

Legal Name of Child	DOB	State Child ID (SASID)	Date
---------------------	-----	------------------------	------

**DETERMINATION OF ELIGIBILITY: TRAUMATIC BRAIN INJURY**

**Definition:** A child with a Traumatic Brain Injury (TBI) is a child with an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, which impairment adversely affects the child's ability to receive reasonable educational benefit from general education. A qualifying Traumatic Brain Injury is an open or closed head injury 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 "traumatic brain injury" under this rule does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. **ECEA 2.08(10)**

**The team has addressed each of the following statements and has determined: IDEA 34 C.F.R. §§ 300.304(c)(6) and 300.306(b); ECEA 2.08(10)**

- |                              |                                    |  |
|------------------------------|------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category. (Answer must be "yes" in order for the child to be eligible for services.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 2. The child <b>can</b> receive reasonable educational benefit from general education alone. (Answer must be "no" in order for the child to be eligible for services.)   |
|                              |                                    | 3. The child's performance: (All answers below must be "is not" in order for the child to be eligible for services.)   |
|                              | <input type="checkbox"/> <b>is</b> | <input type="checkbox"/> <b>is not</b> due to a lack of appropriate instruction in reading, including the essential components of reading instruction  |
|                              | <input type="checkbox"/> <b>is</b> | <input type="checkbox"/> <b>is not</b> due to a lack of appropriate instruction in math; and   |
|                              | <input type="checkbox"/> <b>is</b> | <input type="checkbox"/> <b>is not</b> due to limited English proficiency.   |

**To be eligible as a child with a Traumatic Brain Injury, there must be evidence of the following criteria: ECEA 2.08(10)(a)**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Either medical documentation of a traumatic brain injury or a significant history of one or more traumatic brain injuries reported by a reliable and credible source and/or corroborated by numerous reporters |
|                              |                             | <b>and</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A display of educational impact most probably and plausibly related to the traumatic brain injury.   |

**The Traumatic Brain Injury, as described above, prevents the child from receiving reasonable educational benefit from general education as evidenced by one or more of the following criteria: (check those that apply) ECEA 2.08(10)(b)**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A limited ability to sustain attention and/or poor memory skills, including but not limited to difficulty retaining short-term memory, long-term memory, working memory and incidental memory; <b>and/or</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | An inefficiency in processing, including but not limited to a processing speed deficit and/or mental fatigue; <b>and/or</b>  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Deficits in sensory-motor skills that affect either one, or both, visual or auditory processing, and may include gross motor and/or fine motor deficits; <b>and/or</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Delays in acquisition of information including new learning and visual-spatial processing; <b>and/or</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Difficulty with language skills, including but not limited to receptive language, expressive language and social pragmatics; <b>and/or</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Deficits in behavior regulation, including but not limited to impulsivity, poor judgment, ineffective reasoning and mental inflexibility; <b>and/or</b>  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Problems in cognitive executive functioning, including but not limited to difficulty with planning, organization and/or initiation of thinking and working skills; <b>and/or</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Delays in adaptive living skills, including but not limited to difficulty with activities of daily living (ADL); <b>and/or</b>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Delays in academic skills, including but not limited to reading, writing, and math delays that cannot be explained by any other disability. They may also demonstrate an extremely uneven pattern in cognitive and achievement testing, work production and academic growth. |

Yes     No    **The child has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.**

Legal Name of Child	DOB	State Child ID (SASID)	Date
---------------------	-----	------------------------	------

Multidisciplinary Team Members <b>IDEA 34 C.F.R. §300.306(a)(1); ECEA 4.02(6)(b)</b>	Title

A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). **IDEA 34 C.F.R. § 300.306(a)(2)**