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Documentation Guidelines for Traumatic Brain Injury/Acquired Brain Injury

In order for Student Access and Accommodation (SAA) to evaluate requests for accommodations and/ or auxiliary aids and to determine eligibility for services, appropriate disability related documentation is needed. The documentation submitted should include an evaluation by an appropriately licensed professional and should demonstrate the current impact of the disability as it relates to the accommodations requested. The documentation should also include a description of any and all relevant functional limitations.

Head injury, traumatic brain injury (TBI), or acquired brain injury (ABI, also referred to as TBI) is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for these disorders are medical specialists and practitioners who have been trained in the assessment of head injury and TBI. Recommended practitioners include: physicians, psychiatrists, neurologists, neuro-immunologists, psychologists, neuropsychologists, physical therapists, occupational therapists, and speech pathologists. The practitioner must be an impartial individual who is not related to the student or their parents, nor be in business practice with the student or their parents.

Documentation of this complex condition may be medically, psychologically, academically, socially, and/or vocationally oriented. Results of all relevant tests used to evaluate the individual with a TBI should be included. Typically, TBI documentation is based on a comprehensive diagnostic protocol that includes objective as well as subjective data and adheres to the guidelines outlined in this document. The diagnostic report should be current (written within the last six to twelve months). Given the variable nature of any head or brain injury, updated evaluations may be needed every six to

Please follow

information regarding historical and diagnostic information that may be helpful to evaluators.

Historical Information, Diagnostic Interview, and Psychological Assessment:

Behavioral observations, combined with the clinician's professional judgment and expertise, are often critical in helping to formulate a diagnostic impression. The evaluator should specifically indicate behaviors that are likely to impact the ăűdzŘŜyűΩă LJŜ₦₮2₦Y˙I·yŎŜ I·ŎI·ŘŜY˙λŎI·ftê I·yŘ λy˙I· LJ2ăűăŜŎ2yŘI·₦è ₦ŜăλŘŜyűλI·f ăŜűűλy∃℗ ¢Kλă ăŜŎűλ2y˙2₮ úKŜ ŘλI·∃y˙2ăűλŎ ₦ŜLJ2₦ű ăK2dztŘ include the following:

History of presenting symptoms, including date and cause of injury and date of release from hospitalization, if applicable; Severity of symptoms and evidence of current impairment; Relevant medical and medication history, including the individual's current medication regimen and adherence, side effects (if relevant), and positive and negative responses to medication as reported by the candidate; Co-existing conditions, if any; Results of neuropsychological or psychoeducational assessment, where applicable.

Documentation Should Typically Address Aptitude/Cognitive Ability: A valid intellectual assessment with all subtests and standard scores. Brief forms of such assessments (e.g., KBIT 2, WASI) are not acceptable for initial documentation, but in some cases may be suitable for a documentation update. Determination will be made on an individualized, case-by-case basis.

Documentation Should Typically Address Academic Achievement: A comprehensive academic achievement battery must assess basic and higher order skills of reading (sight vocabulary, decoding, sentence and text comprehension) writing (spelling, grammar, ideation), verbal expression, and math (calculation and reasoning), as well as fluency (timed performance) in these academic areas.

Documentation Should Typically Address the Following Areas of Cognitive and Information Processing Domains:

Memory τ the ability to store information for recall, as well as long-term storage and retrieval of previously acquired knowledge;
Attention τ the ability to focus and maintain concentration on relevant information and shift appropriately in support of other "higher" cognitive operations;
Speed of thinking/processing τ the length of time it takes for the individual to process information compared to peers;
Communication/language τ