



DISABILITY
LAW CENTER
O F A L A S K A



EDUCATING STUDENTS
WITH TRAUMATIC
BRAIN INJURY

M E M B E R , O F , T H E
N A T I O N A L , D I S A B I L I T Y
R I G H T S , N E T W O R K

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INTRODUCTION

This handbook was created by the Disability Law Center of Alaska (DLC) as a guide for parents and educators of students with traumatic brain injuries. Its purpose is to provide basic information about brain injuries and to offer practical strategies for facilitating students' success at school.

CAUTION: This handbook is intended to provide general information. Because each individual situation is unique, please contact the Disability Law Center of Alaska to verify how this information applies to your situation. Further, these materials are based on laws in effect at the time of publication. Federal and state law can change at any time. If there is any question about the continued validity of any information in the handbook, contact DLC or a legal authority in your community.

The first section of this handbook provides a definition and description of traumatic brain injury (TBI), as well as some statistics about the incidence of TBI in Alaska. It also includes a list of tips provided by the Centers for Disease Control (CDC) and the Brain Injury Association of America to reduce the chances that you or your family members will sustain a brain injury in the future.

Throughout this handbook, we use the stories of three children with TBI to show how traumatic brain injuries impact children's lives at home as well as their lives at school. We illustrate the differences between children who sustain mild, moderate and severe injuries, and offer strategies that may improve these children's chances for social and academic success. In reading these stories, it is our hope that you will be able to identify the behaviors that are common to people who experience brain injuries, and use them to begin to evaluate and address the needs of your own child.

The second section of this handbook describes the signs and symptoms of traumatic brain injuries including physical, cognitive and behavioral changes you might notice immediately after an injury and often years later. This section also includes a checklist and questions to ask when you think a child may have a traumatic brain injury.

The third section of this handbook discusses the different types of evaluations and services your child with a traumatic brain injury might need. There is also a discussion of why improper identification of students with TBI as learning disabled or as emotionally disturbed is so important to your child's education.

The fourth section describes the processes involved in determining whether your child requires special education services, and if so, how those services are defined and delivered. At the end of part four, we outline strategies that can be used by teachers and families to facilitate the success of a child with traumatic brain injuries.

In the final section of this handbook, we have listed numerous resources for parents and educators. There are local, state and national centers that can assist you in learning more about TBI. We have also provided a list of useful websites that you can use to access information, research and support. We hope that this handbook gives you sufficient information to help you learn about TBI and points you in the right direction to find the additional resources you need.

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Part One: Description & Prevention

Defining Traumatic Brain Injury

There are two types of brain injuries: **congenital** and **acquired**. **Congenital** brain injuries are those that happen before a child is born. They are usually the result of a birth defect, the effect of the mother drinking alcohol while pregnant, or difficulties during the birthing process. **Acquired** brain injuries, which happen after birth, can be the result of medical conditions such as a stroke, encephalitis, aneurysms, meningitis or brain tumors. Brain injuries that are not the result of a medical condition are called **Traumatic Brain Injuries (TBI)** and are usually the result of accidents involving 4-wheelers or snow machines, injuries from sports, hunting accidents, or injuries from falling. While traumatic brain injuries are the focus of this handbook, the information in this handbook will be useful for parents and teachers of a child with any type of brain injury.

Traumatic brain injuries can cause both immediate and long term changes in the way a child functions. Immediate effects often include: loss of consciousness (minutes to days), headaches, vision problems, memory loss, and confusion. Long-term effects can include lack of skills in social situations, organization, planning, short-term memory and anger management. These problems may not show up for years, which makes it difficult to connect the problems a child is having to a brain injury that happened many years ago. This is because the academic and social skills children learn as they get older become increasingly complex.

Brain injuries are divided by degrees of severity: severe, moderate and mild. An easy way to think about the degree of the injury is to look at how the child responds immediately following the injury. A **severe** brain injury results when a child is in a coma for more than 24 hours. The child usually stays in the hospital for a long period of time. Doctors are able to see definite trauma to the brain on a CT scan or EEG. While in the hospital, the children usually receive physical, occupational and speech therapy to begin to relearn the skills they have lost. They often continue these therapies after they go home from the hospital.

A **moderate** brain injury occurs when a child is unconscious or in a coma for more than an hour but less than 24 hours. The child may stay in the hospital for a short period but return home quickly. With moderate brain injuries, the doctor can usually see medical evidence of brain trauma on the CT scan or EEG.

