

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

[Slide 1] Welcome

Welcome to the New Mexico TEAM technical assistance module on making eligibility determinations under the category of traumatic brain injury, also called TBI. This module will review the guidance of the NM TEAM section on TBI. During this module, you will sometimes be referred back to a different module or other resources for additional information. We encourage you to have a copy of the NM TEAM available and open to the section on TBI for reference during this module.

[Slide 2] Learner Objectives

After successfully completing this module, you will have the knowledge to use evaluation data effectively to make an eligibility determination under the category of TBI. Specifically, you will be able to: understand the federal definition of TBI, identify some common characteristics of TBI and the associated educational impact, and recognize special considerations for assessment for children with known or suspected TBI. Additionally, you will understand the highly recommended and potential components of an evaluation for TBI, know the criteria required for eligibility under the category of TBI, and understand how to document the team's eligibility determination decisions.

[Slides 3 - 5] Definition

[Slide 3] When teams are making eligibility determination decisions, IDEA outlines a two-step approach. Each of these steps involves responding to a specific question—the first question is “Does the child have a disability as defined by IDEA?” and the second question is “Does the child require specially designed instruction as a result of this disability?”

This module will walk you through answering those two questions. First, we'll talk about the definition of TBI, as defined by IDEA, to help you begin to better understand the disability itself. Next, we'll talk about the impact of the disability on educational performance to help you understand when a child might require specially designed instruction as a result of TBI. Later, after establishing this basic framework, we'll talk more specifically about the evaluation components and the eligibility determination decisions.

IDEA's definitions of disability terms are the cornerstones of eligibility determination decisions. The definition, combined with comprehensive assessment data, including detailed information about the child's background, educational strengths and needs, and other pertinent factors, helps schools, educators, and parents determine if the child is eligible for and in need of special education and related services. Please take a moment to read the IDEA definition of TBI and then we'll take a closer look at it.

[Slide 4] Now let's take a closer look at the definition. This definition of the disability will help teams answer the question: “Does the child have a disability as defined by IDEA?”

There are two key elements to the TBI definition.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

First, the injury must have been acquired after birth. This means that brain injuries caused by birth trauma would not meet the TBI definition. In addition, congenital brain disorders, strokes that happen before birth, and other forms of injury that occur before birth would not be considered TBIs.

[Slide 5] Second, the injury must be caused by an external physical force, although it doesn't matter if it is an open or a closed head injury. This means that children who have cerebral vascular accidents, also called strokes, and children with degenerative neurological conditions would not be eligible for special education and related services under the eligibility category of TBI. On the other hand, a child who had experienced shaken baby syndrome may be eligible under this category because that injury would have been caused by an external force.

It is important to remember that this disability must adversely affect the child's educational performance in order for him to be found eligible for special education and related services. We'll talk about this second step to eligibility determination decisions by first talking about educational performance in general and then looking specifically at issues related to TBI.

[Slides 6-12] Educational Performance

[Slide 6] To determine the impact of a disability on a child's educational performance, the team needs to answer the question: "Does the child require specially designed instruction as a result of this disability?" If a child with a disability does not require specially designed instruction, then the child would not qualify under IDEA and teams should consider the implementation of a Section 504 plan or other classroom interventions to address the child's needs.

[Slide 7] According to IDEA, specially designed instruction means adapting, as appropriate, the content, methodology, or delivery of instruction to meet the unique needs that result from a child's disability. This includes special education.

[Slide 8] In New Mexico, services provided by a speech-language pathologist may also be considered special education, not simply a related service, if the services meet the requirements outlined in the New Mexico Administrative Code, typically referred to as NMAC.

[Slide 9] When evaluating a child for potential eligibility for special education and related services under the eligibility category of TBI, according to IDEA, it is important that teams remember to consider three aspects of the child's educational performance. This includes the child's ability to: be involved and make progress in the general education curriculum, participate in extracurricular and other nonacademic activities, and be educated and participate with other children with and without disabilities.

