For example, Algebra I will be covered in two years with half the curriculum offered per year. If your school does not offer the necessary accommodations for your child, you should explore modifications to your child's schedule.

A choice generally needs to be made whether a child will be expected to learn the same material as typical peers with or without extended time, or have modifications made in the curriculum studied with or without extended time. For some children, the same curriculum can be accomplished if the child is given extended time to do so. Other students will need modifications in curriculum and extended time. The specific way in which your child progresses through school depends on his unique needs.

Special education eligibility ends if your child graduates, accepts a diploma, withdraws from school, or loses eligibility through re-evaluation. Because children with disabilities are eligible to receive services from their school district until they turn 22, you should consider whether to delay graduation or have your child graduate with his classmates.

Figure 2 – Sample Letter: Notice to School of Injury

Date (include month, day, and year)

Name of Your Child's Special Education Coordinator
Name of School District
Street Address
City, State, Zip Code

Dear (name of Special Education Coordinator),

I am writing to inform you that my child (child's name) has sustained a traumatic brain injury. The injury occurred on (date), and occurred when (explain how the injury occurred). I am enclosing information that I have from (name of hospital, evaluator, etc.) that documents and explains the injury.

Since (child's name) injury, we have noticed the following changes in (name). (Describe the changes you have noticed including changes in personality, behavior, abilities, memory, etc.).

I believe that (name) may have a disability because of the traumatic brain injury. I do not yet know how the injury will affect (name's) progress in school, and I believe that he may need special services in order to learn. My child attends (name of school) and is in the (_) grade.

Please provide me the name and telephone number of the person who will be forwarded this letter and who will contact me about this letter. I am requesting that you inform me of the process for determining if my child needs special services. I am also requesting that this process begin for my child as soon as possible. You can send me information or call me during the day at (daytime telephone number).

I look forward to hearing from you within five school days of the date you receive this letter. Thank you for your help.

Sincerely,

Your Signature
Your Name
Street Address
City, State, Zip Code
Daytime telephone number
E-mail address

cc: specialists or other staff



***Who is responsible for making sure
my child receives transition services?***

Good transition planning often involves collaboration among different agencies or service providers. When your team is ready to discuss transition, community services providers should be included in the discussion. Your school is required to invite necessary providers to your transition planning meeting. If the providers fail to attend, your school remains responsible for ensuring that appropriate transition services are provided.

Evaluation



assessments, tests and activities used to determine whether your child has a disability, and to assess the nature and extent of the services your child needs

TBI FACTS



Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 3: Your child with TBI may be ready for or may benefit from educational services sooner than you think. It is very important that you notify your school of your child's injury as soon as possible. When you and your child's medical team have decided that your child is ready for educational services, make a written request for a multifaceted evaluation (MFE). See sample letter on page 48. Be sure to collect as much documentation of the effects of the TBI as you can. Ask for copies of tests and evaluations done by medical professionals for your own records. Having this information will help your school complete evaluation of your child without delay.

Documentation and Eligibility

One of the first things you need to do to get special education services for your child is to determine if he is eligible for services through any of the laws discussed in this book. The first step in beginning this process is to identify and evaluate your child as eligible for services. This process requires two determinations. The disability condition must be documented followed by the documentation of what is called adverse effect. Adverse effect is the negative impact of the injury/disability on your child's ability to learn and participate in school.

You can keep a journal about changes in your child's behavior, personality, mood, and abilities. Write down changes that you notice and when you notice them. Note any trends that you see in your child's functioning. For example, if your child's behaviors get worse at the end of the day, you should document this. This can mean that your child is tiring more easily because of the TBI or the behaviors can be in response to your child's late day routine. In any case, careful documentation of trends can assist your child's school in planning for services.

You should also keep copies of all important documents about your child's injury. These documents can include medical records, therapy records, information about medications, information about insurance, and any other relevant records. Consider keeping all of your documentation in a three-ring binder organized in sections. Having all of the necessary information in one, easily accessible place can save you time and can prevent loss of documents.

Your school should also document changes in your child's behavior. Changes should be documented to assist in determining whether your child needs special education services and whether the services being provided are responsive to your child's needs. See the sample documentation form on page 50.

COLLEGE
PROGRAMS
ARE NOT
REQUIRED
TO PROVIDE
FAPE

KEEP ALL
RECORDS
TOGETHER
TO HELP
EVALUATE
NEEDS AND
TO PLAN
SERVICES

ELIGIBILITY
REQUIRES
A DISABILITY
AND
SUBSTANTIAL
NEGATIVE
IMPACT ON
LEARNING

Any negative impact on your child's learning must be substantial and prevent your child from receiving FAPE if specialized services are not provided. There may be children with disabilities that do not substantially impact their ability to learn. For example, a child who uses a wheelchair but attends a fully accessible school building would have complete access to his educational environment and may not require any individualized services. A child with ADHD who takes medication which enables him to focus on and complete his school work may not require additional support.

A child with a mild TBI or one who has substantially recovered from a TBI may or may not initially require special education support in school. The TBI alone does not establish eligibility for special education services. There must be a substantial negative impact on the child's ability to function in school. As your child grows and develops, learning challenges may appear that substantially impact your child's ability to learn, thus qualifying him for special education services. If you notice a decline in your child's academic performance or social behavior, contact your school for an evaluation.

Child Find

The Ohio Department of Education is required to implement policies and procedures to make sure that efforts are made to identify, locate, and evaluate children in the state who have disabilities and who need special education and related services. Each school district, in consultation with county boards of developmental disabilities and community mental health boards, must identify and test children under the age of 22 with known or suspected disabilities. Additionally, public notices and awareness campaigns must be used in order to make people aware of special education services. This can be done through television radio and newspapers; posters and flyers; and speaking with community groups. For children 0 through 2, the Ohio Department of Health is responsible for child find activities. See page 41, Early Intervention.

ODE
MUST
IDENTIFY &
EVALUATE
CHILDREN
UNDER AGE
22 WITH
DISABILITIES

Referral

A child may also be identified by a referral or request for evaluation. A school professional may ask that your child be evaluated to see if he or she has a disability. You may also contact your child's teacher or other school professional to ask that your child be evaluated. If the school decides not to evaluate your child, you must be notified of this decision and the reasons for the refusal.

If a referral is made to have your child evaluated, and school officials decide that your child should be evaluated, they will need to obtain your written consent before they proceed with the evaluation. You should provide your written consent as quickly as possible because your child's IEP must be written no later than 90 days after you provide your written consent.

