



A FAMILY GUIDE TO
*Special Education
Services*

TRAUMATIC BRAIN INJURY

Volume 12



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Ensuring a bright future for every child

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Other MDE Resources

- **Parent Engagement and Support**
 - 📌 mdek12.org/OSE/Information-for-Families
 - 📞 601.359.3498
- **General resources for parents:**
 - 📌 mdek12.org/OSE/Information-for-Families/Resources
- **Procedural Safeguards: Your Family's Special Education Rights**
 - 📌 mdek12.org/OSE/Dispute-Resolution

← **Questions?**
Call here.

TRAUMATIC BRAIN INJURY (TBI)

TBI

Definition

Traumatic Brain Injury (TBI) means an 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 a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one (1) 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/or speech. **The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.**



Evaluation Requirements

When the evaluation team is considering eligibility under the Traumatic Brain Injury category, the comprehensive evaluation report(s) and/or eligibility determination report must include the information included in A, B, and C below:

- A.** Information from a variety of sources (e.g., assessments; evaluations; the student's teacher(s), parents, and/or caregivers) who are familiar with the student's educational differences in functioning prior to and following the injury, if relevant, in the following areas:
- | | | |
|---------------|-----------------------------|-----------------------------|
| 1. cognition; | 6. abstract thinking; | 10. psychosocial behavior; |
| 2. language; | 7. judgment; | 11. physical functions; |
| 3. memory; | 8. problem-solving; | 12. information processing; |
| 4. attention; | 9. sensory, perceptual, and | and/or |
| 5. reasoning; | motor abilities; | 13. speech. |
- B.** A description of the acquired brain injury and cause of the injury; and
- C.** Reports from physicians, providers of rehabilitation services, and/or other healthcare providers describing precautions, limitations, and recommendations to consider when planning educational services, if available.



Helpful Vocabulary

Accommodation—Tool that enables a student with a disability to better access the general curriculum. Some accommodations are applicable to instruction only (for example, an assignment that is shortened but still addresses the state standard); others are permitted for both instruction and assessment (for example, change in formatting or timing).

Agnosia—The inability to recognize objects, people, smells, or sounds due to brain damage. It may occur suddenly in the aftermath of TBI and is a neurological disorder that's distinct and separate from memory loss (amnesia).

Agraphia—The loss of the ability to write. When this happens because of TBI, it is often accompanied by a loss in the ability to read (alexia). Agraphia can range from mild (some difficulty writing words) to severe (inability to write).

Alexia—The loss of the ability to read. This is often accompanied by a loss of the ability to write (agraphia) in people with TBI but may also be seen on its own. Alexia can range from mild to severe.

Amnesia—Memory loss due to brain damage, which may result in forgetting facts, experiences, or practical knowledge. People with amnesia may have trouble learning new information and forming new memories, on top of losing memories that developed before sustaining TBI.

Aphasia—The loss of the ability to understand or express oneself in speech due to brain injury. It can range from mild (saying the wrong word or forgetting the word you were going to use) to more severe (producing few recognizable words).

Ataxia—The loss of control or coordination in voluntary movements, such as walking or grasping objects. It's usually caused by damage to your cerebellum and can also affect your speech, eye movement, or swallowing.

Dysarthria—Slurred or slow speech due to the weakening of certain muscles or difficulty controlling them. A potential symptom of TBI, dysarthria may improve with speech therapy and related exercises.



**March is
Brain Injury
Awareness Month**

Since coordinating the very first Brain Injury Awareness Month, the Brain Injury Association of America (BIAA) has recognized blue as the color for brain injury awareness activities.

Free Appropriate Public Education (FAPE)—Foundational requirement of the Individuals with Disabilities Education Act of 2004 (IDEA) stipulating that special education and related services must be provided at public expense (that is, without charge to parents), meet state requirements, include an appropriate education that leads to outcomes such as employment or higher education, and conform to the Individualized Education Program (IEP) prepared for the student.

Inclusion—The practice of educating children with disabilities in the general education classroom. Inclusion in special education programs is an important part of the continuum of special education placements required by the Individuals with Disabilities Education Act (IDEA). In an inclusion classroom, a student with disabilities feels included, accepted, and makes friends, and the student's peers learn to better understand their classmate's disabilities.