[Slide 10] Teams are probably most familiar and most comfortable with the first of these areas: determining if a child's disability results in a need for specially designed instruction in order to be involved in and make progress in the general education curriculum. While this includes academic progress, it may also include social skills, problem solving, communication, and other general curriculum areas.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

[Slide 11] Second, it is also important for teams to consider whether a child needs specially designed instruction in order to participate in extracurricular and nonacademic activities, such as recess, sports, choir, drama, and other clubs or school-related activities. For example, a child with TBI may be performing satisfactorily in classroom activities because of the amount of supports inherent in the classroom environment. However, this child may have difficulty with participation in extracurricular activities, like soccer or choir, because of the interaction between his disability and the nature of the activities. According to IDEA, this child may be found eligible for special education and related services because of the impact of his disability on his ability to participate in these activities. An example of this might be a child with TBI who requires supplementary aids and services to participate in after-school clubs. It is important to recognize that IDEA doesn't guarantee children access to competitive teams or groups *because* of their disability. However, they should be permitted the same opportunity as other children to try out for the activities and/or teams. The New Mexico Activities Association provides guidance regarding academic eligibility for participation for children enrolled in special education programs.

[Slide 12] The third and final area for teams to consider is the child's ability to be educated and participate with other children, including those with and without disabilities. This is essentially a question of educational environment. For example, a child with TBI may be able to access the general **curriculum** and participate in extracurricular activities, but because of his disability, it may be especially difficult for him to be educated in the general education classroom. This is not a discussion about where services will be delivered, but what services are necessary. For example, an eligibility determination team, or EDT, may determine that a child with challenging behaviors needs specially designed instruction in order to develop and support appropriate classroom behaviors and interactions. Other examples include a child with attention difficulties who requires specially designed instruction to learn strategies to improve his attention and focus in the classroom, or a child who needs specially designed instruction in the form of social skills interventions in order to participate in activities with peers. Where the first question teams ask relates to access to curriculum, this question addresses the educational setting for the child.

Now that we've talked in general about educational performance, let's look specifically at the possible adverse effects of TBI on a child's education.

[Slides 13-17] Characteristics and Educational Impact

[Slide 13] We're going to highlight some of the developmental areas that are commonly impacted by TBI to help teams identify characteristics that may suggest that a child has TBI. As we discuss the different areas, we will highlight characteristics and educational impact for both preschool-aged and school-aged children with TBI. Although we're examining the same developmental areas for both age groups, the characteristics may be manifested in different ways depending on the developmental level of the child and the demands of the environment. It is important to recognize that the effects of TBI will vary considerably, depending in large part upon the interaction between the child's characteristics, and the school, family, and community supports.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

To identify the educational impact for a child with TBI, the EDT must examine the demands of various settings and environments and the child's abilities to meet those demands by addressing the question of "How do the characteristics of the disability manifest in the child's natural environments (including home, classroom, recess, and others)?" This determination needs to be made at a very individual level for each child and must be based on comprehensive information about the child and his environments, including information gained from observing a child's functional and academic performance across a variety of settings.

[Slide 14] The characteristics of under the category of TBI are organized around three domains: cognition, communication, and physical/motor. These domains each include a range of skills that may be impacted by TBI. Please note that the characteristics of TBI will vary in large part on the severity and location of the injury, the child's pre-injury skills, and the amount of time that has passed since the injury occurred.

[Slide 15] When we are looking at the domain of cognition, preschool aged children may display deficits across a wide range of skills typically associated with cognitive function. These deficits may be evident in a variety of activities, depending on the nature of the injury. A preschool-aged child with TBI may have difficulty with activities such as getting dressed, learning and remembering colors and shapes, taking turns during play, and solving basic problems. In addition, they may have difficulty tolerating noise and activity levels, which may lead to frustration and/or challenging behaviors. A school-aged child with TBI may have difficulty with these same types of activities. In addition, he may have difficulty initiating and completing activities, organizing his school work and belongings, completing multiple-step tasks or long-range projects, or learning new concepts, to name a few examples.

