REFERRALS FOR TRAUMATIC BRAIN INJURIES

The Federal Individuals with Disabilities Education Act (IDEA) and Ohio law provide for special education services for children with TBI. 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 a stroke, brain tumors, lack of oxygen or injuries from medical or surgical treatments).

If an athlete sustains a concussion, especially a head injury in which the athlete loses consciousness, then a referral to a Columbus City Schools Psychologist is merited.

The ATC has several options in the matter of referral of the athlete with Traumatic Brain Injury:

- Contact Sara Timms, a school psychologist at the Neil Avenue Special Education Center, by phone (365-5220) or by email (stimms2576@columbus.k12.oh.us). Leave the name of the athlete, school and the nature of the injury. At that time, Sara or one the other school psychologist, will follow-up with the athlete and the family.
- Contact the school nurse to be aware of the situation, and then the nurse can make the referral to the school psychologist.
- If you know the school psychologist that visits the school of the athlete, you can make a direct contact with that individual.

The School Psychologist will then obtain a Release of Information from the parent or guardian. This will allow them to gather medical history, medical tests, hospital and rehabilitation reports, neuropsychological evaluations (if available), and any other outside evaluations related to the brain injury. They will then obtain Intervention Assessment Consent for Review from the parent. A CPS Brain Injury Survey will then be completed.

It is important to provide preseason instruction to all coaches regarding the reporting of any head injuries to the ATC as soon as possible. The instruction should include:

- The viewing of the "Heads Up Concussion" video/DVD prior to the season for all coaches. It would also be appropriate for athletes to view the video/DVD as well so that they feel comfortable reporting any concussion symptoms of their own or their teammates.
- Handouts discussing signs and symptoms of head injuries, and extra copies that can be given to the parents for preseason and when a head injury arises.
- Phone numbers for the ATC and reminders to the coaches to contact the ATC when a head injury occurs.
- To report any unusual activities or changes in the athletes demeanor or school work, when following a head injury. If this should occur, an immediate referral to the school psychologist (via the ATC or school nurse), is in order.

you and your child have rights

You have the **RIGHT** to:

- **NOTICE** of your legal rights and of your school's decisions about your child;
- **ACCESS** your child's records;
- **CONFIDENTIALITY** of records;
- **CONSENT** to the initial evaluation and placement for your child;
- **CONSENT** for re-evaluation (when new assessment is needed) and to most placement changes;
- **REQUEST** an independent educational evaluation (IEE) at the school's expense;
- **FILE**: a complaint with the Ohio Department of Education (ODE) or request mediation or an impartial due process hearing.

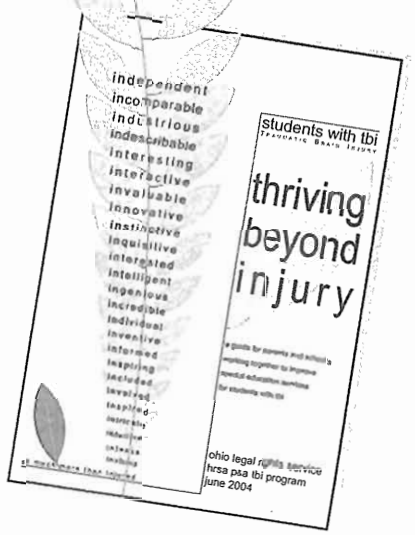
for more information

about services your child with tbi may receive, please contact:

Columbus Public Schools
Psychologist Sara Timms
614-365-5220
stimms2576@columbus.k12.oh.us

Columbus Public Schools
Parent Mentor Office
614-365-5219

Ohio Legal Rights Service
TEL 614-466-7264
TTY 614-728-2553



OLRS publications are on the web

http://olrs.ohio.gov

The OLRS PA•TBI program is funded by the Traumatic Brain Injury Protection & Advocacy Grant, project number cfda #93.234-d, from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau
- revised March 2007 -

your child with traumatic brain injury (tbi) may need special education services to

thrive beyond injury

Columbus Public Schools & Ohio Legal Rights Service are partnering to pilot a project to better identify students with tbi and to provide special education services to eligible children.

can my child receive special education services?

The federal Individuals with Disabilities Education Act (IDEA) and Ohio law provide for special education services for children with TBI. In Ohio, the definition of TBI for educational purposes is:

> An acquired injury to the brain caused by an external physical force *or by other medical conditions*, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments. The injury results in total or partial functional disability or psychosocial impairment or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries, as well as to other medical conditions that result in acquired brain injuries. The injuries result in impairment in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory; perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

The Ohio definition is more inclusive than the IDEA definition because it includes internal injury to the brain. The IDEA definition is limited to external injury. This means that more children with TBI would qualify for special education in Ohio than in other states without an inclusive definition.

what services can my child receive?

