Revised 5/8/07

Please return survey to your school nurse

COLUMBUS CITY SCHOOLS BRAIN INJURY SURVEY

On the Health Services Parent Questionnaire, you indicated that your child may have had an injury to their brain. In order to collect additional information regarding this possible injury we would like you to complete this brief Brain Injury Survey. In Ohio, a child may qualify for special education services under the category of *traumatic brain injury* if the child has injury to the brain caused by an external physical force (such as a blow to the head or injury from a car accident) or by other medical conditions (such as stroke, brain tumors, lack of oxygen or injuries from medical or surgical treatments).

Name_____ Grade_____
School_____ Age_____

1. Did the child ever hit his/her head, or get hit in the head? Y___ N___
   If yes, did he/she experience any problems such as:

Headaches	Y___ N___	Depression	Y___ N___
Irritability	Y___ N___	Increased Fatigue	Y___ N___
Dizziness	Y___ N___	Poor Judgment	Y___ N___
Anxiety	Y___ N___		

   Difficulty concentrating or problems with attention Y___ N___
   Difficulty with long-term or short-term memory Y___ N___
   Difficulty reading, writing or calculating Y___ N___
   Difficulty with preschool or schoolwork Y___ N___
   Poor problem solving Y___ N___
   Changes in relationships with family and friends Y___ N___

2. Did the child ever lose consciousness or had a concussion? Y___ N___
   For what reason?_____
   _____

3. Has the child ever been seen by a doctor in the *emergency room* or been hospitalized? Y___ N___

For what reason? (i.e.: encephalitis, meningitis…)_____
_____
_____

4. Has the child ever had any surgery to the head or brain? Y___ N___
Explain:_____
_____

5. Has the child ever had a stroke? Y___ N___

6. Has the child ever had a seizure? Y___ N___

7. Has the child ever experienced vision or hearing problems? Y___ N___

8. Has the child ever been diagnosed with a brain tumor? Y___ N___

9. Does the child have a diagnosis of head injury? Y___ N___
If yes, what is the nature of the injury?_____
_____
If yes, at what age did the injury occur?_____

10. Please provide additional information regarding possible head injury.
_____
_____
_____
_____
_____
_____
_____

Survey completed by: _____ Date_____
Relationship to child _____

For more information on Traumatic Brain Injury or how to get special education services contact:
Columbus City School's Department of Psychological Services at 365-5220