[Slide 16] In the domain of communication, again the characteristics will vary widely across children with TBI. A preschool-aged child with TBI may have difficulty with abstract language and concepts, organizing language to tell a story, and/or interacting with others because of difficulty engaging in conversations. School-aged children with TBI may also have difficulty with certain aspects of language such as idioms and age-appropriate humor. In addition, their relationships with others may be impacted by their difficulty understanding and responding in conversations.

[Slide 17] The final domain we'll talk about is the area of physical/motor skills. Both preschool-aged and school-aged children with TBI may have difficulty moving through the classroom and school environment. This may include changing positions, such as from sitting to standing; accessing playground equipment and physical education activities; transitioning through the school environment; and managing materials, such as toys or books. In addition, preschool-aged children with TBI may have difficulty sitting on the floor during group activities, catching a ball, coloring, cutting, and writing, to name a few examples. School-aged children with TBI may have difficulty with writing activities, using a computer, and managing clothing during self-care.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

Please refer to the “Characteristics and Educational Impact” section of the NM TEAM for more detailed information in each of these areas, but remember that the characteristics presented in NM TEAM are not meant to be exhaustive nor is the NM TEAM suggesting that all children with TBI will demonstrate all of the presented characteristics. It is important for teams to recognize that these characteristics may lead to limited opportunities for engaging in age-appropriate activities, opportunities to be educated with peers, and the learning that accompanies these activities.

[Slides 18-25] Special Considerations for Assessment

[Slide 18] It is important for EDTs to be aware of issues related to evaluating young children and children with known or suspected disabilities, regardless of the eligibility categories being considered. For example, when evaluating young children, it is imperative that the impact of the family, home environment, home language, and developmental history be considered. Specifically, EDTs must determine that a possible lack of exposure to developmentally appropriate activities is not the *primary* reason for the child’s difficulties. In addition, for a child with a known or suspected disability, EDTs must ensure that the assessment results accurately reflect the areas being assessed. For example, be careful that you are not measuring the child’s sensory, motor, or speaking skills, unless those are the skills you *wish* to assess. Please review NM TEAM section 6 for more information on these issues.

Like all of the eligibility categories, TBI has unique characteristics that can influence the evaluation process. Assessment results must accurately reflect the child’s abilities being measured, rather than other skills, is particularly relevant for children with suspected TBI. It is important that evaluators take steps to ensure that the child’s physical and/or cognitive abilities don’t negatively impact the assessment results unless those are the areas being specifically measured.

[Slide 19] It is always important to gather as much pre-injury information as possible in order to determine the extent of the impact of the TBI on the child’s educational performance. Some children with TBI have been reviewed by SAT and/or supported through Tier 2 interventions prior to the TBI. This information is invaluable to the EDT when they are considering the impact of the TBI on the child’s educational performance. School records, parents, and teachers are good sources of information regarding the child’s pre-injury skills, particularly in the areas of academic performance, self-help, communication, and social skills. This knowledge can assist evaluators in selecting appropriate test instruments and can also help the EDT determine the impact of the TBI on the child’s educational performance.

[Slide 20] The NM TEAM provides a list of issues that EDTs should be aware of when evaluating a child with a TBI. Evaluators must be aware of the impact of a TBI on a child’s scores on standardized measures. For example, scores may be uneven, particularly in areas of executive function.

[Slide 21] Additionally, standardized tests often are not the most appropriate method for evaluating areas that might be impacted by a TBI, including skills such as impulse control, social communication, and organizational skills.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

[Slide 22] In addition, children with TBI may experience medical and emotional challenges that impact the validity of formal assessments.

[Slide 23] Finally, neurological improvement in children with TBI can be on-going, so assessments conducted shortly after the TBI may not appropriately predict the child's performance and skills in the following weeks, months, or years.

[Slide 24] In addition, it is important that EDTs remember that they are making an educational determination of TBI, not a medical diagnosis.

