

Traumatic Brain Injury School Re-Entry Form: Following Extended Hospitalization/Rehabilitation

Student Name:

School/Grade:

Parent/Guardian Name:

Phone #:

Date of Injury:

Tentative Discharge Date:

Following Hospital Admission

The hospital representative will:

Request that the parent/guardian sign a release of information, allowing contact with the school.

Contact the school representative (e.g., school principal, school nurse, special education administration, and/or TBI specialist if known)

The school representative will:

Discuss important dates such as anticipated timeline for discharge/school re-entry; and school re-entry plans, including school calendar considerations.

Discuss the full re-entry plan, including potential environmental and educational needs and accommodations, including shortened school days if required.

Confirm who the primary school contact will be for the remainder of the re-entry process

(If requested) Provide the hospital teachers with appropriate educational materials

Attend care conferences as appropriate

Obtain copies of hospital updates, evaluations, and documentation of the medical diagnosis of TBI; this information should then be incorporated into the school evaluation process.

Contact the parent/guardian and initiate special education due process requirements and evaluation.

Prior to Hospital Discharge/School Re-Entry

The school educational team will:

Complete special education evaluation and develop an IEP.

Note: It is recommended that the school evaluation results, and IEP meetings be combined with the hospital discharge planning meeting

Assure that all educational supports/accommodations are in place prior to discharge

Collaborate with other school staff as necessary (e.g., school nurse, OT, PT, speech/language clinician, DAPE instructor, etc.), and contact the student's family to provide information and resources about the student's brain injury and accommodations and/or modifications in the school setting

Arrival at School

The team will:

Continue to communicate with medical/hospital staff and family regarding ongoing physical, health and learning needs as they relate to the student's educational program

Following arrival at school, the team will:

- Further modify school environments to meet the student's needs

- Length of school day

- Rest periods

- Specialized transportation

- Schedule

- Check-in contact

- Technology supports

- Emergency evacuation procedures

- Other

- Provide staff and peer in-services as appropriate

After First Weeks in School/Ongoing

The team will:

- Re-evaluate the student's needs and modify educational plan accordingly

- Maintain periodic contact with parent/guardian, teacher, and medical team about the student's changing needs and progress.

Note: For an electronic copy of this and other related documents, visit the Appendices section of this manual.

Traumatic Brain Injury Medical Documentation Form

Note: To be completed and signed by physician and mailed or returned to school nurse or administrator prior to student's return to school.

Child's name:

Date of Birth:

This child has sustained a traumatic brain injury and has been treated by a physician.

Clinic

Date:

Emergency room

Date:

Hospitalization

Admission Date:

Discharge Date:

Observed symptoms at the time of medical exam (please check those that apply):

Physical	Memory problems	Agitation
Headache	Slowed processing speed	Frustration
Sleep changes	Difficulty with organization	Depression
Fatigue	Impaired judgment/impulse control	Anxiety
Nausea/vomiting	Difficulty with new learning	Problems with motivation
Dizziness	Difficulty problem solving	Lack of social energy or engagement
Problems with balance	Decrease in academic skills	Difficulty with initiation
Sensitivity to light and/or sound	Difficulty with transitions	Mood swings
Hearing problems	Trouble multi-tasking	Inappropriate behaviors
Tinnitus (ringing in ears)	Difficulty with planning	Developmental regression
Change in speech	Trouble orienting	Self-centered behavior
Seizures	Trouble sequencing	Impulsivity/restlessness
Motor skill deficits	Change in expressive/receptive language	Feelings of grief & loss
Sensory impairment	Poor insight	Low self-esteem
Physical impairment	Behavioral/Mood	Difficulty with peer relationships
Change in strength	Irritability	Emotional lability
Cognitive		Lack of motivation
Confusion		Vulnerability
Attention problems		
Difficulty concentrating		

Limitations in strength/duration:

Medications:

Restrictions:

Physical Restrictions (e.g., physical education class, recess, stairs, etc.)	Yes	No
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Academic Restrictions (e.g., school attendance, schedule, homework, etc.)	Yes	No
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List restrictions and recommended time period:

Sports (Check one):	Yes - Able to participate	No participation at this time
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If yes, list any restrictions:

If additional information is needed, contact:

Clinic or Hospital Contact / Name:

Clinic or Hospital Contact / Phone:

Printed Physician's Name

Physician's Signature (Required)

Date:

**Attach pertinent documentation to assist with educational programming.*