



Traumatic Brain Injury

- Information
- Educational Accommodations
- Resources



Traumatic Brain Injury (TBI) is the leading cause of disability in children and youth across the United States. In Minnesota alone, over 2,700 of our children sustain a traumatic brain injury each year; more than 1,000 of those children are hospitalized.

As educators, service providers, and parents/caregivers, we must work together to share the information, resources and educational support necessary for our children to successfully re-enter their home, school, and community.

We hope this brochure will assist in setting that process in motion.

Terms Used To Describe Brain Injury

A brain injury is an acquired injury to the brain resulting from traumatic or nontraumatic causes.

Terms used to describe a brain injury, are:

- Concussion
- Mild brain injury
- Moderate brain injury
- Severe brain injury
- Open head injury
- Closed head injury
- Focal brain injury (specific area of the brain)
- Diffuse brain injury (throughout the brain)

The most serious injuries result in a coma, which may last for days, weeks or longer.

A brain injury may change the way a person thinks, feels and acts.

Causes of Brain Injury

A brain injury may be caused by:

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| <ul style="list-style-type: none">■ A blow to the head from:<ul style="list-style-type: none">• Fall• Motor vehicle accident• Flying object• Bike, skiing or sledding accident• Physical abuse• Sports injury■ Illness or infection from:<ul style="list-style-type: none">• High fever• Encephalitis (infection to the brain)• Frequent status epilepticus (seizure that continues without relief)• Tumor• Aneurysm• Swelling of brain tissue• Surgery to correct a problem | <ul style="list-style-type: none">■ Anoxia (lack of oxygen to the brain) from:<ul style="list-style-type: none">• Choking on food• Respiratory arrest• Electrocution• Use of toxic substances (sniffing glue or household products)• Suffocation• Near drowning• Excessive use of alcohol and/or drugs• Overdose of medication that causes breathing to cease |
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Evaluation Criteria for Brain Injury

■ **Traumatic Brain Injury**

An acquired injury to the brain caused by an *external physical force*, and resulting in impaired school performance. See *Causes of Brain Injury, A blow to the head from...* section for examples.

A special education category for Traumatic Brain Injury exists in the state of Minnesota. To qualify for this category, a child must be evaluated by a special education team and be determined eligible to receive special education services.

■ **Non-traumatic Brain Injury**

An acquired injury to the brain from illness, infection, or anoxia. See *Causes of Brain Injury* section for examples.

There is no specific special education category for this type of injury. A child who experiences impaired school performance may be referred for special education services under a category that best reflects their learner profile. As with other categories, eligibility for special education services is determined through evaluation.

Accommodations in the School Setting

Options for school services available for a child with a brain injury are as follows (beginning with least restrictive option):

■ **Accommodations**

Meeting with nurse, classroom teacher, personnel knowledgeable about brain injury, and administrator to decide on accommodations to support the child's changing needs in school.

■ **Development of a 504 Plan**

Requires an evaluation and a written accommodation plan.

Team may include parent(s), teacher(s), nurse, principal, and personnel knowledgeable about brain injury.

■ **Development of a Special Education Plan** (Individuals with Disabilities Education Act)

Eligibility is determined by educational evaluation. Specialized instruction and related services are recommended in the form of an Individual Education Plan (IEP).

Team may include parent(s), special education director, coordinator or administrative designee, physical/health disabilities teacher, TBI specialist (if different from P/HD teacher), nurse, classroom teacher or early childhood teacher, special education teacher, and related service provider(s) (speech clinician, occupational therapist, physical therapist).

In order for information and records to be shared between medical and educational agencies, an information release form with parent/guardian signature is required.

Possible Behavioral Changes From Brain Injury

Changes that parents, teachers, friends, or family may observe in a child after a brain injury:

■ Small Children

- Increased restlessness
- Increased fussiness
- Quieter than usual
- Becomes upset more easily than before
- Needs extra sleep
- Less energy
- Less interest in playing
- Clumsier than normal
- Loses speech or uses fewer words
- Less able to do physical tasks than before, i.e., self-feeding or toileting

■ Adolescents/Young Adults

- Forgets learned or new information; needs frequent repetitions
- Slowed performance in the classroom, i.e., problems with reading, writing, or math
- Disorganized, has problems with staying on task, remembering daily routine, keeping track of time and/or belongings, daydreams
- More easily upset, agitated, or irritable
- Increased tiredness or fatigue
- Headaches, dizziness or visual disturbances
- Difficulty dealing with peers and adults
- Increased impulsivity and/or poor judgment
- Onset of seizure activity/epilepsy
- Reduced interest in activities

A child with a brain injury may do well in school initially. As demands increase, a child may experience problems with learning or behaviors. Areas of difficulty may include academics, organization and social interactions. Difficulties may be short or long term in duration, depending upon the type and location of the brain injury.

Returning To School

Parents play a key role in a child's successful return to school. Regardless of whether the child has had a mild concussion or a severe brain injury, parents are encouraged to keep the school informed about the progress and needs related to the injury. In the case of moderate/severe brain injuries requiring a hospital stay, consider inviting a school representative to the hospital discharge planning meeting.

People to inform at school may include:

- Principal
- Nurse
- Physical/Health Disabilities Teacher
- Early Childhood Teacher
- Special Education Teacher or Coordinator
- Counselor
- School Social Worker
- Classroom Teacher

It is important to have a person knowledgeable about Brain Injury included as an active team member in all educational planning meetings

References

Further information on Brain Injury for children ages birth to 21, may be requested from:

Brain Injury Association of Minnesota

Phone: (800) 669-6442

Website: www.braininjurymn.org

Email: info@braininjurymn.org



Funding is provided by:

Minnesota Low Incidence Projects



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This brochure was initially developed by the Northeast Service Cooperative Low Incidence Project and the Port Area Brain Injury Roundtable in Region 3. Permission is granted to duplicate this publication or contact Deb Williamson for additional copies.