

Professional Resources

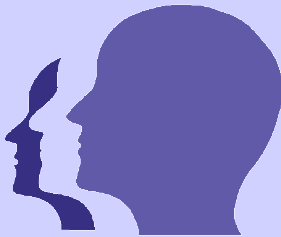
To download the Minnesota TBI criteria, manual, resource materials, and other information on technical assistance and training opportunities, visit the Minnesota Low Incidence Projects website at:

www.mnlowincidenceprojects.org

Statewide TBI Network

A statewide TBI Network was established in 2001 and currently has a membership that includes parents, educators, and representatives from community agencies such as the Brain Injury Association of Minnesota, area hospitals or rehabilitation programs, the MN Dept. of Human Services and others.

The Network meets two times a year to address regional and statewide training needs and assist with the development of resource materials, special projects and initiatives. Some past projects have included the development of the TBI Training Module and related statewide trainings, TBI resource booklets, the TBI Certificate for professional educators, and outreach packets for school nurses and high school athletic coaches.



Statewide Specialist for Traumatic Brain Injury

Deb Williamson
Minnesota Low Incidence Projects
Metro ECSU
3055 Old Highway 8, Suite 302
St. Anthony, MN 55418
deb.williamson@metroecsuo.org
612.638.1532

Regional Resources

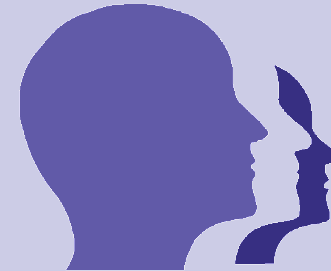
Contact your regional low incidence facilitator for additional information

Regions 1 & 2	Brenda Ackerson backers@wao.k12.mn.us 218.745.5628 x248
Region 3	Phyllis Hauck phauck@nesc.k12.mn.us 218.748.7606
Region 4	Dennis Ceminski dceminski@lsc.org 218.739.3273
Regions 5 & 7	Mary Ruprecht Mary.Ruprecht@njpacoop.org 320.496.3013
Regions 6 & 8	Mary Palmer Mary.Palmer@swsc.org 320.231.5184
Region 9	Linda Watson lwatson@mnsesc.org 507.389.2123
Region 10	Christian Wernau cwernau@zumbroed.org 507.775.2037
Region 11	Ingrid Aasan ingrid.aasan@metroecsuo.org 612.638.1517

Local TBI Specialists

The Traumatic Brain Injury specialist for your area is:

Meeting the Needs of Students with Traumatic Brain Injury:



Minnesota
Definition,
Eligibility
and
Resources



Serving learners with low incidence disabilities

www.mnlowincidenceprojects.org

Introduction

The frequency of traumatic brain injury (TBI) in children and teens is staggering. Each year in the United States as many as one million children and youth will sustain traumatic brain injuries from motor vehicle accidents, falls, sports, and abuse. The largest group of individuals with traumatic brain injuries fall within the 15-24 year old age group, but the frequency is nearly as high for children and youth under 15 years of age.

Definition

Minnesota Rule 3525.1348 defines Traumatic Brain Injury as “an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability and/or psycho-social impairment that may adversely affect a child’s educational performance and result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more of the following areas: cognition, speech/language, memory, attention, reasoning, abstract thinking, judgment, problem solving, perception, motor, and sensory abilities, psycho-social behavior, physical functions, and information processing. The term traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.”

Student Characteristics

Generally speaking, traumatic brain injuries in children are often diffuse and can affect many areas and functions within the brain. Since areas of the brain are interconnected, damage to any part of the system can often result in cognitive, motor, sensory, emotional and behavioral changes. Frontal and temporal lobe damage can often occur in a traumatic brain injury, and may result in possible changes in personality and behavior, as well as deficits in memory, judgment, reasoning, problem solving, and inhibition. Difficulties with perceptual skills and expressive language may also result. When damage occurs in additional parts of the brain, there may be changes in motor or sensory functioning.

Staff Qualifications and Training

There is currently no teacher licensure for the Traumatic Brain Injury category in the state of Minnesota, although professional competencies and a professional graduate-level certification program at Hamline University has been established. Training and support in the area of TBI is available to educators and families through ongoing regional and state workshops and conferences. Technical assistance is provided by the statewide and regional TBI specialists. Other learning opportunities are also made available to educators, such as graduate coursework offered through colleges and universities, and conferences hosted by local and state agencies. Some communities have organized local TBI networks and support groups for children, teens, and families.

Common Educational Needs and Adaptations

Educational programming, accommodations, and modifications to curriculum, methodology, materials and equipment are individualized to meet the unique needs of students with traumatic brain injury. Evaluation results will assist the team in identifying these accommodations and modifications. Some examples include:

- Environmental changes
- Assistive technology
- Modified grading system
- Support for transitions
- Organizational tools
- Memory aids
- Behavior intervention plan
- Modified assignments/tests
- Alternate response methods
- Instructional review/re-teaching

Information on these and other strategies can be found in the MDE publication entitled, *Special Education Evaluation and Services for Students with Traumatic Brain Injury: A Manual for Minnesota Educators* (revised 2004).

TBI Eligibility Criteria

The IEP team shall determine that a student is eligible for and in need of special education related services under the category of TBI if the pupil meets the following criteria:

- A. There is documentation by a physician of a medically verified traumatic brain injury.
- B. There is a functional impairment attributable to the TBI that adversely affects educational performance in one or more of seven listed areas (See State Criteria for complete list).
- C. The functional impairments are not primarily the result of previously existing conditions.
- D. Documentation of a functional impairment in one or more of the areas in Item B must, at a minimum, include one source from Group One and one source from Group Two.



Group One - Documentation Sources

- Checklists
- Classroom/work samples
- Education/medical history
- Behavioral observations
- Interviews



Group Two - Documentation Sources

- Criterion-referenced measures
- Personality or projective measures
- Socio-metric measures
- Standardized assessment measures

Children who have an acquired *non*-traumatic brain injury as a result of infection, cerebral vascular accident, brain tumor, poisoning, or anoxic injury may have significant educational needs, but do *not* qualify under state TBI criteria. In such situations, eligibility under other special education categories should be considered by the IEP team, depending upon the presenting educational need. An additional option to consider for students with mild or short-term symptoms that require minor accommodations is a 504 Plan (*Section 504 of the Rehabilitation Act*).