A **mild** brain injury is when a child is unconscious for less than an hour. Sometimes the child does not lose consciousness at all, but still suffers a mild concussion. Often the child does not even go to the doctor or emergency room because they appear to be all right. Even if the child is taken to the emergency room, they may be discharged without any further treatment, because there is no medical evidence of brain trauma on a CT scan or EEG. For this reason, mild brain injuries are frequently not identified.

Peter's Story - A Severe Brain Injury

Peter's Accident

Peter is a young man who lives with his family in a small village in Alaska. When Peter was fifteen years old, he went hunting for caribou with his grandfather and father upriver from their village. While he was sitting by the fire, Peter's gun was accidentally knocked over and he was shot in the head. He was flown to the Alaska Native Medical Center, and needed surgery to repair the damage. He remained in a coma for several weeks. Eventually Peter's condition began to improve, but he had received a severe injury to his brain. He had to learn to do everything over again including sitting up, walking, eating, dressing himself and talking. Before the accident, Peter was the star basketball player at his high school.

After several months, Peter was sent to a rehabilitation center in California that specializes in working with people who have had severe brain injuries. Peter was at the rehabilitation center for eight months, where he relearned many skills and improved a great deal. He still walks with a limp. He can talk but sometimes has a hard time finding the right words. He gets tired easily and needs to rest. Since the accident, Peter occasionally has seizures. The doctors gave him medications that have reduced the number of seizures but he still has about one per month. While Peter was at the rehabilitation center, he finished most of his courses for the tenth grade. He is now in the eleventh grade and is having a difficult time at school.

At this point, depression is a huge problem for Peter. He is still not able to do everything he was able to do before the accident, and he secretly fears that he will never be able to do some of them. This is especially true about basketball. He has refused to even touch a basketball because he is afraid he will not play as well as he used to. He is afraid his family and friends will be disappointed in him. Peter's family, on the other hand, is relieved that he is alive and is excited to have him back at home. They are trying to do everything they can to cheer him up but nothing seems to work.

Johnny's Story- A Moderate Brain Injury

Johnny's Accident

Johnny was almost five years old when he followed his cousins down to the river. It was spring and everyone was getting ready to go to fish camp. His cousins were fishing from the bank and Johnny was pretending to drive the boat when he fell in the river. His cousins immediately ran to get help but it was almost forty-five minutes before his uncle found Johnny and got him out of the river. He was not breathing. His uncle who is a health aide provided CPR and Johnny began to breathe again. They took him to the clinic and he was flown to the Alaska Native Medical Center in Anchorage.

Johnny was at the hospital for a few days and then sent home. The doctors said Johnny might have some brain injury but it would take time to see any long lasting affects, as Johnny was so young. For several days after the accident, Johnny was tired but by his fifth birthday, he seemed to have recovered completely. Johnny loved kindergarten but had problems paying attention and staying in his seat. When he started first grade, he was not able to identify all the letters in the alphabet and he could not write his name. Johnny is now having a lot more trouble in first grade because he has problems with reading and writing.

Mary's Story- A Mild Brain Injury

Mary's Accident

When Mary was ten years old she was riding on the back of a four-wheeler with her older sister and they hit a large bump in the road. Mary fell off the back of the four-wheeler and hit her head on a rock. When she woke up her sister was standing over her. She got up and went home. She soon noticed a huge bump on her head and she began to have a headache. She also felt dizzy when she stood up, so her mother asked the village health aide to examine her. The health aide told Mary's mother to have her rest for the next few days, and if the symptoms did not get better to return to the clinic. Mary seemed to return to normal after a few days. About a month later, Mary started school in the 5th grade.

Preventing Brain Injury

Head injuries are the leading reason children are taken to the emergency room. In the United States, a traumatic brain injury occurs every 21 seconds. As a result, approximately 2% of Americans live with disabilities related to brain injuries. Alaska has one of the highest rates of traumatic brain injury in the nation. Rural areas have higher rates of brain injury than urban areas of the state. Alaska Natives, who comprise a majority of the rural population, experience a rate of TBI that is twice the statewide rate. Alaskan males between the ages of fifteen and twenty-four have the highest rate of traumatic brain injury, commonly resulting from accidents involving four-wheelers, snow machines, guns, and sports.