[Slide 25] Medical and general health factors should be considered for all eligibility determinations, and some specific situations may require medical documentation to make an appropriate eligibility determination. Teams need to determine what medical information they require to make an appropriate eligibility determination decision, but it is not **absolutely** required that teams obtain a medical diagnosis as part of the eligibility determination decision for TBI. It is possible that a TBI is reported by the child's parents, but there is no medical or historical documentation of the injury. In this case, the team must consider the information provided by the parents, but may also obtain current medical or neuropsychological evaluations. Sufficient data to support the reported injury **must** be obtained before the eligibility of TBI can be determined. If the team has the expertise to gather and interpret the data necessary to make a determination under this category without a medical diagnosis, and deems it appropriate to do so, neither IDEA, NMAC, nor NM TEAM prevents them from doing so. The team must document this decision, including the rationale and supporting documentation used. Teams must remember that part of the eligibility determination decision under all of the categories involves indicating that no other disability **better** explains the child's educational problems, so teams must be sure that they have the necessary information to make this determination.

[Slide 26-27] Initial Evaluation: Traumatic Brain Injury

[Slide 26] To answer the questions on the eligibility determination worksheets and make eligibility decisions, it is important to discuss the evaluation components that are outlined in the NM TEAM. A number of the components are the same across most, if not all, of the eligibility categories. These components are outlined and discussed in the Conducting Initial Evaluations Module.

Highly recommended evaluation components for TBI are listed on the screen in front of you and in the NM TEAM under the TBI section. All of the highly recommended components are important and should be considered in an evaluation, however not all children who experience a TBI will need evaluation completed in all highly recommended areas. The assessments chosen by the EDT will depend upon the area of injury and the skills impacted.

Please remember that the assessments chosen must be tailored to assess specific areas of suspected disability and educational need. Assessment of children for whom TBI is suspected should be

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

multidisciplinary and comprehensive and conducted by individuals experienced in evaluating individuals with TBI. There is no single definitive assessment for suspected TBI. Thus, the use of multiple tools, as well as the professional judgment and skill of the professionals who conducted the evaluation, will ensure accurate findings. Please remember that the NM TEAM provides information about common characteristics of children with TBI—this information can help EDTs identify if TBI may be an appropriate eligibility category for consideration. Even so-called “mild” TBIs can have significant and pervasive impact on a child’s ability to focus, interact, and regulate their emotions and behavior and should be investigated as part of a comprehensive evaluation of a child.

Let’s start by talking about the information gathered during a review of existing data, the child’s history, and direct observations of the child’s behavior. When evaluating a child for suspected TBI, EDTs should gather as much pre-injury information as possible. This will be valuable as the evaluation team determines what areas of assessment should be completed. Sometimes children are evaluated by medical professionals and these results should be considered by the EDT. It is possible that formal evaluation cannot be completed in one or more areas, even in areas that have been affected by the injury. Collaboration with medical and rehabilitation staff will be useful in guiding the evaluation components. Although rare, EDTs should consider the possibility of reaching an eligibility under TBI without having completed evaluations in all highly recommended components, with a plan to complete evaluations based on a plan that is developed specifically for the individual child.

A cognitive skills assessment of a child with suspected TBI will help the EDT determine the child’s cognitive strengths and weaknesses. This information will provide useful information that can help interpret other assessment results and behavioral observations. In addition, a comprehensive assessment of the child’s cognitive abilities may be useful in developing an appropriate educational program for the child. For some children with TBI, a cognitive assessment may not be appropriate, especially if the injury is recent. EDTs should determine the need for a cognitive assessment on an individual basis and in consultation with the medical professionals, particularly if the child is transitioning back to school from a hospital setting.

Depending on the nature of the child’s TBI, sensory processing and/or motor skills assessments may be appropriate. Some children with TBI will have very clear deficits in motor skills, perhaps even impacting their ability to walk or sit up independently. Other children with TBI, however, may demonstrate more subtle motor skills deficits. These children may be able to walk independently, but may have difficulty with their reflexes or their fine motor skills. These motor deficits may only become apparent with a comprehensive evaluation of motor skills, but may have significant educational impact. For example, a child with impaired reflexes may be at risk of further injury when walking through the halls, playing games in physical education, or using tools in classes such as chemistry or woodshop. A child with impaired fine motor skills may have difficulty completing classroom activities within the allotted time or working with classroom materials, such as computers, calculators, and science materials. In addition to these motor skills deficits, many children with TBI experience difficulty processing sensory information. These children may be easily over-stimulated by the home and/or school environments. It is common

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

for children who have experienced a TBI to become easily distracted and even frustrated by background noise, unpredictable touch from others, and visually stimulating environments. Again, these difficulties may only become apparent when conducting a full evaluation and carefully analyzing the causes of any challenging behaviors via a functional behavior analysis.