Evaluation

Evaluation helps to establish that your child is eligible for special services. The evaluation must assess your child in all areas related to the suspected disability. This evaluation is called a multi-factored evaluation (MFE). The results of the MFE will be used to determine your child's eligibility for special education and related services and to make decisions about an appropriate educational program for your child.



Eligibility

The results of the evaluation will be reviewed to determine whether your child is eligible for special education and related services. The team will decide if your child is a "child with a disability" as defined by the IDEIA.

IEP process

Once your child is determined to be eligible for services, the IEP team must meet to write an IEP for your child. This document describes the special education and related services necessary to provide your child with a FAPE.

IEP
INDIVIDUALIZED
EDUCATION
PROGRAM

Re-evaluation

Every three years or whenever necessary, your child will be re-evaluated to determine if he or she is still eligible for special education and related services. More frequent re-evaluation may be necessary for children with TBI because of the recovery process that occurs during the first couple of years after injury. The standard 3-year re-evaluation period under the IDEIA generally is not adequate for children with TBI, whose disabilities are potentially more fluid than those of children with learning or other developmental disabilities.

IEP
REEVALUATION
REQUIRED AT
LEAST EVERY
3 YEARS

The Evaluation process for children with TBI

If your school does not contact you through its child find activities and you suspect that your child may need special education due to a brain injury, you should contact your school and ask that an evaluation of your child be completed. You should contact your school as soon as possible and in writing. See the sample referral letter on page 48.

MFE
WITHIN 60
DAYS OF YOUR
CONSENT, OR
THE REASON
IF DENIED

The school is required to conduct a multi-factored evaluation of your child within 60 days of your consent for evaluation or notify you that they do not think an evaluation is necessary and why. To ensure that your child's evaluation is completed as quickly as possible, provide your consent for evaluation in the letter requesting evaluation.

Differentiated Referral Process

Ohio schools are required to document that they have implemented a differentiated referral process prior to beginning a multi-factored evaluation (MFE). This process is designed to address a concern that a child may have a disability. The intent of this process is to ensure appropriate referrals and to prevent the misidentification of children who do not have disabilities.

The process starts when someone, who has knowledge of a child, shares with the school a concern that a child may have a disability. School personnel will respond with a variety of activities which could include reviewing records, interviewing staff, and pulling together an Intervention Assistance Team (IAT), defined in the box on page 36. The record review could include attendance, grades, discipline, group testing results and IAT notes if a referral has already been made. You and the teacher(s) may be questioned or asked to complete surveys about school work, social skills or other areas of concern. You may be asked to share test results, evaluations or reports from community professionals who work with your family. You may also be asked to give school personnel permission to speak with community professionals for additional information.

Once this information has been gathered, the process could move in several possible directions:

- a referral to the IAT if the IAT is not already involved
- a referral to other school or community resource such as community counseling/rehabilitation center or a medical provider
- a referral to a school-based resource such as a remedial reading program or a math tutoring group
- a referral to complete a MFE.

If a decision is made to work with the IAT and/or refer to counseling/rehabilitation resources the school will want to

IAT

ONLY SOME
SCHOOLS HAVE
INTERVENTION
ASSISTANCE
TEAMS

have some time to see if the interventions make a difference or whether different resources are needed. This can be a crucial time for a child who has sustained a TBI. Even though the brain is still healing, it may also be important to maintain the neurological functioning with specific types of educational activity, even during hospitalization and rehabilitation. In consultation with your child's physicians and the school, you should discuss whether and how long the intervention process should be used for your child. If the recommendations support the provision of more formalized services, you should ask that a MFE begin immediately.

Intervention Assistance Team (IAT) Defined

A school-based problem-solving group that assists teachers with intervention strategies to address the learning needs and challenges of students. For example, a building Intervention Assistance Team (IAT) may begin with the building principal and the 3rd and 4th grade teachers coming together once every two weeks to share concerns about particular students who are struggling in school. The group will ask what has already been tried and suggest further ideas or resources the teacher may want to try. Usually a plan is written down to track the progress of the plan and document what has been tried. Many IATs routinely include parents and other school personnel such as the guidance counselor, school psychologist, or related service provider to bring additional ideas and resources to the problem-solving effort. The work of these building teams can establish the ground work for a referral for a multi-factored evaluation, if efforts made to help the student are not successful.

Components of Evaluation

All children suspected of having a disability will be evaluated by a school district to determine eligibility for special education. Your child will be evaluated by a multi-disciplinary team comprised of individuals with expertise in different areas affecting your child's educational performance (domains). This team can include school personnel, your child's private therapists/physician, and other individuals necessary to

assist the team. Different individuals will be responsible for conducting the various components of your child's evaluation. The evaluation will include specific instruments as well as structured observations and procedures to determine your child's strengths and needs.

As a member of the team, you should ensure that your child is evaluated in all areas that are affected by his or her traumatic brain injury. You should talk to the person who is going to test your child to find out whether they are going to test/evaluate for the following issues: attention, memory, information processing, communication and language capacity. You should also discuss whether they can address the issues unique to children with TBI.

For example, a child who acquires short-term memory problems from a TBI may have pre-injury memory which is not affected by the TBI. The injury may only affect the ability to remember new information. The assessments used to test memory must be able to distinguish between overall memory and pre and post injury memory problems.

For example, if you suspect that your child's vision has been affected by a brain injury, you should request that a vision assessment be included in the MFE. There are many different ways that vision can be affected and there are corresponding methods to evaluate a suspected vision problem. It is important that an individual familiar with traumatic brain injury assist the team in determining the appropriate assessments necessary for evaluation. If your school psychologist or other evaluator is not going to test your child for specific TBI problem areas, you should determine whether to pursue a neuropsychological or other evaluation.

Neuropsychological Evaluation

For most children with TBI, the MFE alone will not provide the necessary information to address all educational needs. Generally, children with TBI will need a neuropsychological

MFE
TESTS
CAPACITY
AND SKILLS
FOR ACADEMIC
ACHIEVEMENT

evaluation to assist the team in determining educational planning and services. A neuropsychological evaluation differs from the MFE. The MFE focuses on academic achievement and skills needed for academic success. This evaluation generally tests your child in areas such as intelligence, academic achievement, language, psychological adjustment, and adaptive behavior.