Listed below are several tips that can help you and your family prevent brain injuries:

1. Wear a seat belt every time you drive or ride in a motorized vehicle.
2. Always buckle your child into a child safety seat or seat belt (according to the child's height, weight, and age) in the car.
3. Never drive a vehicle (4-wheeler, snow machine or boat) or operate a firearm while under the influence of alcohol or drugs.
4. Keep firearms stored unloaded in a locked cabinet or safe. Store bullets in a separate secured location.
5. Always wear a helmet and make sure your children wear helmets when:
 - Riding a bike, motorcycle, snowmobile, or 4-wheeler
 - Playing a contact sport, such as football, ice hockey, or boxing
 - Using in-line skates or riding a skateboard
 - Batting and running bases in baseball or softball
 - Sledding, skiing or snowboarding
6. Avoid falls in the home by:
 - Using a step stool with a grab bar to reach objects on high shelves
 - Installing handrails on stairways
 - Installing window guards to keep young children from falling out
 - Using safety gates on stairs when young children are around
 - Removing tripping hazards such as small area rugs and loose cords
 - Using non-slip mats in the bathtub and on shower floors
 - Putting grab bars next to the toilet and in the tub or shower
 - Maintaining a regular exercise program to improve strength, balance, and coordination

Part Two: Signs of Brain Injury

Physical, Cognitive and Behavioral Changes

Many symptoms may indicate that a child is suffering from a brain injury. These can appear as physical, cognitive, or behavioral changes that may be obvious immediately after the accident or present themselves months or years later.

Physical changes that can appear immediately after the injury occurs and last only a short time include headaches, dizziness and increased fatigue. Other physical changes can last much longer and some can be permanent, such as seizures, difficulties with coordination or balance, slow reactions, and heightened sensitivity to light or noise. Problems with vision can also appear after a head injury including double vision, loss of vision fields or even blindness. Some children also have partial hearing loss or become deaf. The partial loss of vision and hearing can be difficult to detect, so it is important to have the school nurse or health aid assess these things if your child suffers an injury to the head or a concussion.

Some of the **cognitive changes** a child might have after receiving a brain injury include: limited attention, communication, memory, organization, and problem solving skills. The child may have difficulty concentrating, a decreased attention span, or problems functioning in a noisy room. They may have difficulty following directions, processing information or finding the right words to express themselves. Memory problems can include: difficulty remembering things, learning new information, and trouble performing more than one task at a time (listening to a teacher while taking notes). A child with brain injuries can also have problems with organizational skills, frequently losing things or not being able to follow multi-step directions. They may also have difficulty reasoning and solving problems, use poor judgment, or have trouble making decisions.

Changes in behavior often present the biggest challenges for a child who has TBI, as well as for his family, peers and teachers. They may get upset over minor issues or seem to become extremely angry for no apparent reason. Once upset, they may be unable to calm themselves down, which may lead to physical aggression. Children with brain injuries are often impulsive and do things without thinking about the consequences. For example, they might take another child's toy, steal candy from the store or hit their siblings even though they know these things are wrong. Children with brain injuries often have trouble transitioning from one activity to another or dealing with unexpected changes in the environment. They may also have difficulty making friends because they lack appropriate social skills. This can lead to the child being teased and then striking out at those who tease him. Emotional difficulties are not unusual for children with brain injuries and are often the result of how skill deficits affect the child's self esteem. This can present itself as anger, depression, anxiety, or withdrawing from family and friends.

Questions to Ask if TBI is Suspected

To determine whether a child's difficulties are the result of a traumatic brain injury, it is necessary to ask questions and observe the child's behavior for patterns. Teachers who notice patterns of behavior like those listed in the paragraphs above, should meet with the student and his parents to discuss whether the behaviors are consistent across settings, and whether the child has experienced a head trauma in the past. Ask questions like:

- Have you ever been in a car, snow machine, or 4 -wheeler accident?
- Have you ever been hit in the head during a fight?
- Have you ever fallen down stairs, from a tree, or off a bike?
- Have you ever felt dizzy or stunned after a fall?
- Have you ever hit your head while playing sports such as baseball or football?

Check the child's records for any indication that he has been hospitalized or treated for injuries to the head. Keep in mind that the injury may have seemed minor at the time of the accident and the child may not have been treated. Use the checklist on the following page to identify behaviors the child is exhibiting that may indicate he has suffered from a head injury.

Observing Changes After TBI

Brain injuries can cause both immediate and long-term changes in the way a student will function at school. Students with brain injuries are often unsuccessful at school for two main reasons. The first reason is that schools often do not have adequate information about how the brain injury is affecting the student and what to do to help them. The second reason is that the student has an undiagnosed brain injury because no one realizes his or her problems are related to an injury that happened several years ago.

Schools are often more aware of the needs of students with severe brain injuries, because these students return to school after being in a medical facility. Often schools do not receive information from rehabilitation centers or hospitals when the student returns home. In Alaska, many of the services suggested by the rehabilitation center are not available in rural areas. This leaves the school to provide all of the necessary services to a child with a brain injury.