A child with TBI may also demonstrate adaptive behavior deficits. Adaptive behavior includes three main domains: conceptual, social, and practical skills. Conceptual skills include language, reading and writing, time concepts, and other skills. Social skills includes interacting with others, demonstrating self-esteem, possessing the ability to avoid being victimized, and following rules, among other skills. Examples of practical skills are self-care and life skills like eating and dressing, being safe across environments and situations, using transportation, following schedules, and engaging in appropriate job skills. Depending on the location and severity of the child's injury, his adaptive behavior skills may or may not be impacted. However, a comprehensive assessment of these skills will provide EDTs with valuable information about the child's abilities in areas that may otherwise not be assessed. In addition, an adaptive behavior assessment can provide teams with baseline data that can be useful when assessing the child's progress in the months and years following a TBI.

[Slide 27] Finally, EDTs should remember that standardized assessments may have limited usefulness for a child with a TBI because of the nature of the assessments. It is imperative that they conduct direct observations of the child in his natural environments. These observations can be used to provide additional information when interpreting results from cognitive assessments and will provide necessary information about how the child is able to function on a day-to-day basis. Some children with TBI may perform satisfactorily on standardized assessments due to the highly-structured nature of the assessments and limited environmental distractions. These same children may experience significant difficulties with the same types of tasks when the tasks are presented in typical school or home environments. EDTs must be sensitive to the influence of structure and environment when evaluating a child with TBI.

EDTs should recognize that the academic performance of children with TBI may or may not be impacted. Some children with TBI may perform well on standards-based assessments, standardized academic achievement tests, and other assessments, such as basic receptive and expressive language measures, but may have significant difficulty participating in learning activities with their peers and adults. EDTs must understand that a child does not need to demonstrate academic achievement deficits to be found eligible for special education and related services under the category of TBI, but they do need to show significant educational impact.

Finally, it is important to recognize that decisions regarding transition assessments need to be highly individualized for each child and situation. In New Mexico, transition planning must be documented on the first IEP in effect when the child turns 14 or during their 8th grade year, whichever comes sooner. This type of transition planning specifically relates to the child's progression from the public schools to post-secondary settings. However, EDTs should recognize first that this planning may need to start

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

earlier for some children and second, that transitions occur throughout a child's school tenure. For example, children transition from preschool to elementary school, from elementary school to middle school, between schools, and so on. EDTs should ensure that they have the information necessary to support children through all of these critical transitions, as appropriate for each individual child.

[Slide 28] Potential Additional Components

It is the responsibility of the team to answer any questions that may arise throughout the evaluation process, including what eligibility category best describes the child's primary disability and what supports and services the child needs. The highly recommended evaluation components that we've discussed should help teams answer many of the questions that they might have, but in some situations, teams may require additional information. NM TEAM presents a list of potential additional components that can be found in the Initial Evaluation section of the NM TEAM category of TBI. This list may be helpful as teams make eligibility determination decisions, but should not be considered as the only additional areas that the EDT may wish to explore. We will talk about a few of those components now.

One of the potential additional components for an evaluation under the category of TBI is an assistive technology evaluation. As we've discussed previously, children with TBI may have difficulties with communication and/or fine motor skills. Information from an assistive technology evaluation can be used to identify the most appropriate technological tools to assist the student as they return to school, such as devices to support communication, computer support for a child with handwriting difficulties, or supports to address visual or hearing impairments that are a result of the TBI. Another potential additional component may be a neuropsychological assessment. This specifically focused evaluation would provide more detailed information regarding the relationship between the specific areas of injury and the child's learning and functional abilities.

