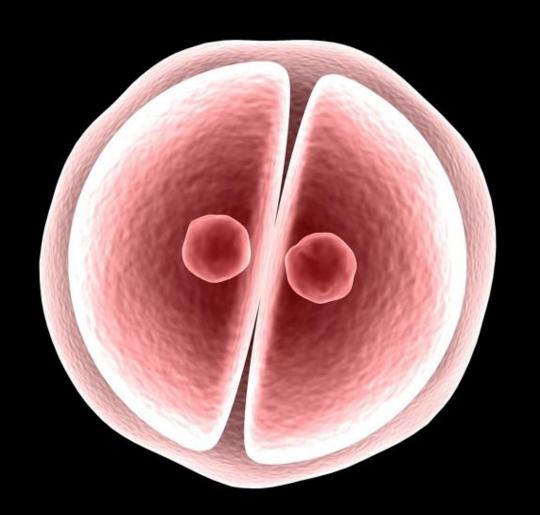
TBI Case Study: WB What We've Learned

Hampton City Schools

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What we've done:

Met as a team.

Identified the students in our city who are identified with TBI.

Professional development with School Psychologists, Speech Therapists, Special Educational Coordinators, and School Nurses.

Addressed need for District Leadership support, with Student Services.

Case Study - WB

BACKGROUND INFORMATION:

WB was involved in a hit and run motor vehicle accident October 2015 while playing outside. Injuries sustained included broken hip, fractured frontal lobe, bruised lung and injured neck. He was hospitalized and has had multiple surgeries. Records note that he has subsequently had five seizures. WB was out of school and received homebound instruction since the accident to November 2016.

Records indicate that in September 2015, prior to the accident, literacy skills were below grade level.

In February 2016, was provided with protection under Section 504 of the Rehabilitation Act.

Pre-injury Child Study process (March 2014) when student was in 1st grade

- WB was performing below expectations in reading and math despite numerous interventions.
 Difficulty sustaining attention was reported.
- Psychoeducational Evaluation (May 2014)
 - Average cognitive ability (DAS-II GCA 101, Verbal 109, Nonverbal Reasoning 103, Spatial 89)
 - Average academic achievement (WJ-III Ach Broad Reading 94, Broad Math 92, Broad Written Language 92)
 - observed to have word retrieval difficulties; halting speech; "polite and cooperative child" during testing
- Student found not eligible for special education services at the end of first

2/16/16 - First post injury Child Study meeting

Meeting minutes acknowledged "medical diagnosis from Children's Hospital of the The King's Daughters of Traumatic Brain Injury."

Also noted he had "changed emotionally" and reported Dx of PTSD

Documentation of injury (October 2015), current intensive services, use of a walker for mobility, etc.

"The committee determined that no evaluations are warranted at this time."

Recommended updating his current Section 504 plan

6/1/16 Second post injury Child Study meeting

WB was still receiving homebound instruction (three different homebound teachers since January 2016)

Improved behavior; both parent and teacher had reported WB had become more focused and less frustrated

- Recent increase in ADHD medication

"...testing is not warranted at this time"; 504 Plan referenced

-"currently passing with the exception of social studies"

9/21/16 - Third post injury Child Study meeting

Homebound teacher estimated WB was performing "approximately 2 years behind" grade level expectations

Difficulty sustaining attention was noted (and had been prior to injury)

TBI diagnosis acknowledged; memory dysfunction, fatigue reported

Evaluations requested at this meeting

ELIGIBILITY NOTES:

A member of the Hampton TBI team attended the meeting.

Support from Mandy Tribe, TBI resource and go to person.



Ensure the team has medical reports that need to be considered in making a determination (and there is someone present who can interpret the reports).

Pertinence of medical reports as they relate to the educational disability category being considered.

Someone knowledgeable in TBI needs to be present to lead discussions.

ELIGIBILITY NOTES:

Even though our TBI resource person supports our team, parent invites to the meeting.

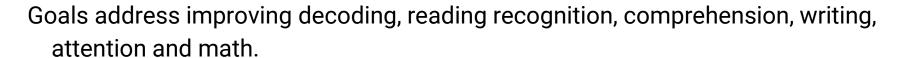
Ensure the team has medical reports that need to be considered in making a determination (and there is someone present who can interpret the reports).

Consideration of TBI as **the** category rather than separate categories: SLD, OHI and TBI.

At least one member of the Hampton TBI team to participate and help guide process starting with Child Study team and going through IEP (and after as needed).

INDIVIDUALIZED EDUCATION PLAN (IEP):

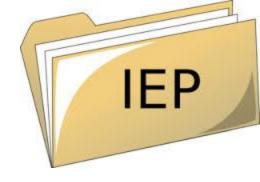
IEP drafted in late January 2017.



Accommodations were provided for classroom and for testing situations. Some accommodations include:

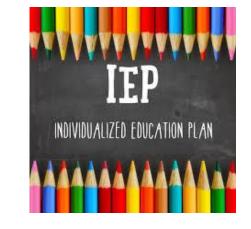
Small group testing, breaks during test and assignments, test administered with minimal distractions, preferential seating (near door with a clear path)

Noise buffers, multiplication table and chart, use of a calculator for class and tests.



INDIVIDUALIZED EDUCATION PLAN (IEP):

Parent did give consent for the IEP in January 2017



An IEP addendum meeting was held in February 2017 which included:

Sharing of the Daily Safety Plan with parent- not included in the IEP.

Discussion related to communication, SOL participation and safety during PE and Recess

The team members all understood that the document is "fluid" and may change due to his needs.

What We Learned

Need to have support from the district leadership team. Without it we lacked the support and authority as a team to give input in meetings or being requested to attend in the first place.

Based on evaluations and reports TBI should have been the initial diagnosis chosen, verses reviewing all possible diagnosis in eligibility meeting.

We have found as a school system we need more education to all faculty and staff in regards to TBI, especially since this may not be a diagnoses we use as frequently.

What's Next

- Working with District and SPED to be a legitimate team approved by them
- Establishing a protocol for TBI team to attend IEP/504 Meetings
- Taking the Concussion Protocol and focussing it on TBI information to include concussion during sports; presently it deals primarily with high school concussion.
- Fine tuning our TBI slide presentation for all employees of Hampton City Schools, especially teachers.



ANT IFSTION