Individuals with Disabilities Act (IDEA)—A law that makes available a free public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

Individualized Education Program (IEP)—A document written for a child with a disability that is developed, reviewed, and revised in accordance with state and federal policies.

Modification—Adjustment to an assignment, test, or activity in a way that significantly simplifies or lowers the standard or alters the original measurement. Modifications change what a student is taught or expected to learn, and most are applicable to students with significant cognitive disabilities.

Related services—Additional support services that a child with disabilities requires, such as transportation, occupational, physical, speech pathology services, interpreters, medical services, etc.

Significant cognitive disability (SCD)—In order for a student to be classified as having a significant cognitive disability, **all** of the following criteria must be true:

- The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Speech-language pathologist (SLP)—A speech-language pathologist works to prevent, assess, diagnose, and treat speech, language, social communication, cognitive communication, and swallowing disorders in children and adults.

Specially designed instruction (SDI)—Universally required component that defines special education and stipulates that students with disabilities receive instruction that includes changes in content, methodology, and/or delivery. It is not dependent on setting and is a primary responsibility of special education professionals.



Ways to Help at Home

Brain injuries can range from mild to severe, and so can the changes that result from the injury. This means it is hard to predict how an individual will recover from the injury. Early and ongoing help can make a big difference in how the child recovers. This help can include physical or occupational therapy, counseling, and special education.

Also, know that as the child grows and develops, parents and teachers may notice new problems. This is because students, as they grow, are expected to use their brains in new and different ways. The damage to the brain from the earlier injury can make it hard for the student to learn new skills that come with getting older. Sometimes parents and educators may not even realize that the student's difficulty comes from the earlier injury.



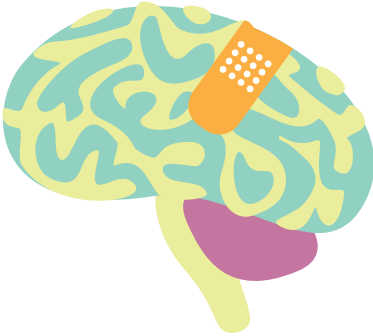
Tips for Parents

Adapted from oecd.org/TraumaticBrainInjuryResources.aspx

- **Learn about TBI.** The more you know, the more you can help yourself and your child.
- **Work with the medical team to understand your child's injury and treatment plan.** Don't be shy about asking questions. Tell them what you know or think and make suggestions.
- **Keep track of your child's treatment.** A three-ring binder or a box can help you store this history. As your child recovers, you may meet with many doctors, nurses, and others. Write down what they say and put any paperwork they give you in the notebook or the box. You can't remember all this. Also, if you need to share any of this paperwork with someone else, make a copy and don't give away your original.
- **Talk to other parents whose children have TBI.** There are parent groups all over the U.S. Parents can share practical advice and emotional support.
- **Keep in touch with your child's teacher.** Tell the teacher how your child is doing at home and ask how your child is doing in school.

Helping Your Child Adjust Following TBI

Adapted from brainline.org/article/children-traumatic-brain-injury-parents-guide



- 1 Encourage and praise progress.
- 2 Involve peers, school, and the community when the time is right for your family.
- 3 Listen to your child and provide support.
- 4 Serve as a role model for social behavior.
- 5 Encourage your child to have relationships with friends.
- 6 Explore finding a counselor experienced with TBI for your child and the family.
- 7 Consider family counseling to address role changes, sibling issues, understanding of differences, and the impact of this trauma on the family life cycle and development.
- 8 Encourage your child to focus on one day at a time by setting small goals as steps toward accomplishing larger ones.
- 9 Encourage independence with supervision. Be creative with this.
- 10 Seek the support and services of community members (e.g., professionals, church members, support groups, etc.).
- 11 Communicate with your child, family members, neighbors, friends, professionals, and the school.
- 12 Help your child understand her or his injury and recovery. Let your child know that the brain needs time to heal like other body parts.
- 13 Instill confidence in creative ways—draw on previous skills and interests, applied in new ways.
- 14 Create a memory book. Memory difficulties are often frustrating. This will help to document events and reinforce progress.
- 15 Encourage a normal lifestyle, predictability, and routine as much as possible.