Your child is entitled to a free appropriate public education (FAPE) if qualified under the Ohio TBI definition. A FAPE means that your child receives special education and related services that are free, provided through an individualized education program (IEP), and that allow your child to be involved in and make progress in the general curriculum.

Special education is specially designed instruction that meets your child's unique needs. Related services are those services that are required to assist your child to benefit from the special education. Related services include, but are not limited to transportation, occupational therapy, physical therapy, speech therapy, nursing services, and attendant services.

All special education services are determined by your child's team and are provided through the IEP, a written plan that details your child's educational program. You are a member of your child's team and should participate in all decisions about your child's identification, placement and services.

The IEP must include the special education and related services your child needs to receive a FAPE. It must also include annual goals and short-term objectives that are measurable. The goals and objectives should focus on your child's areas of need and can address academics or behavior. Your child should be educated in the least restrictive environment (LRE). This means that your child should be educated with children who do not have disabilities to the maximum extent appropriate.

will my child be evaluated?

The IEP is based on a comprehensive evaluation of your child's needs. Your school will conduct a multi-factored evaluation (MFE) and write a report summarizing the results of the evaluation. Children with TBI may need a special evaluation called a neuropsychological evaluation as part of the MFE, to address problems commonly associated with TBI (memory, judgment, organization, etc.). You can ask for a neuropsychological evaluation as part of the MFE.

If you disagree with an evaluation that is conducted by your school, you can seek an independent educational evaluation (IEE) at your school district's expense. You should ask your school district for a copy of its IEE policy. You must follow the policy in pursuing the IEE in order for the school to pay for it. Your school can suggest an independent evaluator but you may choose an evaluator not on your school's list. The school is required to consider the results of the IEE but is not required to follow it.

TRAUMATIC BRAIN INJURY
Similarities & Differences among Students

Differences between brain injuries and <u>specific learning disabilities:</u>

Similarities
Students with brain injuries and students with specific learning disabilities may both exhibit...
_ reduced attention span, distractibility, impulsivity
_ low frustration tolerance
_ weak organizational skills
_ overwhelmed reaction to too much information
_ inappropriate social judgment
_ problem with integration skills
_ slow processing of information
_ deficits in problem solving and abstract thinking
_ reduced performance relative to abilities

Differences
Compared to students with specific learning disabilities, students with brain injuries have...
_ greater variation in performance levels
_ wider gap in abilities
_ adjustment to learning with a different style than prior to injury
_ more difficulty with new learning; old facts more often retained
_ more pronounced memory deficits
_ adjustment to a new and different self from pre-morbid self
_ greater success learning prior to brain injury
_ altered social contacts, loss of friends
_ exaggerated inconsistent performance
_ reduced self-control
_ wide range of inappropriate behaviors
_ lack of insight into problem

How students with brain injuries differ from those with <u>cognitive impairments</u>:
(Note: The IQ score is not representative of the student's actual learning potential after a brain injury.)

Similarities
Students with brain injuries and students with cognitive impairments may both exhibit...
_ problem solving difficulties
_ weak abstract reasoning
_ reduced judgment
_ overwhelmed reaction to too much information

Differences

Compared to students with cognitive impairments, students with brain injuries have...

_ inconsistent learning rate
_ no previous history of special education
_ need to adjust to changed sense of "self" by student, family, and peers
_ more inconsistent behavior

How students with brain injuries differ from students with emotional disturbances

Students with brain injuries may have attention, impulse control, and cognitive difficulties that affect their behavior and emotional stability, but the cause is primarily organic. This may or may not be the case with students classified as emotionally disturbed. While some of their behaviors may appear similar, responses to interventions often differ. For example, injury to the frontal lobe may result in poor ability to respond to reward and punishment systems.

Similarities

Students with brain injuries and students with emotional disturbances may both exhibit...

_ reduced self-control
_ difficulties regulating mood

Differences

Compared to students with emotional disturbances, students with brain injuries have...

_ over-sensitivity to change
_ over-sensitivity to sensory stimuli such as noise, movement, temperature, light
_ limited or lack of awareness of deficits
_ poor recognition of cause and effect relationships
_ more impulsivity, confusion and/or disinhibition
_ less responsiveness to rewards and punishments

Brain Injury Association of New Jersey, Inc.
1090 King George Post Road #708, Edison, NJ 08837-3722
Phone: 732-738-1002 Fax: 732-738-1132 Email: info@bianj.org Web: www.bianj.org

May 15, 2009

Washington passes new sports concussion law

Associated Press
Rivals High

MORE: Jelmini ties national record | TOP 50 baseball teams in the country

SEATTLE ? Zackery Lystedt's cause has become Washington law.