The neuropsychological evaluation diagnoses learning or behavior disorders caused by altered brain function or development. These evaluations assist in better understanding your child's functioning in areas such as memory, attention, visual-spatial skills, coordination, language, problem solving skills, and personality. This information will help you and your child's teachers, therapists, and physicians provide treatments and interventions to assist your child with learning.

The specific skills assessed and the length of the neuropsychological evaluation will vary depending on your child's age, the severity of your child's injury, and where your child is in the recovery process.

Many schools have difficulty understanding and using a neuropsychological evaluation because its recommendations are generally stated in terms not used by schools in their evaluations. The MFE generally provides standardized scores or numbers to assess a child's abilities. For example, the MFE might determine that a 5th grader has an I.Q. of 90 and reads at the 2nd grade level. The neuropsychological evaluation may indicate that the child has damage to the brain which causes visual perception problems which are interfering with reading. The neuropsychological evaluation is often vital to assisting a child with TBI in the classroom as it can provide the reasons for the child's difficulty and assist the team in determining how to address the difficulty through modifications in teaching method, materials, content, and environment.

A typical neuropsychological evaluation may assess:

NEURO-
PSYCHO-
LOGICAL
EVALUATION
DIAGNOSES
LEARNING OR
BEHAVIOR
DISORDERS

- general intelligence
- academic achievement
- executive skills (organization, planning, inhibition, flexibility)
- attention
- learning and memory
- visual-spatial skills
- motor coordination
- behavioral and emotional functioning
- social skills

This evaluation typically includes an interview with you about your child's history, observation and interview with your child, and testing. The testing portion of the evaluation involves paper and pencil activities, answering questions, and sometimes the use of a computer. Parents are usually not in the room during testing although they may be present with very young children. The time required for the evaluation depends on the age of your child and your child's needs.

The neuropsychological evaluation is conducted by a pediatric neuropsychologist. Pediatric neuropsychology is a professional specialty concerned with learning and behavior in relationship to a child's brain. A pediatric neuropsychologist is a licensed psychologist with expertise in how learning and behavior are associated with the development of the brain, as well as how learning and behavior are affected after brain injury.

Because the MFE conducted by your school and the neuropsychological evaluation look at your child in a different way, you will have to work with your child's team to understand the value of the neuropsychological evaluation in educational planning for your child. Your school may have never considered a neuropsychological evaluation in education planning and will need information and support in understanding your child's evaluation. For the benefit of all team members, consider inviting (or including by conference call) your child's neuropsychologist to the IEP meeting to explain the results of the evaluation.

MFE
CONDUCTED
BY THE
SCHOOL

NEURO-
PSYCHO-
LOGICAL
EVALUATION
CONDUCTED
BY A
PEDIATRIC
NEURO-
PSYCHO-
LOGIST

Both the MFE and the neuropsychological evaluation rely on standardized tests and comparisons to group norms. However, the traditional MFE focuses on academic achievement and a limited range of cognitive abilities. In contrast, the neuropsychological evaluation tests a broader range of cognitive abilities in more depth. A neuropsychological evaluation focuses on a child's pattern of strengths and weaknesses and the process of thinking/learning, but also on how those relate to brain functioning and the nature of a brain injury (i.e., how a child's ability to learn is affected by or related to the injury). Thus neuropsychologists will focus on areas of functioning (e.g., attention, memory, executive functions) that typically are not paid much attention or formally assessed in an MFE, but that have substantial implications for educational progress.

The neuropsychological evaluation is also different in that a neuropsychologist has specific training and experience in brain injury, and can relate evaluation findings to what is known about brain injury and its effects on education. School psychologists and MFE teams typically have limited experience with or knowledge about TBI. So while a part of the difference between a MFE and a neuropsychological evaluation is the tests or evaluation procedures that are used, perhaps an even bigger difference is the professional training and knowledge of the professionals doing the evaluations. For more information on standardized testing see page 44.

When: Timing of Evaluation

If your child has a moderate to severe brain injury, it is often apparent that your child needs an evaluation to determine if special education services will be needed in school. With mild brain injuries the need for evaluation is often not clear and the effects of the head injury may not be apparent at the time of injury. Typically the effects of mild TBI do not worsen over time. If they do, there may be other issues present, such as psychological issues or family stress. However, deficits may become more apparent over time as various higher level

MILD
TBI MAY
NOT WORSEN
OVER TIME,
BUT COGNITIVE
DEFICITS MAY
BECOME
MORE
APPARENT

cognitive functions develop or emerge, or fail to develop or emerge as academic demands increase.

If your child has sustained any brain injury you should seek medical attention, you should document the injury (see next section) and monitor any changes in your child's behavior, progress, or functioning. For example, changes in your child's personality (irritability, temper, patience) or your child's ability to concentrate, remember, or follow directions, could be the result of a brain injury. Keeping track of these changes can help you recognize that an evaluation for special education is necessary.

In consultation with your child's physician and other providers, you should decide when your child is ready to be evaluated and to resume educational activities. Your physician will be able to determine when your child is medically stable to participate in evaluation and educational activities. Your child will benefit from peer support and socialization, and the resumption of normal routines.



CHANGES IN
BEHAVIOR OR
PERSONALITY
MAY SIGNAL
TIME FOR
EVALUATION

Early Intervention

Very young children (birth through age two) with TBI can receive services through The Individuals with Disabilities Education Act (IDEIA), Part C, which provides financial assistance to states for the purpose of providing core services to infants and toddlers with disabilities. The purpose of these services is to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. The goal of the program is to maximize the child's potential for independent living as an adult.

The focus of early intervention services is to increase the capacity of families to care for their children with disabilities and potential delays. The services are provided through a coordinated network of service providers. The services are driven by the needs of the family and child and are documented through an Individualized Family Service Plan (IFSP).



IDEIA
PART C

EARLY
INTERVENTION
FROM BIRTH
THROUGH
TWO

IFSP

INDIVIDUALIZED
FAMILY
SERVICE
PLAN

The Ohio Department of Health, Bureau of Early Intervention Services, is the state agency designated by the governor to administer the E.I. Program. In Ohio, the early intervention program is a part of Help Me Grow, a program that provides developmental services so that children start school healthy and ready to learn. For more information about the E.I. Program see the OLRs publication *First Steps*. If you have a young child with a TBI you should call 1-800-755-GROW for help and to get your child evaluated for services.

