



SPECIFIC DOCUMENTATION GUIDELINES – ACQUIRED BRAIN INJURY

Brain injury can result from external trauma, such as a closed head or an object penetration injury, or internal trauma, such as a cerebral vascular accident or tumor. ABI can cause physical, cognitive, emotional, social, and vocational changes that can affect an individual for a short period of time or permanently. Depending on the location and extent of the injury, symptoms can vary widely. Understanding functional changes after an injury and resulting implications for education are more important than only knowing the cause or type of injury.

(General documentation guidelines listed in Section 2.22.02, see below)

Documentation of date of occurrence/diagnosis and the nature of the neurological illness or traumatic event that resulted in brain injury.

Depending upon the functional domains impacted by the injury, assessments of cognitive and academic deficits and strengths, psychosocial-emotional functioning, and/or motor/sensory abilities relevant to academic functioning may be essential components of documentation of the impact of an acquired brain injury for an individual student.

Impairments following an acquired brain injury may change rapidly in the weeks and months after the injury, and a more stable picture of residual weaknesses may not be apparent for 1-2 years after an injury. More recent documentation may be necessary to adequately assess the student's current accommodation needs.

Cognitive and academic processing weaknesses and strengths must be evident on multiple measures and not based on a single discrepant score:

- Academic Achievement
 - Reading (decoding, fluency, and comprehension)
 - Mathematics (calculations, math fluency, applied reasoning)
 - Written Language (spelling, fluency, written expression)
- Cognitive Processing Skills
 - Attention
 - Executive Functions
 - Fluency/Automaticity
 - Memory/Learning
 - Oral Language
 - Phonological/Orthographic Processing
 - Visual-Motor
 - Visual-Perceptual/Visual-Spatial

Section 2.22: Appendix DSP2

General Documentation Guidelines

Secondary education eligibility reports, Individualized Educational Plans, Summary of Progress reports, or previous provision of special education services may not be sufficient documentation for college-level accommodations.

Documentation should provide a diagnostic statement identifying the disability, describe the diagnostic criteria and methodology used to diagnose the condition, and detail the progression of the condition if its impact on the student's functioning is expected to change over time.

Documentation should provide an adequate representation of the student's current functional abilities. In most situations, documentation should be within three years of the student's application for services. Professional judgment, however, must be used in accepting older documentation of conditions that are permanent or non-varying, or in requiring more recent documentation for conditions for which the functional impact may change over time.

Documentation must include the names, signatures, titles, and license numbers of the appropriate evaluators, as well as the dates of testing and contact information. Evaluators must be licensed professionals whose training and licensure status is consistent with expertise in the disability for which they provide documentation.

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