

**Kearsarge Regional School District  
114 Cougar Court  
New London, NH 03257**

**TRAUMATIC BRAIN INJURY ELIGIBILITY CHECKLIST**

<b>Student's Name:</b>	<b>Grade:</b>
<b>Date of Meeting:</b>	<b>DOB:</b>

**Traumatic Brain Injury (34 C.F.R 300.8(c)(13)):** A traumatic brain injury means and acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.

- Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgement, problem-solving, sensory, perceptual or motor abilities, psychosocial behavior, physical functions, information processing, and speech.
- Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

**ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.**

1. The student has an acquired, traumatic brain injury.		YES		NO
Evidence:				

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

2a. Is the brain injury congenital?		YES		NO
2b. Is the brain injury degenerative?		YES		NO
2c. Was the brain injury induced by birth trauma?		YES		NO

*To be eligible, the answer to Questions 2a, 2b, AND 2c must be **no**. Proceed to the next question.*

3. The traumatic brain injury resulted in total or partial functional disability or psychosocial impairment, or both			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, identify area(s) of impairment:						
<input type="checkbox"/>	cognition	<input type="checkbox"/>	reasoning	<input type="checkbox"/>	psychosocial behavior	
<input type="checkbox"/>	language	<input type="checkbox"/>	abstract thinking	<input type="checkbox"/>	physical functions	
<input type="checkbox"/>	speech	<input type="checkbox"/>	judgement	<input type="checkbox"/>	sensory, perceptual, and motor abilities	
<input type="checkbox"/>	attention	<input type="checkbox"/>	problem-solving	<input type="checkbox"/>		
<input type="checkbox"/>	information processing	<input type="checkbox"/>	memory	<input type="checkbox"/>		
Evidence:						

*To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.*

4. Is there documentation of adverse effect on educational performance due to characteristics identified in Question 1?			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Description of adverse effect:						

*To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.*

5. Evaluation confirms that that limited English proficiency was <b>NOT</b> a determinant factor in the eligibility decision?			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 5 must be **yes**. Proceed to the next question.*

6. Evaluation confirms that lack of appropriate instruction in reading and/or math was <b>NOT</b> a determinant factor in the eligibility decision?			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 6 must be **yes**. Proceed to the next question.*

7. If there is a traumatic brain injury, does the child require specially designed instruction because of that injury?			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 6 must be **yes**. Proceed to Determination.*

**DETERMINATION:** The Team used the above evaluation data to determine:

The student has been determined to have a Traumatic Brain Injury, and is eligible for special education services.		YES		NO
The student has been determined to have a Traumatic Brain Injury, but is <b><u>not</u></b> eligible for special education services at this time.		YES		NO
The student <b><u>does not</u></b> meet requirements to be identified with a Traumatic Brain Injury and is <b><u>not</u></b> eligible for special education services.		YES		NO

**I am in agreement with the above conclusions:**

Name	Title

**I am NOT in agreement with the above conclusions.** (*Dissenting team members shall submit a separate, written statement*).

Name	Title