TBI TRANSITION TO SCHOOL CHECKLIST

Student:_____ **Grade:**_____ **Date of Injury:**_____

School:_____ **Current Date:**_____

I. Prior to the Student's Return to School

A. _____ Accept or begin referral for IEP team evaluation.

B. _____ Establish school contact person and identify a special education teacher that has had "recent training or experience" in traumatic brain injury as a team member.

C. _____ Identify medical facility contact person.

D. _____ Obtain parent signature on the release of information form.

E. _____ Provide relevant school records to medical facility.

F. _____ Access current medical information.

G. _____ Attend or request information from medical update conferences. (Identify physical, cognitive, communication, medical, and social needs that may interfere with learning and social activities at school.).

H. _____ Share medical information with appropriate school staff.

I. _____ Visit student in medical facility.

J. _____ Share information with family about school re-entry and special education.

K. _____ Determine school staff and student in-service needs.

L. _____ Attend discharge planning meeting at the medical facility.

M. _____ Complete IEP team process to determine whether the student meets disability criteria prior to school re-entry when possible but at least within 60 days of receiving parental consent or providing notification to parents that no additional data is needed.

N. _____ Develop an IEP and offer educational placement within 30 days of the eligibility IEP meeting.

O. _____ Check on needs of the student's siblings in school.

II. After the Student's Re-entry

A. _____ Continue on-going communication with family.

B. _____ Maintain communication with all service providers (private therapists, etc.).

C. _____ Set up a system to monitor progress (e.g., monthly student progress meetings).

D. _____ Develop peer support system.

E. _____ Prepare a proactive response to situations that may be encountered (schedule changes, field trips, etc.).

Kathy Wanat, CESA 6