Your School/District	 		
Your City			

## Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Traumatic Brain Injury

SpEd 5I 04.08

Student			Date of meeting			
School				Grade		
mpairme mpairme perceptua	ent, or both that adve ents in one or more a lal or motor abilities;	ersely affects a student ireas, such as cognition psychosocial behavior:	's educational performan n; language; memory; att ; physical functions; infor	orce, resulting in total or partial fuce. The term applies to open or ention; reasoning; abstract think mation processing; and speech, r degenerative, or brain injuries i	closed head injuries resuling; judgment; problem-s that affects a student's e	Ilting in olving; sensory,
□ <u>All r</u>	requirements of Ru	le II.J.12 must be doo	cumented below or atta	ched.		
□ Doc	cumentation from a	physician of an acqu	uired injury to the brain	caused by an external physic	al force is attached.	
	•	•	ssional regarding speci t's educational program	fic syndromes, health concern n is attached.	s, medication, and any	information
□ Dev	velopmental history	and/or pre-injury lea	rning and educational	performance information is att	ached.	
Assess	ment Information	for Classification:	Indicate evaluation (form	mal and informal), date, and resu	ilts for each area assesse	ed.
1.	Augmentative co	mmunication assisti	ve service needs			
2.	Rehabilitative tea	am evaluations (atta	ch written report when	possible)		
3.	Self-help/adaptiv	e behavior				
4.	Academic achiev	rement data				
5.	Speech/languag	e				
6.	Social skills and	classroom behavior				
7.	Intellectual/cogn	tive				
8.	Vocational (seco	ndary)				
9.	Gross/fine motor					
10.	Information from	parents				
	Is a lack of i	nstruction in reading	or math the primary fa	actor in determining eligibility	? □ Yes □ No	
	<ul> <li>Is limited Er</li> </ul>	glish proficiency the	primary factor in dete	rmining eligibility? ☐ Yes	□ No	
Writte	The Procedura		ed with this notice affo	rd you protection. If you have ecial education teacher at the		ling this notice
Based			team proposes the foll	•		
				d in the Individuals with Disat ires special education and re		DEA), that
				, as defined in the Individuals ace and does not require spe		
Special E	Education Teacher S	ignature	Date	Parent/Adult Student Signa	iture	Date
				(signature acknowledges recei	pt of copy)	
Signature	e		Date	Signature		Date