HELP
ME
GROW800-
755-
GROW
(4769)

Preschool Child with a Disability

Children with TBI who are ages three through five could be eligible for special education preschool services. A preschool age child is determined to be eligible for services based on “documented deficits” in specific areas of functioning, not by the diagnosis of a particular condition such as TBI. The areas of functioning addressed include:

- Motor
- Cognitive
- Adaptive behavior
- Social / Emotional
- Communication
- Hearing
- Vision

PRE-
SCHOOLFROM AGES
3 TO 5

For a preschool child with a traumatic brain injury, eligibility will be determined by documenting the areas where the TBI affects the child’s functioning. For example, the injury may have affected the child’s speech and walking. The child could be identified as a preschool child with a disability with documented deficits in the areas of speech and motor development. The existence of the TBI itself will not determine eligibility for special education services, but the way the TBI has affected the child’s functioning will be the determining factor.

Since Ohio law does not require all preschool children to go to school, children may be served in a variety of settings where they would be if they did not have disabilities. This includes center-based special or typical preschool programs, Head Start programs, daycare centers, and in their home environment. For sources of information about special education services for preschool children, see Part 7.

For very young children, the results of testing may be relatively normal. This is because very young children do not have as many skills and as great a range of skills as older children. For example, a one year old child's speech skills are significantly limited. The child may only approximate letter sounds. That child is not expected to have good communication skills and there may not be a great difference between pre and post injury in the child's ability to talk. With an older child who has good communication skills and a large vocabulary, the results of a TBI can be significant. A child can go from speaking in complete sentences prior to injury to not speaking at all after injury. This significant change can be captured by testing. You should consider your child's age and discuss with your physician/provider whether and what testing would be appropriate.

TESTING
METHODS
MUST BE
CHOSEN WITH
YOUR CHILD'S
AGE IN MIND

VERY YOUNG
CHILDREN WITH
TBI MAY TEST
NORMALLY
DESPITE THEIR
INJURY AND
DEFICITS

Parent / Child Role in Evaluation

Your child can provide the team with valuable information about how the brain injury affects him or her. Your child may be able to explain to the team what services and supports would best assist him or her to function in school as well as possible. Examples of assistance that can be provided to your child include extra time to complete work, shortened assignments, true-false or multiple choice format tests rather than short answer/essay, opportunity to respond orally, and copies of teacher's notes. You should be sure to ask the neuropsychologist to include appropriate recommendations in your child's neuropsychological evaluation.

As the parent, you have information about how your child has changed in the home and community environments. This information should be shared with the team, especially information about what has been successful in accommodating those changes to assist your child. You may also have evaluation information (from the hospital or private therapist) that will assist the team. It is important that all relevant information about your child's brain injury be shared with the school team.

IEE (Independent Educational Evaluation)

If you disagree with an evaluation that your school has conducted you can seek an independent educational evaluation (IEE) at public expense. If you want to pursue an IEE you should request a copy of your school's IEE policy. This will tell you the qualifications your professionals must meet and any other requirements you must meet to seek the IEE at the school's expense. The school's policy can suggest possible IEE evaluators but cannot require you to use one of the suggested evaluators or limit your choice of evaluator. If the school recommends evaluators you should give serious consideration to those recommendations. The most beneficial IEEs are done by individuals that both the parent and the school view as impartial, competent and qualified. Your school will be more likely to accept and use recommendations from an evaluator in which they have confidence. In any event, seek individuals who have experience in making recommendations to school teams.

At any time you can seek an IEE at your own expense. The school must consider the results of any IEE you provide but is not required to follow any or all of the recommendations. Your school can only refuse to pay for your IEE if they pursue an impartial due process hearing (see Part 6, Advocacy, Negotiation and Rights) to prove that their evaluation is valid. To facilitate payment for your IEE, it is helpful to reach agreement with your school about evaluators and payment arrangements before pursuing the IEE.

IEEs
ARE MOST
BENEFICIAL
WHEN YOU
AND
THE SCHOOL
AGREE ON AN
EVALUATOR

IEE
INDEPENDENT
EDUCATIONAL
EVALUATION

THE
SCHOOL
MUST PAY
FOR AN IEE
UNLESS IT
PROVES AT
HEARING ITS
EVALUATION
IS VALID

IDEIA versus 504 Eligibility

Most children with moderate to severe brain injuries will be eligible for special education and related services under the IDEIA. Some children with mild brain injury may not be eligible under the IDEIA but under a different federal law. The Rehabilitation Act of 1973 (commonly called Section 504 in education) is a federal law that provides the right to educational accommodations and FAPE to children who do not meet IDEIA eligibility. The definition of disability under Section 504 is more inclusive. While IDEIA looks at categorical eligibility determinations, Section 504 looks at whether a child has a substantial limitation in one or more major life activity (learning, walking, seeing, breathing, etc.).

If your child is not entitled to services under IDEIA, you should request that the team consider whether your child is eligible under Section 504. Your district is required to have procedures and policies that address Section 504 in the school setting. This determination may or may not require additional evaluation. For more information on Section 504 see the OLRs web site at <http://olrs.ohio.gov>.



SECTION
504 OF
THE REHAB.
ACT OF 1973
A MORE
INCLUSIVE
DEFINITION

Categorical Identification / Inappropriate Labels

The original federal special education law (P.L. 94-142, The Education for all Handicapped Children Act) became law in 1975. Since then, the law has undergone several changes and is now called the IDEIA. Because traumatic brain injury is a relatively new eligibility category under IDEIA (1991) and Ohio law (1997) there is little guidance for schools and parents regarding how to identify and evaluate children with traumatic brain injuries.

This often results in children with traumatic brain injuries either not being identified or being identified and served under different categories. While some children with TBI can



ETR
EVALUATION
TEAM
REPORT

be appropriately served under a different category, problems often arise. These problems can include:

- perception of the child is based on inappropriate label
- unique needs not addressed including behavior, learning and memory issues
- other adjustment problems/changing needs over time

Once all portions of your child's evaluation have been completed, someone on the team (usually the school psychologist) will complete an evaluation team report (ETR) that summarizes the results of your child's evaluations and assessments. This report is reviewed by the team in a meeting where a determination of eligibility is made. At the ETR meeting you should advocate for a TBI eligibility identification for your child if TBI is your child's primary disability.

Special Evaluations for Vision and Hearing

Children with TBI are at risk for having problems with vision and hearing. Problems with vision and hearing can range from blindness and deafness to mild perception problems. Your child's eyes and ears may not be damaged by his TBI, but his brain may have difficulties processing vision and hearing information. This processing problem can result in vision and hearing problems.

