# CRITERIA FOR DISABILITY CATEGORY

### **TRAUMATIC BRAIN INJURY**

### Form ER-1-TBI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluat~~ion~~ing category for continuing identification *(sections I-III optional, must complete section IV)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if ~~during a~~ reevaluating~~ion~~, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Traumatic brain injury 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 or more areas, such as cognition; speech and language; memory; attention; reasoning; abstract thinking; communication; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and executive functions, such as organizing, evaluating and carrying out goal-directed activities. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. [PI 11.36 (9), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(9))*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of traumatic brain injury can be documented as follows:

## SECTION I. TRAUMATIC BRAIN INJURY

*All yes/no questions must be checked yes.*

Yes  No Does the student have an acquired injury to the brain that occurred following a period of normal development?

The acquired injury may not be due to congenital causes (such as PKU or Down Syndrome) or degenerative causes (such as Multiple Sclerosis or Muscular Dystrophy) or induced by birth trauma (such as a perinatal stroke). Children whose educational performance is adversely affected as a result of acquired injuries to the brain caused by internal occurrences, such as vascular accidents, infections, anoxia, tumors, metabolic disorders and the effects of toxic substances or degenerative conditions may meet the criteria of one of the other disability categories.

If medical information from a licensed physician is available, it was considered by the IEP team. *(If available, the IEP team must consider it.)*

*Describe the nature of the acquired injury and source(s) of evidence:*

Yes  No Was the student’s acquired brain injury caused by an external physical force from a strike or blow to the head or from movement of the brain within the skull? (E.g., due to a bike or car accident, a fall, a sports injury, an object like a nail penetrating the brain, or whiplash to the head.) *Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

*Must be checked yes.*

Yes  No Is the student’s educational performance adversely affected due to total or partial functional disability or psychosocial impairment, or both, in one or more of the following areas? In other words, is the student’s educational performance in one or more of the areas below partially or totally affected by the acquired brain injury*? (When examining the student’s educational performance, consider both academic and nonacademic skills and progress.)*

*If yes, check ALL that apply:*

Cognition

Speech and language

Memory

Attention

Reasoning

Abstract thinking

Communication

Judgment

Problem solving

Sensory, perceptual, and motor abilities

Physical functions

Information processing

Psychosocial behavior (psychological or social functioning)

Executive functions (e.g. organizing, evaluating, and goal-directed activities)

*Explain or reference data or evidence:*

## SECTION III. EXCLUSIONARY FACTORS

The student does not have a brain injury that is congenital or degenerative, or a brain injury induced by birth trauma (check to indicate agreement).

## SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates 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 the student’s educational performance. The student meets the disability category criteria for ~~under~~ **traumatic brain injury**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluat~~ion~~ing category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met ~~as meeting~~ the disability category criteria for ~~under~~ **traumatic brain injury,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student ~~who~~ previously found eligible for special education, having met the disability category criteria for ~~under~~ ~~the disability category of~~ traumatic brain injury, is not required to meet initial identification criteria upon reevaluation.