The state now has what advocates say is the nation's toughest law regulating when high school athletes can return to games after having sustained a concussion. The legislation signed Thursday in Olympia by Gov. Chris Gregoire prohibits athletes under 18, who are suspected of sustaining a concussion, from returning to play without a licensed health care provider's written approval.

It is named after a 16-year-old in Maple Valley who suffered a life-threatening brain injury in 2006 after he returned to play football following a concussion.

"It's the first of its kind in the country which mandates that youth athletes who sustain a concussion cannot come back to play without the written consent of a doctor or provider," said Rep. Jay Rodne, R-North Bend, whom Lystedt's family contacted for help.

"When in doubt, the player has to come out."

The law also requires each of the state's school districts to work with the Washington Interscholastic Activities Association to develop a standard for educating coaches, players and parents on the dangers of concussions and head injuries. A concussion and head injury information sheet must be signed by the athletes and their parents or guardians.

More than 3.5 million sports-related concussions occur each year in the United States, according to the U.S. Centers for Disease Control and Prevention and the Brain Injury Association of Washington. The bill's authors said they found many head injuries in community youth sports occur in girls' soccer.

The Brain Injury Association, the CDC and the NFL's Seattle Seahawks are partnering on an education program for concussion awareness in Washington. That effort has included the distribution of youth league coach clipboards that have information on head injuries and concussions on the back.

Other states, such as neighboring Oregon, have proposed or established laws mandating annual concussion training for coaches in youth sports.

Washington's law takes that effort a step further by including that training, then regulating the return of players who have sustained a head injury.

Victor Lystedt, Zackery's father, sought his state representative's help after his son sustained a concussion while making a tackle in a middle-school game on Oct. 12, 2006. After sitting out for a while Zackery returned in the fourth quarter. He collapsed after the game and had to have two emergency brain surgeries.

He remains dependent on a wheelchair and on around-the-clock care. He and his father testified in Olympia during a hearing on the bill a few months ago.

THE NETWORK: Rivals site for your state | National High School Message Board

CASE STUDY

- 3rd grade student originally presented with academic concerns in 2nd grade (2007-08 school year)

- Student was taken to IAT in 2nd grade, academic intervention plan was developed. As part of the IAT process, she had a vision exam, and it was determined that she needed eye surgery.

- During the eye surgery, an MRI revealed a midbrain tumor and hydrocephalus

- On 11/14/08, Student was admitted to Nationwide Children's Hospital with complaints of headaches, disconjugate gaze and right facial droop

- On 11/17/08, Student received a suboccipital craniotomy and resection of the brain tumor and VP shunt

- On 12/15/08, Student was transferred to the rehab unit at NCH where she received PT, OT, SLT, RT (recreational therapy), massage therapy, psychology, and social work services. She remained there through 1/21/09.

- At the school re-entry meeting, 1/21/09, Student was reportedly having difficulty seeing out of her right eye, especially when looking upward and to the right. Her eyes were also reportedly not tracking well together.

  - Student was also struggling with short-term memory, balance and walking. She was reportedly able to walk short distances with a gait belt, but required a wheel chair for longer distances.

  - Student was also experiencing some personality changes such as more impulsive, labile, and various emotions that ranged from good to bad.

  - The neuropsychologist reported that Student's verbal reasoning and verbal memory appeared to be intact, but her motor output, speed, dexterity, visual-spatial processing, and abstract-visual reasoning skills were well below average. He also reported that Student was struggling with naming and word recall as well as executive functioning.

  - The speech-language pathologist reported delays in Student's processing speed, cognitive flexibility, and impulsivity. On the CELF-4, she earned a core language score of 90, receptive language score of 73, expressive language score of 98, language content score of 74, and language memory score of 94.

  - The physical therapist reported decreased bilateral lower extremity muscle tone with increased tone in bilateral ankles. She also reported that Student exhibited mild ataxia in her trunk and had impaired gross motor coordination.

  - The occupational therapist reported impaired fine motor skills due to vision and decreased coordination and speed. She also reported that Student was struggling with handwriting: decreased baseline accuracy, decreased near and far point copying, decreased top to bottom progression, decreased speed, decreased legibility, and she struggled with cutting due to her vision, speed, strength, and coordination.