Above all, remember that this is challenging and a lifelong process.





A–B–Cs for Caregivers

Taken from brainline.org/article/b-cs-caregivers

Written by Debbie Leonhardt, 2004. Reprinted with permission. Leonhardt is President/CEO of Alexandria Counseling and Consulting Services, Inc. in Taylorsville, North Carolina. In 1992, she sustained a brain injury in a motor vehicle accident and is currently serving her third term on the Brain Injury Association of North Carolina Board of Directors.

- A. ACKNOWLEDGE** and **ADMIT** things are different. **ASK** for help.
- B. BALANCE** is essential to maintain strength and energy long-term.
- C. COMMUNICATE** your needs. **COPE** through self-care.
- D.** Don't get **DETAINED** in **DENIAL** or **DEPRESSION**. Don't **DELAY** getting help.
- E. EDUCATE** yourself about available resources.
- F. FOLLOW** coping strategies. Be **FEARLESS** about the future.
- G. GRIEVE** appropriately for losses. **GROW** in new directions.
- H. HOPE, HUMOR, HONESTY**
- I. INFORM** your friends, extended family, and employer about your needs. **INFORMATION** is power.
- J. JOIN** support groups.
- K. KNOW** your limitations. **KEEP** your life simple.
- L. LISTEN** to your body for its needs.
- M. MOVE** beyond **MEDICAL MODELS**, if needed.
- N. NEVER** give up. Don't **NEGLECT** self-care.
- O. OPEN** yourself to new technologies to help your loved one. **OBSERVE** good health practices.
- P. PRACTICE** being **PROACTIVE** to be heard by professionals.
- Q. QUESTION** things you don't understand.
- R. RESTORE** yourself through **REST** and **RECREATION**.
- S. STAND FIRM** on what you believe is best for your loved one. Reduce **STRESS** by following a **SCHEDULE**.
- T. TAKE TIME** for yourself.
- U. USE** every resource available.
- V. VOCABULARY** may be confusing. Learn medical terms as needed.
- W. WILLINGLY** accept assistance.
- X. XEROX** method—copy strategies and techniques that work for others.
- Y. YELL** for help when you need it. **YOU** are important too.
- Z. ZEALOUSLY** guard your private time.