If your child has vision and hearing problems, it is important to have your child's vision and hearing evaluated to determine if there are problems and to recommend ways to address the problems. Your child can receive accommodations and modification that can help. In addition to a neuropsychological evaluation, you should ask your school to make sure that your child receives a test from an audiologist for hearing, a test from a pediatric optometrist and/or a pediatric ophthalmologist for vision, and a test from a low vision specialist to determine how your child uses his vision in day to day situations.

There are tests available for children who have severe TBI. These tests can be conducted in a way that does not require the child to make intentional responses to the test. These are useful to test children who have no means of communicating.

For more information on resources for children with vision and hearing problems, see Ohio Center for Deafblind Education, 800-229-0844, www.sscsco.org/ocdbe. The Center offers free technical assistance to parents and parent support services and training in the area of deafblind education.

Figure 3 – Sample Letter: Request for Evaluation

Date (include month, day, and year)

Name of Your Child's Principal

Name of Your Child's Special Education Coordinator

Name of School

Street Address

City, State, Zip Code

Dear (names of Principal and Special Education Coordinator),

I am writing to request that my child, (name), be evaluated for special education and related services. (Name) sustained a traumatic brain injury (TBI) on January 10, 2002. I enclose documentation of the injury and medical treatment.

I believe (name) may have a disability because of the TBI. I do not yet know how the TBI will affect his progress in school, and I believe he may need special services in order to learn. [Name] is in the [level] grade at (school name). (Teacher's name) is his teacher.

Specifically, I am concerned because (follow with a few direct examples of problems at school). We have tried the following to solve the problems: (follow with anything extra you or the school has done to address the problems).

This letter is my formal request and consent for a multifaceted evaluation for (name). Please provide me the name and telephone number of the person who will be forwarded this letter and who will be coordinating the multifaceted evaluation.

Thank you for your prompt attention to my request. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

Your Signature

Your Name

Street Address

City, State, Zip Code

Daytime telephone number

E-mail address

cc: your special education advocate or attorney, if working with one

Figure 4 – Sample Letter: Request for IEE or Neuropsych. Eval.

Date (include month, day, and year)

Name of Your Child's Special Education Coordinator

Name of School

Street Address

City, State, Zip Code

Dear (name Special Education Coordinator),

I am writing to request an independent educational evaluation (IEE) for my child (child's name). I am requesting this evaluation because (state why you disagree with the evaluation conducted by the school and what part of the evaluation you will address through an IEE).

Please provide me with a copy of your criteria on IEEs and information about where an IEE may be obtained.

Once I have decided upon an independent evaluator, I would like to discuss with you how to facilitate billing and payment for the evaluation.

I look forward to hearing from you within five school days of the date you receive this letter. Thank you for your help.

Sincerely,

Your Signature

Your Name

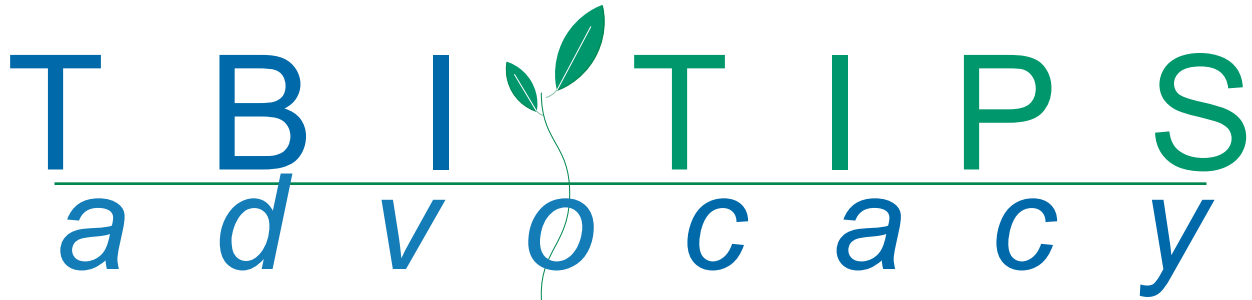
Street Address

City, State, Zip Code

Daytime telephone number

E-mail address

cc: specialists or other staff



***What can I do if my school tells me
my child does not qualify
for special education services?***

Make sure that your child's school is aware of the expanded definition of TBI in Ohio. This definition is broader than the definition of TBI in the federal law, and should qualify more children for services. Ask your child's school whether they considered eligibility for services under Section 504 of the Rehabilitation Act of 1973. This federal law qualifies children with a disability for services under what is called a Section 504 plan. Children can qualify for a Section 504 plan if they have a substantial limitation in their ability to learn or another major life activity such as walking, seeing, hearing, etc.

Services



specialty-designed instruction to meet your child's unique needs for education and services that will support your child's ability to learn and access the general curriculum

TBI FACTS



Nationwide, TBI leaves more than 17,000 children with a permanent disability every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 4: The IEP process can be overwhelming. It will appear more manageable if you think of the process as individual steps. You will find that each step builds toward the next, and following the process will lead to a plan which addresses your child's unique needs for education. You are a key participant in this process. Your special knowledge of your child and your parent advocacy skills will help to maintain the integrity of the IEP process.

When and Where Services can be Provided

Because it is important to start providing educational services to children with TBI as soon as appropriate after injury, you should consider ways to access educational services for your child even if your child is not yet ready to return to school. Your child may receive educational services during times and in settings other than during the regular school year or in a traditional school. Services can be provided in alternative settings because your child is not yet ready to transition into a traditional school environment but still can benefit from services. Services can be provided in the hospital, in a rehabilitation setting, at home, and during the summer. Services can be provided in other settings depending on the individual needs of your child.

SCHOOL IS MORE THAN A BUILDING. SCHOOL IS A SOURCE OF EDUCATION SERVICES

Some children who sustain a TBI can benefit from the provision of educational services in a hospital setting. This is especially true if the child will be spending extended time in the setting. A child can receive individual instruction and related services such as occupational and speech therapy in the hospital. For children with TBI who were eligible for special education services prior to the TBI, the school district would be required to decide how to provide educational services during the hospital and rehabilitation stays and provide those services. For children not yet identified as eligible for special education prior to the TBI, the process of evaluation described in the previous part (Part 3, Evaluation) would determine eligibility for services.

