

III. Traumatic Brain Injury (TBI)

Students submitting documentation of physical and/or cognitive impairment related to a traumatic brain injury (e.g., head trauma, CVA's, tumors, other medical conditions) must submit evidence of a disabling condition with evidence of functional impairment in major life activities of relevance to the classroom. Such documentation should include:

1. Detailed background information - including information obtained in diagnostic interviews, relevant hospital and/or rehabilitation records, history of premorbid functioning (including prior academic history and developmental history), any pertinent medical and psychological history, and a discussion of dual diagnosis, if present; this includes a history of any coexisting disorders that could affect functioning.
2. A comprehensive neuropsychological evaluation - conducted after the injury, which includes, but is not limited to, the domains described above for learning and communication disorders. Evidence of current impairment, including behaviors that significantly affect functioning, and how these relate to academics should be provided. A discussion of estimated premorbid functioning should also be included.
3. Detailed information regarding residual physical or medical impairments - current treatment regimens, including current medications.
4. A specific diagnosis, as per DSM-IV-TR.
5. Suggested recommendations, modifications and/or accommodations.
6. As above, all testing/evaluation reports should be current within the last three years.
7. All reports should be on letterhead, typed, dated, signed, and otherwise legible. The name, title, and professional credentials of the evaluator, including information about license and certification as well as area of specialization, employment, and state in which the individual practices must be clearly stated. Use of diagnostic terminology indicating a specific disability by someone whose training and experience are not in these fields is not acceptable. Evaluators should not be related to the individual being assessed. Diagnoses written on prescription pads and or parent's notes indicating a disability are not considered appropriate documentation.