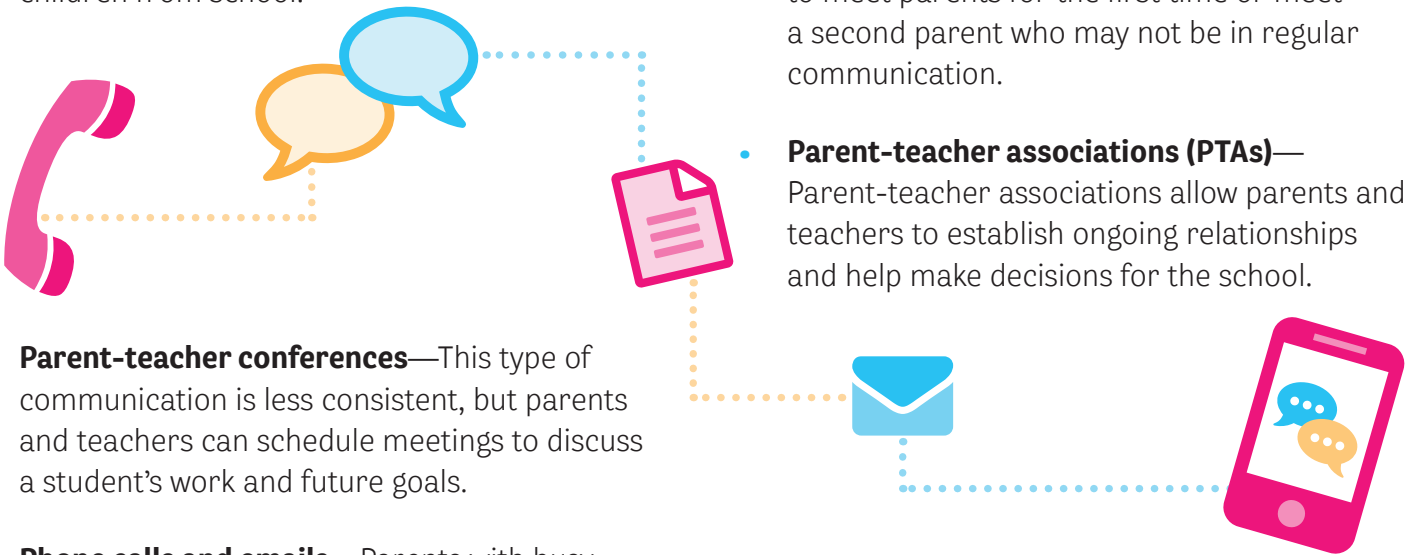


Successful Parent-Teacher Communication

Adapted from Parent-Teacher Communication: Strategies for Effective Parent Inclusion & Engagement | American University—soeonline.american.edu/blog/parent-teacher-communication

Communication is key to a successful inclusion classroom. Parents, general education teachers, and special educators can try the following tactics for successful parent-teacher communication:

- Regular in-person communication**—This type of communication works great for parents who typically drop off and pick up their children from school.
- Open houses**—Most schools host annual open houses where parents can visit their children’s classrooms. This allows teachers to meet parents for the first time or meet a second parent who may not be in regular communication.
- Parent-teacher associations (PTAs)**—Parent-teacher associations allow parents and teachers to establish ongoing relationships and help make decisions for the school.
- Parent-teacher conferences**—This type of communication is less consistent, but parents and teachers can schedule meetings to discuss a student’s work and future goals.
- Phone calls and emails**—Parents with busy work or personal schedules may not have the opportunity to go to the school or schedule conferences. These parents may be easier to reach via phone or email. Phone calls and emails can also be used by teachers to regularly communicate with parents between conferences.
- Text messages**—Some teachers use mass text messages or special messaging apps to communicate with parents. Several text services, such as Remind, cater specifically to teachers.
- Homework handouts and newsletters**—Teachers can create handouts containing information about homework and other tasks for students to take home. Teachers can also write weekly or monthly newsletters to update parents on what is going on in the classroom and how they can participate.
- Class websites**—Teachers can create classroom websites to post announcements, homework, and reminders to help ensure they don’t get lost in communication between the classroom and home. Similar methods of communication include social media sites or learning management platforms such as ClassDojo.





Resources

- Brain Injury Association of America**—Advances awareness, research, treatment, and education to improve the quality of life for all people affected by brain injury.

🔗 biausa.org

☎️ 800.444.6443
- Brain Trauma Foundation**—Works toward improving the outcomes of patients with traumatic brain injuries through the development of best-in-class, evidence-based guidelines, groundbreaking research partnerships, and educational research.

🔗 braintrauma.org
- Child Neurology Foundation (CNF)**—Connects partners from all areas of the child neurology community so those navigating the journey of disease diagnosis, management, and care have the ongoing support from those dedicated to treatments and cures. CNF serves as a collaborative center of education and support for children and their families living with neurological conditions.

🔗 childneurologyfoundation.org
- The Mississippi Department of Education (MDE) Office of Special Education**—A service-oriented office that seeks to improve the education experience for children with disabilities

🔗 mdek12.org/OSE
- U.S. Department of Education**—Their mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

🔗 ed.gov
- U.S. Department of Education-Office of Special Education and Rehabilitative Services**—The mission of the Office of Special Education Programs is to lead the nation's efforts to improve outcomes for children with disabilities, birth through 21, and their families, ensuring access to fair, equitable, and high-quality education and services.

🔗 ed.gov/about/offices/list/osers

MDE-specific resources include:

- General resources for parents:**

🔗 mdek12.org/OSE/Information-for-Families/Resources
- Parent Engagement and Support**

🔗 mdek12.org/OSE/Information-for-Families

☎️ 601.359.3498
- Procedural Safeguards: Your Family's Special Education Rights**

🔗 mdek12.org/OSE/Dispute-Resolution



Acknowledgments



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