

POST BRAIN INJURY SCHOOL RE-INTEGRATION PLAN

Directions: It is recommended that this TBI checklist is to be completed at or before the time of re-entry to school for a student that has sustained a head injury.

Date Initiated:	
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I. Student Information

Name:		Date of Birth:		Age:		Grade:	
Parent/Guardian Address:							
Home Phone:			Cell / Other Phone:				
School Contact Person:				Phone:			

II. Medical Health Summary

Date of Injury:		Cause of Injury:		
Does this student require an emergency crisis response plan? (if yes, attach a summary or copy of plan to this form)		YES		NO
Does this student have a current post-TBI <i>Health Plan</i> on file?		YES		NO
Description of Injury:	Include area(s) affected, length of loss of consciousness and post-traumatic amnesia, and other relevant health information (DO NOT include diagnoses, judgments and opinions made by a health care provider)			

III. Prior to the Student's Return to School Checklist

TASK	YES	NO	COMMENTS	
School contact person with training in BI has been identified			Title	
			Name	
Parent/guardian has been contacted to obtain further information (ongoing is recommended)			Date	
			Outcome	
Student has been visited by school staff			Name	
			Date	
Available medical data and assessment reports have been received and reviewed				
Parent permission has been sought to contact medical providers (<i>release of information</i>)				

Medical staff have been contacted			Date(s)		
			Name(s)		
			Title(s)		
Conference has taken place with medical staff					
Meeting with parent/guardian to plan for re-integration					
Assessment initiated (as deemed appropriate)			504	Date	
			IEP	Date	
School nurse has initiated a health plan (if needed)			Date		
			Name		

IV. Upon Re-Entry Checklist

TASK	YES	NO	NA	DATE
Post BI Re-integration, Domains of functioning Form has been completed, or other checklist to determine present needs (attached)				
504 planning meeting has been scheduled if deemed appropriate				
Individualized Education Plan (IEP) meeting has been scheduled if deemed appropriate				

V. Other Comments