



BROWNWOOD INDEPENDENT SCHOOL DISTRICT SPECIAL EDUCATION OPERATING PROCEDURES: TRAUMATIC BRAIN INJURY

BROWNWOOD ISD Board Policy along with these *Special Education Operating Procedures* constitute the Policies and Procedures of BROWNWOOD ISD, designed to be consistent with the State policies and procedures developed pursuant to the IDEA. BROWNWOOD ISD *Special Education Operating Procedures* are not to be for the purpose of creating a requirement that is not otherwise imposed by the Individuals with Disabilities Education Improvement Act (“IDEA”), together with its implementing federal regulations, state statutes and rules, as they shall from time to time be amended, and shall not be construed to create a higher standard than that established by IDEA. These *Special Education Operating Procedures* will be posted on BROWNWOOD ISD’s website. These *Special Education Operating Procedures* should be interpreted consistent with the IDEA. BROWNWOOD ISD’s *Special Education Operating Procedures* are reviewed and updated, as needed, on at least an annual basis. BROWNWOOD ISD will make timely changes to policies and procedures in response to IDEA amendments, regulatory or rule changes, changes to state policy, or new legal interpretation as are necessary to bring BROWNWOOD ISD into compliance with the requirements of IDEA. BROWNWOOD ISD maintains systems to ensure that all students with disabilities residing in the District, including students with disabilities attending non-public schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated and provided a free appropriate public education. BROWNWOOD ISD maintains systems to ensure that students with disabilities and their parents are afforded the procedural safeguards required under the IDEA (and its implementing federal regulations, state statutes and rules) including with respect to the confidentiality of records and personally identifiable information.

TRAUMATIC BRAIN INJURY

Students with traumatic brain injury have acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments 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 injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.¹

A student's eligibility based on a traumatic brain injury must include a medical diagnosis provided by a licensed physician. The group of qualified professionals that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a traumatic brain injury must include—

- a licensed specialist in school psychology (LSSP)/ school psychologist²
- an educational diagnostician, or

¹ 34 C.F.R. § 300.8(c)(12)

² 22 TEX. ADMIN. CODE § 465.38(b)(1)

- other appropriately certified or licensed practitioner with experience and training in the area of the disability.³

“Medical services” under IDEA are defined as services provided by a licensed physician to determine whether a child has a medically related disabling condition, which results in the child's need for special education and related services.⁴ The District will ensure that such services are at no cost to the parent.⁵

The group of qualified professionals conducting an evaluation of a student suspected of having a traumatic brain injury will conduct assessments and observations, and collect data, as necessary for the ARD Committee to make an eligibility determination.

FOR MORE INFORMATION

In Texas, eligibility is determined by the student’s Admission, Review and Dismissal (ARD) committee.⁶ The phrase *multidisciplinary team* refers to the group of District staff tasked with using a variety of assessment tools and strategies to gather relevant functional, academic and developmental information about the student, including information provided by the parent, as part of the special education evaluation process.⁷ For more information, please contact Campus Diagnostician/ Special Populations Director.

LEA Specific Information:

- A physician must complete the Disability Report for TBI
- Achievement assessment is not required
- Detailed classroom competencies should be gathered to address specifically how the TBI is impacting classroom performance. If the evaluation personnel can not obtain sufficient classroom competencies, formal achievement should be completed.
- A formal executive function inventory should be completed which may include **recent** information from medical records such as a neuropsychological evaluation completed after the TBI.

³ 19 TEX. ADMIN. CODE § 89.1040(c)(11)

⁴ 34 C.F.R. § 300.34(c)(5)

⁵ *Letter to Anonymous* (OSEP 6/3/2020)

⁶ 19 TEX. ADMIN. CODE § 89.1040(b); 19 TEX. ADMIN. CODE § 89.1050(a)(5)

⁷ 34 C.F.R. § 300.306

- Intelligence Quotient (IQ) is not required. If completed, it will be only used for informational reasons and interpreted with caution; not used for other disabilities, such as SLD.

STAFF RESPONSIBLE:

District Level: Special Populations Director, Lead Diagnostician

Campus Level: Campus Special Education Evaluation Staff

TIMELINES:

- 45 school days from consent for completion of the FIE
- Re-evaluations are completed by the due date
- 30 calendar days from the date of the FIE for completion of the ARD meeting

EVIDENCE OF PRACTICE:

- Training Documents
- Compliance Calendar within Student Special Education System
- Indicator Timeline Reports
- Evaluation Peer Review
- Multi-Tiered Systems of Support or Response to Intervention Data
- Student specific data collection and monitoring
- Observation data
- Evaluation reports
- Collection of information from parents and independent service providers
- ARD committee reports