[Slides 29-42] Eligibility Determination Process for Traumatic Brain Injury

[Slide 29] Before we examine criteria that are specific to the eligibility determination decision for TBI, we would like to remind you that general information regarding the eligibility process and use of the eligibility determination worksheets is presented in the module, "Eligibility Determination and Use of Eligibility Determination Worksheets." We encourage you to listen to that module and to review the information presented in the NM TEAM in "Section Six. Essential Components of Eligibility Determination."

For this discussion, you will find it helpful to refer specifically to the "Eligibility Determination" and "Eligibility Determination Worksheets" sections within the TBI chapter of the NM TEAM.

[Slide 30] To determine that a child is eligible for special education and related services as a child with TBI, an EDT must first determine that the child is a child with a disability, and second that the child demonstrates a need for specialized instruction as a result of his disability.

[Slide 31] The Eligibility Determination Worksheets are structured to guide the EDT in making these decisions. They provide a detailed road map to guide teams not only in working through the process, but

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

also in documenting their decisions. We will use the TBI worksheet as a guide for the rest of this discussion.

[Slide 32] First, the EDT must document relevant identifying information and the assessment and evaluation data they have collected and will be using in the eligibility determination process. This information should reflect data collected from multiple data sources.

[Slide 33] Second, under the “Determine the presence of a disability” section, the EDT will address four questions that specifically relate to determining if a child has TBI.

[Slide 34] The first two questions, questions 1 and 2, which are consistent across almost all of the eligibility categories, require that the EDT discuss determinant factors related to the child’s performance, specifically the lack of appropriate instruction in reading and math, as well as limited English proficiency. Essentially EDTs must consider all of the factors contributing to the child’s difficulties and decide which factors are the primary cause or causes of the child’s difficulties. Like all decisions, these decisions must be made based on comprehensive evaluation data and with the input of all of the members of the EDT. It is important that EDTs recognize that a child may have experienced a lack of appropriate instruction and/or have limited English proficiency, but if these factors are not the primary reasons for the child’s difficulties, they would not be considered determinant factors. Once the EDT has ruled out either of these factors, they check “Yes” on the Worksheet. This communicates that “Yes, they have eliminated the possibility that one of these factors is a determinant factor.” If the EDT is considering more than one potential eligibility category, these first two question would be answered the same and use the same documentation across all of the categories. EDTs may find it useful to complete multiple worksheets simultaneously if they are considering more than one eligibility category. Additionally, EDTs should remember that lack of appropriate instruction for preschool-aged children is considered to be a lack of opportunities to participate in developmentally appropriate activities. It is important to remember that the lack of opportunities must be due to a reason other than the nature of the child’s disability in order for it to be considered a determinant factor. For example, it may be that a young child has significant behavioral challenges that make it difficult for the family to involve the child in family and community activities. In this situation, even though the child has had a lack of opportunity to participate in these activities, EDTs should not consider this as the determinant factor for the child’s learning difficulties. Rather, this information might be helpful and used as further documentation to support a decision that indicates that a child is eligible for special education and related services.

[Slide 35] The third question, questions 3, is unique to TBI. To respond to this question, the team must determine that the child is a child with TBI, as defined by IDEA based on assessment and evaluation data collected by the EDT. EDTs should remember that medical information provided by parents and outside agencies may help answer this question, but it would only answer the question, “Does this child have TBI?” The medical information would not necessarily support that the child also requires specially designed instruction as a result of the TBI. That question will be answered by the EDT later.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

[Slide 36] The fourth and final question to be addressed is also consistent across all eligibility categories, like the questions related to the determinant factors. In this case, the EDT is determining if any other eligibility category better describes the child's disability. It is possible that a child demonstrates more than one disability, but if the EDT determines that TBI **best** describes the child's disability, they would respond "Yes, we've determined that no other category better describes the child's disability." On the other hand, if the child has TBI but also has another disability and the other disability better describes the child, the EDT would answer "No, we've determined that another category better describes this child's disability." In either case, it is likely that the EDT will need to complete the "Determine the presence of a disability" section on one or more worksheets for the other eligibility categories being considered.