SERVICES AND EDUCATION CAN BEGIN EVEN BEFORE YOUR CHILD LEAVES THE HOSPITAL

You should consult with your child's physicians and other treatment professionals and your school district about beginning services for your child during the hospital and rehabilitation phases of treatment. Some hospitals have an educational component to their rehabilitation program and can provide information and assistance to you about getting services. Hospitals with educational programs should have established contacts with school districts and procedures for providing services.

If your child's TBI occurs during the summer, you do not have to wait until school starts again to seek services. Your child may need services to begin sooner to address the needs associated with the TBI. Contact your local school district to begin the process of accessing services.

Services provided through an IEP

After the ETR meeting where your child is determined to be eligible for services, the team will meet to develop the individualized education plan (IEP) for your child. This document will include the following components:



Future Planning

This section of the IEP is written by the team to describe what you and your child want for the future. This could be a short or long term vision and may include things that take place outside of the educational setting. For example, parents may include statements addressing community involvement, employment and social opportunities.

Present Levels of Performance

Present levels of performance describe your child's current strengths and needs in the educational environment. This includes your child's functioning in all areas of school including classroom, lunch, transportation and extracurricular activities. This description is necessary to establish a base line of skills and behaviors from which the team can measure your child's progress. By determining areas of needs the team will have guidance to identify appropriate services.

It is important that the present levels of performance are written in observable and measurable form. For example,

writing that Kristin has difficulty with reading is not helpful to the team. Instead, the present levels of performance should indicate Kristin's reading level (according to assessment) and specify areas of difficulty within the category of reading (decoding, comprehension, fluency, etc.).

Needs

After determining your child's present levels, the team should identify your child's educational and social needs that require specially designed instruction. The identified needs are the basis for developing your child's goals and objectives and determining provision of supports and services.

Goals and Objectives

Goals and objectives describe the specific educational activities your child will be addressing in the school environment. They are not the only activities your child will do, but rather are priorities for your child to make progress in the general curriculum of the class and have access to the educational environment. Goals and objectives are designed to be accomplished within a school year and are based on the present levels of performance established by the team. This progress should be linked to the grade level curriculum used by your district.

Statement of Progress / how evaluated

The IEP must include criteria for evaluating whether your child has made progress on his goals and objectives. This includes how and when the progress will be evaluated and the person(s) responsible for the evaluation. It is critical that the evaluation measures are observable and measurable and connect specifically to the present levels of performance to allow the team to extract accurate and meaningful information. Additionally, the goal and objective must be written in a

IEP
GOALS AND
OBJECTIVES
MUST BE
MEASURABLE
AND DATA-
DRIVEN

measurable way and reflect the issues identified by the present levels of performance. In order to have an IEP where the goals are measurable the following must be included:

- established present level of performance for each area addressed by the goals,
- goals that are written in measurable terms,
- objectives that are written in observable, measurable terms, and
- data driven assessment.

For example, a badly written goal such as “Kristin will improve her reading” cannot be measured because the goal does not specify by how much Kristin’s reading will improve. The goal should instead say “Kristin will improve her decoding skills by one grade level.” Additionally, the present levels of performance for Kristin must indicate her current grade level decoding ability. Finally, the person responsible for evaluating progress on this goal must regularly collect data about Kristin’s progress with this skill. This information should be shared with you periodically. While multiple persons may be collecting data, a single person should be responsible for reporting the collective results to you and the team.

Periodic sharing of information is important so that the team can address slower or faster than expected progress during the school year. This is particularly important for children with TBI as their needs and abilities can change quickly as they move through the healing process. If progress is faster than expected the team should meet to modify the goals and objectives accordingly. If progress is slower than expected, the team should meet to determine if additional supports and services are necessary for your child to meet his or her goals or if the goals and objectives were unrealistic for your child.

Services

Services are the specially designed instruction and supports necessary to address your child’s educational needs. The

primary provider is the special education teacher. He or she may function in a variety of ways including direct instruction to your child, team teaching with other teachers, consultation with other teachers, and tutoring. Depending on where your child receives educational services, he or she may receive a combination of services from the special education teacher. The nature of your child's needs will determine where he receives educational services. The law requires that your child be educated in the least restrictive environment.



LRE
LEAST
RESTRICTIVE
ENVIRONMENT

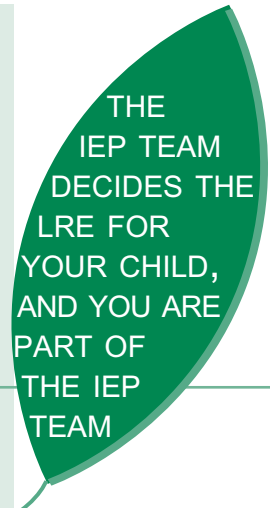
Least Restrictive Environment

Just as children with TBI can receive services during alternative times and in alternative settings than the traditional school year and building, they can receive services from a provider other than a public school. However, children with TBI are entitled to receive educational services in the least restrictive setting (LRE). The LRE is the educational setting the child would be in but for the injury, if that setting is appropriate for the child. This generally means the regular education setting. Your child's right to the LRE is balanced against your child's need for support and services. If the regular education environment can be modified to support your child's needs by providing extra supplementary aids and services, and your child can benefit from education in the setting, your child should be placed in that environment.

Supplementary aids and services can include the provision of an educational aide or attendant services, assistive technology, modification of curriculum and modifications to teaching methods, and procedural accommodations. All appropriate and necessary supplementary aids and services must be considered for your child prior to removing him from the regular education setting.

Some children with TBI, because of the nature and severity of their injury, cannot be supported appropriately in the regular education classroom and will receive services elsewhere.

Examples of other settings include a special education classroom, a special education building, such as a county board of developmental disabilities school, or a county educational service center building, and special day treatment and residential facilities. Your child's IEP team is required to decide the LRE for your child.



THE
IEP TEAM
DECIDES THE
LRE FOR
YOUR CHILD,
AND YOU ARE
PART OF
THE IEP
TEAM

Related Services

In addition to specialized instruction for your child, your child may also need related services which include, but are not limited to

- transportation,
- therapies,
- aide and attendant services,
- orientation and mobility training,
- interpreters,
- Braille instruction, and
- nursing services.

Related services are provided to your child if they are necessary for your child to benefit from education or access and make progress in the general curriculum. Your child is entitled under the law, to related services for which there is supporting data (e.g. evaluations, medical/psychological recommendations, progress notes).

Related services can be provided in all school settings (regular education, special education, other school settings e.g., lunchroom, recess) and for all school activities (field trips, sports), if necessary for your child and required by his IEP.

