

## Traumatic Brain Injury

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Building: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_

Date of Evaluation Report: \_\_\_\_\_ Eligible:            Yes            No

Evaluation (Must meet initial criteria)

Reevaluation

**Based on information in the Evaluation Report and the student file, the student must meet the criterion in item A and the criteria in items B and C as documented by the information gathered according to item D. The determination must be made by a multidisciplinary team and supported by information collected from multiple settings and sources.**

### A. Medical Documentation

There is documentation by a physician of a medically verified traumatic brain injury (TBI).

### B. Functional Impairment

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

Intellectual-cognitive

Academic

Communication

Motor

Sensory

Social-emotional-behavioral

Functional skills-adaptive behavior

### C. Previously Existing Conditions

Verification that the student's impairments are not primarily the result of previously existing conditions:

Visual, hearing, motor impairments

Emotional/behavioral disorders

Developmental disabilities

Language or specific learning disabilities  
Environmental or economic disadvantage  
Cultural differences

## **D. Documentation**

The student file must include documentation of functional impairment through at least one source from *Group One* and one source from *Group Two*:

### **Group One:**

Checklists  
Classroom or work samples  
Educational/medical history  
Documented, systematic behavioral observations  
Interviews with parent, student, and other knowledgeable individuals

### **Group Two:**

Criterion-referenced measures  
Personality or projective measures  
Sociometric measures  
Standardized assessment measures (academic, cognitive, communication, neuropsychological, or motor)

## **F. Review of Eligibility Determination**

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

The documentation supports the team decision.

The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to [MN Rule 3525.1348](#)