In addition to answering each of the questions "yes" or "no" in this section, it is critical that the EDT briefly describe the documentation that supported each of their decisions.

[Slide 37] Each of the four questions serves as a stopping point in the process if the EDT answers "no." Once the EDT has answered "no" to any of the four questions, they have determined that the child is not a child with TBI. If this occurs, the EDT should stop moving through those four questions. If the EDT either is not considering another potential eligibility category or has already completed the "Determine the presences of a disability" section for other potential categories, the EDT should move to the "Determination of eligibility for special education and related services" section of the worksheet. At this point, the EDT will document the determination that "The child is not eligible under the eligibility category of TBI." They also need to indicate why that decision was reached by indicating either that the child doesn't have TBI or that a different category best describes the child's disability. The process then stops for this eligibility category.

The response to all of the four questions in this section of the worksheet must be "yes" in order to proceed to the section of the worksheet, "Determination of the need for specially designed instruction." Remember, if you have even one "no" response, you skip over the "Determination of the need for specially designed instruction" section.

[Slide 38] To determine the need for specially designed instruction, using the assessment and evaluation data collected, the EDT must determine if, as a result of TBI, the child requires special education and related services in one or more areas outlined in IDEA.

[Slide 39] These areas include: being involved in and making progress in the general education curriculum or developmentally appropriate activities; participating in extracurricular and other nonacademic activities; and/or being educated and participating with other children with and without disabilities. The EDT must answer "yes" to at least one of the questions in this section of the worksheet to say that the child requires specially designed instruction because of needs resulting from TBI.

[Slide 40] After answering these three questions, the EDT moves into the final phase of the eligibility determination process—documenting the final eligibility determination decision. This section of the

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

worksheet, “Determination of eligibility for special education and related services,” allows EDTs to document that either the child is eligible for special education and related services under the category of TBI, is not eligible under the category of TBI, or that more information needs to be collected to make a determination.

[Slide 41] If the EDT determines that the results of the evaluation indicate that the child requires specially designed instruction as a result of TBI, the child would be eligible under the category of TBI.

[Slide 42] If the EDT determines that the child is not eligible under the category of TBI, they must indicate the rationale for that decision by checking one of the four options within that decision. These options allow EDTs to document either that the child doesn’t have TBI or any other disability, that the child does not have TBI, but is eligible under another eligibility category, that the child has TBI but another eligibility category better describes the child’s primary disability, or that the child has TBI, but doesn’t demonstrate a need for specially designed instruction. This section allows for the documentation that a different eligibility category better describes the primary disability.

EDTs should clearly read the questions presented on the worksheet and determine which situation most accurately describes the child being evaluated. Any child who is found to be “not eligible” for special education and related services must be referred to the SAT.

Finally, if the EDT is unable to make an eligibility determination, they may identify additional information that need to be gathered. They would then reconvene later to make the final eligibility determination decision.

[Slide 43] Reevaluation and Discontinuation of Services

The Reevaluation worksheets will support the EDT through the documentation and decision-making process.

EDTs should remember that children with TBI may demonstrate rapid improvements in some areas and may demonstrate long-lasting difficulties in other areas. IEP teams should monitor progress often, so that reevaluations are completed appropriately, even if this is earlier than the typical three-year reevaluation time period. In addition, teams may reevaluate specific areas outside of a formal reevaluation as the child recovers. Although on-going progress monitoring is essential for **all** children, continued assessment and evaluation is likely important for children with TBI in order to document the child’s present levels of performance and to make sure that his educational program remains appropriate during his recovery period. A child with TBI should be considered for discontinuation of special education and related services only when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. The LEA must evaluate the child before determining that the child is no longer a child with a disability. Any child whose special education supports and services are discontinued should be referred back to the SAT at his school to ensure that the child is supported during the transition and a Section 504 Accommodation Plan should be considered, as appropriate.

New Mexico TEAM Professional Development Module: Traumatic Brain Injury

[Slide 44] Closing

Thank you for participating in this NM TEAM training module. We hope this information has been helpful in clarifying and expanding on the information presented in the manual.