If you want a related services provided for your child you should ask your school to provide the service. If you cannot reach agreement with your school about the provision of the service or the amount of service provided, you should seek expert support for your request. The expert support can be in

the form of an evaluation with written recommendations that you share with the IEP team. You can also request the expert to participate in your IEP meeting. If agreement is reached, your child’s IEP should clearly define the type and amount of service that will be provided and the location of service provision.

Recommendations for related services made by private providers (such as a private physical therapist) should specify the level of service necessary in the school setting not the private therapy setting. If possible, any prescriptions written for a related service should specify that the frequency and duration of service is being recommended for the school setting, and is based on educational needs. See page 91, Legal Standards.

Figure 7 - Legal Standards

<i>Figure 7 - Legal Standards</i>	
SPECIAL EDUCATION	Specially designed instruction that meets your child’s needs and provides more than minimal educational benefit.
RELATED SERVICES	Services your child needs to benefit from special education, such as transportation and speech/language, physical and occupational therapies.
MEDICAL / MENTAL HEALTH SERVICES	What your child needs to restore healthy physical or mental functioning and to reach his maximum rehabilitation potential. (Schools are not required to provide this level of service unless necessary to benefit from education.)

For more information about the IEP document and process, see ODE IEP forms at www.ode.state.oh.us.

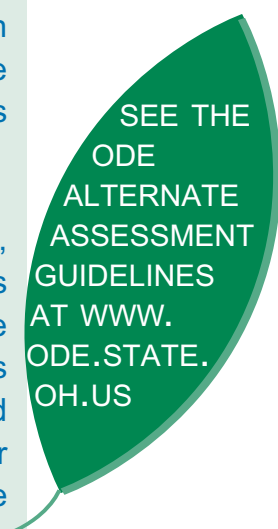
Accommodations / Modifications

Your child may need changes to the regular education classroom or curriculum due to his brain injury. Your child is entitled to modifications or accommodations necessary to receive an appropriate education. An accommodation is usually an adaptation or adjustment in the way school work is presented to your child, or in the way your child approaches his school work. For example, your child would be expected to learn the same material, but have extended time lines to complete large assignments. Or, Algebra I, normally a one year course, could be divided into a two year course with the same material presented over two years.

A modification usually involves a change in some or all of the work your child is expected to learn or how your child shows what he has learned. For example, your child may be required to learn five facts about Brazil, while the rest of the class is required to learn twelve facts. And, your child might take a different test with fewer questions or true and false format instead of essay format.

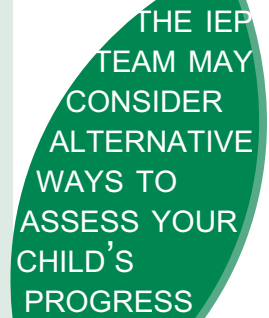
Children who receive modifications can progress from grade to grade with their peers who do not receive modifications. However, the children who receive modifications may not have learned the same amount of information as the rest of the class and may not be able to show what they know on the same level as their peers. Teams should consider the impact of modifications on the child when developing IEPs and transition plans.

In addition to modifications and accommodations in class work, your child should receive modifications and accommodations in testing. This includes in-class and proficiency testing. The same accommodations provided in class and for in-class tests, should be provided for proficiency testing. Your child may participate in proficiency testing in a variety of ways. For children with mild to moderate TBI, the IEP team may decide that the child will take the proficiency test with modifications.



SEE THE
ODE
ALTERNATE
ASSESSMENT
GUIDELINES
AT WWW.
ODE.STATE.
OH.US

For a small percentage of children, such as children with severe to profound TBI, the IEP team may decide that taking the proficiency test, even with modifications, would not be appropriate. In this case, the IEP team must assess the child's progress in another way. This other way of assessing children who cannot take the proficiency tests is called "alternate assessment." Alternate assessment is an individualized assessment of progress that usually involves assessing a child's work product as it relates to the IEP goals and objectives. A child's progress can be assessed by reviewing progress on goals and objectives and reviewing work samples such as worksheets and projects. The actual alternate assessment plan for your child is determined by the IEP team.



THE IEP
TEAM MAY
CONSIDER
ALTERNATIVE
WAYS TO
ASSESS YOUR
CHILD'S
PROGRESS

Nursing Services

Some children with brain injury may have medical conditions which would prevent them from attending school without nursing services. Because all children with disabilities have the right to FAPE, school districts are required to provide nursing services to children who need them in order to go to school. Your school district is not required to provide medical services (except some evaluation) which require a licensed physician to provide.



NURSING
SERVICES
MAY BE
NECESSARY
FOR YOUR
CHILD TO
RECEIVE
FAPE

For example, your school district would not be required to pay for surgeries your child might need to attend school. They would, however, be required to provide a nurse to provide ongoing nursing care to your child if he needs care for a catheter or a feeding tube. Your school district is required to provide necessary intermittent or full-time nursing services regardless of cost.

If your child needs nursing services in school, you should ask your child's physician to write a prescription or a letter stating the need for the service and provide the information to your school. Because many school districts are struggling financially, you should ask your child's physician if the

service your child needs could be provided by a licensed practical nurse rather than a registered nurse, or whether the services can be provided by a lay person trained or under the supervision (delegation) of a nurse. Considering ways to provide a service appropriately but more economically will be appreciated by your district.

Extracurricular Activities



EXTRA-CURRICULAR ACTIVITIES ARE AN IMPORTANT PART OF FAPE

Your child is entitled to participate in extracurricular activities sponsored by your school as part of a FAPE or as a general school activity. If the activity is necessary for FAPE, these activities should be included on the IEP. Your school is responsible for providing any necessary accommodations or modifications for participation in an extracurricular activity.

For example, if your child with a mobility impairment is involved in a school activity which requires travel away from school, the school would be required to provide accessible transportation for your child. The school may approach you to provide this transportation. You may provide it but are not obligated to do so in order for your child to travel. Similarly, your school is required to provide your child with accommodations and supports so that he can participate in any field trips taken by his class.

Your school is also required to provide any service your child may need to participate in school activities. For example, if your child has challenging behavior that interferes with participation in structured activities, your school must provide behavioral support to allow your child to participate. Supports should be similar to those outlined in your child's IEP or behavior plan. Examples of supports provided during school activities include: aide or attendant services, behavior modification, additional adult support, and special seating. You may be asked to accompany your child on field trips or school activities. You may, but are not required to do so as a condition of your child's participation.

