

TRAUMATIC BRAIN INJURY EARLY CHILDHOOD SPECIAL EDUCATION

I. DEFINITION

“Traumatic brain injury” means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s developmental/educational performance. The term applies to open- or closed-head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

II. SCREENING INFORMATION

A. Required

1. Hearing
2. Vision
3. Formal measures of -
 - a. Development (May include the areas of cognition, motor, social/emotional, self-help)
 - b. Speech/language

B. Recommended

1. Informal measures, such as -
 - a. Observation;
 - b. Medical history;
 - c. Anecdotal records; and/or
 - d. Interviews (Parents, teachers, family members).

III. REQUIRED EVALUATION DATA

- C. Social History** (Emphasis on developmental, family and health/medical history)

- D. Assessment**
 - 1. Medical** (Required)
 - a. Physical examination**
 - b. Specialized** (Neurological, and others as indicated)
 - 2. Cognitive/Intellectual Abilities** (One required)
 - 3. Social/Emotional** (One adaptive behavior assessment required)
 - 4. Self-help** (May be included in the adaptive behavior, cognitive/intellectual and/or the programming assessments)
 - 5. Communicative Abilities** (Both receptive and expressive required)
 - 6. Motor** (If indicated)
 - 7. Neuropsychological assessment** (One required)
 - 8. Programming** (One criterion or curriculum-based measure required)

IV. EVALUATION DATA ANALYSIS

Formal assessment of the child with traumatic brain injury should include a baseline evaluation. Because of the dynamic nature of TBI, it is recommended that the testing format include informal assessment and diagnostic teaching to complement formal testing. It is important to consider the child's pre-injury learning styles and knowledge base. Previous history may serve as a baseline to compare pre-injury skills with postinjury performance. Once baseline levels are obtained, periodic and frequent review/evaluation should occur to document progress and changes in the child's needs.

It is important to note that symptoms following the traumatic brain injury are dependent upon the state of brain function in relation to the environmental demands upon the child. Therefore, while standardized tests are important, one cannot necessarily rely upon their interpretation to guide teachers toward effective teaching, particularly if that interpretation is used as a predictor of developmental achievement. The scores derived on evaluations administered to children with

TBI must be interpreted differently from scores of other children, in that these test results reflect only that the child could perform the task demanded by the specific test items. However, these results do not predict future performance. For example, it is not uncommon for a child to score average or above on a standardized test of cognitive ability in a clinical setting. The child's overt appearances may indicate everything is intact, but upon return to preschool, or shortly thereafter, the child exhibits a variety of problems. This may include changes in social/conduct behaviors; the ability to initiate, sustain and complete mental operations; or to work and learn at the rate that material is presented. The problems are not necessarily in learning pre-academic skills, but pertain to social-emotional changes in addition to the learning and communication processes involved. The more informative assessments will measure social and conduct behaviors and communication skills, as well the child's ability to learn, and to execute or remember a variety of tasks under imposed time limits. Observational and anecdotal data may provide additional information for programming.

- A.** To be eligible for early childhood special education and related services as a child with traumatic brain injury, the following must be present -
 - 1.** A written statement from a physician, to include -
 - a.** Diagnosis of traumatic brain injury consistent with federal definition;
 - b.** Physical and preschool limitations;
 - c.** Medication need;
 - d.** Seizure management (If applicable)
 - 2.** Justification of the adverse affect on developmental/ educational performance which is attributed to the traumatic brain injury resulting in the corresponding need for early childhood special education and related services.