Transportation

Transportation should be included on your child's IEP as a related service if it is necessary for your child to get to school. Children with brain injury can need transportation because they do not have the self-direction or judgment skills necessary to walk safely to school. Other children have mobility impairments which prevent them from traveling to school without assistance.

It is not required that your child ride a school bus specifically for the transportation of children with disabilities. Transportation should be provided in the most integrated fashion possible. Your school should consider supplementary aids and services on your child's school bus before moving your child to a less integrated bus. For some children, riding a school bus can be inappropriate. For example, some children are very overwhelmed in crowded, noisy settings. Exposure to such settings can lead to behavior outbursts and set a negative tone for the remainder of the day. In such cases, alternate forms of transportation should be considered. Alternate transportation can include school vans, taxi cabs and private vehicles.



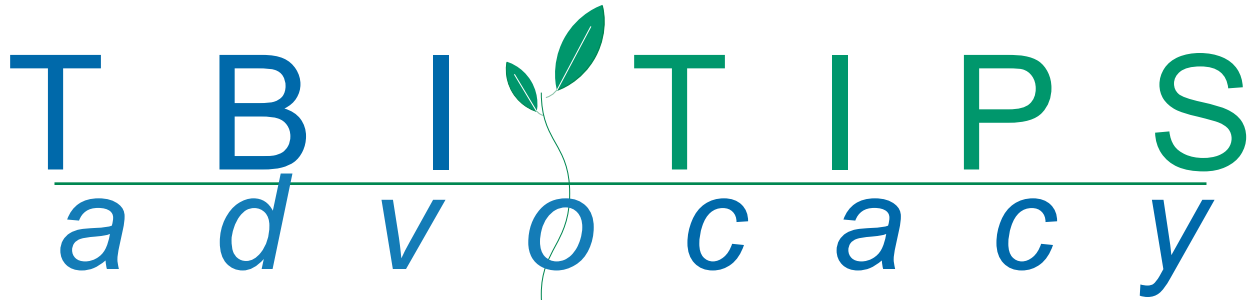
IF YOU
TRANSPORT
YOUR CHILD
TO SCHOOL,
YOU SHOULD
BE PAID FOR
MILEAGE

You may be approached by your school to provide transportation for your child. If you choose to transport, you should be reimbursed by the school for your mileage. You cannot be required to provide transportation for your child to attend school.

Figure 8 on the following page compares the features of early intervention, preschool and school programs.

Figure 8 - Early Intervention, Preschool and School Compared

PROGRAM AND AGE	STATE AGENCY	PERSON	WHERE	ELIGIBILITY FACTORS	SERVICE PLAN
Early Intervention (EI) 0 through 2	Dept. of Health Bureau of Early Intervention Services (BEIS) "Help Me Grow" program	Service Coordinator	County-based service	Documented disability, delay, risk factors	Individual Family Service Plan (IFSP)
Preschool 3 to 5	Dept. of Education Office for Exceptional Children / Early Childhood	Special Education Coordinator	Local Education Agency (LEA)	Documented deficit areas	Individualized Education Program (IEP)
School Age 5 to 21	Dept. of Education Office for Exceptional Children	Special Education Coordinator	Local Education Agency (LEA)	Categorical identification	Individualized Education Program (IEP)



***What if my child's teacher is unfamiliar
with children with TBI
and doesn't know how to teach my child?***

Your child is entitled to teachers and service providers who are appropriately trained and qualified. Your child's IEP team should discuss whether additional training and technical assistance is needed for school personnel to provide the IEP services your child needs. If training for school personnel is identified as a need, it should be included in the services column of your child's IEP. Training and technical assistance can include books and other materials, in-service training, on-site training and educational conferences.

Special Factors



any specialized services and supports necessary for your child to receive a free, appropriate public education (FAPE); your child's individualized education program (IEP) team must consider all of your child's unique needs

TBI FACTS



In Ohio, 3,750 children sustain a TBI every year.

Nationwide, TBI leaves more than 17,000 children with a permanent disability every year.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 5: Your child's school is required to discuss any special factors that should be considered in providing a FAPE to your child. If your child has behavior that impedes learning, the IEP team must consider strategies and positive behavior supports to address the behavior. For communication needs, your child's team must consider and provide supports such as speech therapy and assistive communication devices to address the communication need. All decisions about the provision of supportive services must be based on your child's individual needs and not on the availability or cost of the service.

Behavior, Assistive Technology, ESY and Communication

In addition to the components of the IEP mentioned in Part 4, the IEP process requires the team to consider whether your child needs to have any special factors considered and addressed by the school. Special factors include assistive technology, communication (including vision and hearing), behavior, and extended school year.

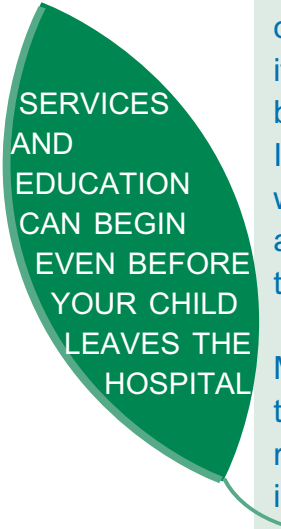
Assistive Technology (AT)

Assistive Technology (AT) can be a device which is used to increase, maintain, or improve the functional capabilities of a person with a disability or a service that directly assists a person with a disability in the selection, acquisition, or use of an assistive technology device. Examples of AT include augmentative communication devices which assist a person who cannot communicate through speech to communicate with others, and adaptive equipment which assists a person to write (such as an adapted pencil or arm brace) or move objects in the person's environment (such as a switch or remote control device).



AT
ASSISTIVE
TECHNOLOGY

Your child is entitled to assistive technology in school. There are many types of AT and the type your child needs depends on the way in which his brain injury affects him. For example, if your child has vision difficulties due to a brain injury, he can be provided with specialized glasses, magnifiers, or filters. If your child has difficulty with fine motor skills and writing, writing tools can be modified with appliances to improve grip and fluency, or your child can be provided with a computer so that manual writing is not required.



SERVICES
AND
EDUCATION
CAN BEGIN
EVEN BEFORE
YOUR CHILD
LEAVES THE
HOSPITAL

Many children with brain injuries have difficulty speaking after their injury. Schools are required to assess whether AT is required to provide your child with the means to communicate in the school setting. It is especially important to address the communication abilities of children with brain injury as soon as possible. Children who are frustrated by their inability to