Because the long-term effects of mild and moderate brain injuries may not show up immediately (often not until the teenage years), students with these brain injuries often receive little help to be successful in school. This is because no one realizes they have a brain injury. They often get in trouble for not paying attention, not following directions, forgetting homework, being aggressive toward other students or staff. If a parent or a teacher notices any changes in behavior or academic functioning, they should investigate the possibility of a brain injury. Students with brain injuries generally have difficulties in the same areas as at home: physical, cognitive, and behavioral or emotional.

Traumatic Brain Injury Symptom Checklist

Physical Symptoms:

- problems with balance or coordination
- change in the way they walk
- headaches or seizures
- decreased strength or endurance
- differences between left & right side strength or speed

Cognitive Symptoms:

- poor memory
- short attention span
- poor judgment
- poor decision making skills
- difficulties with word retrieval
- trouble learning new information or skills
- difficulty following directions
- problems processing or retrieving information
- problems with organization

Behavioral Symptoms:

- depression, spends a lot of the time alone
- anxiety or paranoia
- trouble controlling anger, “short fuse”
- socially inappropriate
- unmotivated, lacking persistence
- easily frustrated
- destroys property or yells/threatens others
- lacks inhibition, acts impulsively

Social Symptoms:

- egocentric, self-focused
- invades others' personal space
- self discloses personal information inappropriately or excessively
- inability to form long lasting friendships
- unable to initiate or maintain conversation
- spends a lot of time alone, does not have friends

Cognitive Problems

Students with brain injuries tend to have cognitive problems in four areas: **attention and concentration, information processing, memory, and executive functions**. Problems with attention or concentration at school include: not being able to pay attention for extended periods of time (an hour without breaks) and being unable to do two things at the same time such as taking notes while listening. Presenting information in a multi-sensory format and hands-on learning opportunities are the best ways for children with TBI to learn. Lecture format is the most difficult for these students.

You may observe a dramatic decrease in the speed with which the student **processes information**. Students with traumatic brain injuries may appear to be refusing to answer a question or begin their work, when in reality they need additional time to process the teacher's instruction. For example, the teacher will finish the lesson and give homework directions, but the student with the brain injury is still trying to understand the lesson and completely misses the homework directions.

Problems with **memory** are more pronounced than simply being forgetful. The student with a brain injury may have ongoing problems learning new information, storing it and being able to retrieve it when needed. He may remember information he learned before the brain injury but not information he just learned yesterday. For example, a student may have learned to do simple addition and subtraction problems (i.e. $4+6=10$) before the accident. He can still do these problems but not more complex addition problems (i.e. $23+12=35$)

Problems with **executive functions** include having difficulty organizing and planning ahead such as planning steps to complete a report on time, setting priorities, knowing which items to bring to a class. They may also have difficulty solving problems such as answering essay questions or knowing what to do when they lose their pencil.

At school as well as at home, **behavior** is one of the biggest challenges for the student with a brain injury. Behavior is often the result of many interrelated issues. The student may have some physical challenges to deal with including fatigue, headaches, vision problems and dizziness. They often have a range of emotional changes happening, including depression, that often arise from the changes resulting from the brain injury. Other emotional issues include problems relating to social situations, general anxiety, and problems controlling their emotions. They often have undiagnosed problems with memory or appear to be lazy and unmotivated because they forget to do their homework or refuse to participate in class discussions.

Behavior can also be the result of environmental factors, for example: too much stimulation such as noise in the hallways, too many activities happening at the same time, or the pace of social interactions in a noisy cafeteria. Often, things happen at a pace that is too fast and the student is unable to process all that is going on around him. As a result of being unable to keep pace with all the activity around him, the student becomes frustrated and lashes out at others in frustration.

Peter's Story: Changes at Home and School

Peter At Home:

Since Peter returned home, his family has noticed significant changes in his behavior and personality. His grandmother is worried because he seems sad or angry all the time. He has withdrawn from family and spends a lot of time alone. When he interacts with his family, he is usually in a bad mood and often becomes explosive over minor things. Peter's family is confused because they cannot figure out what is upsetting him. They feel bad for him, and they also feel guilty because they wish he would return to how he was before the accident.

Peter also has some ongoing physical problems. He continues to have headaches and his seizure medicine makes him feel tired all the time. He is still having problems with his balance and often trips which makes him embarrassed and angry. Peter has not told anyone, but he is also having problems remembering things. He gets especially upset when he cannot find the words he wants to say. Peter is frustrated with himself because he knows he is not the person he was before the accident. He feels lonely because his friends have stopped coming by and his girlfriend has broken up with him. He has begun going out of the house at night and drinking alcohol as a way to deal with his emotional problems. He has gotten in to several fights during these nighttime escapades.

Peter At School:

Although the therapists from the rehabilitation center spent a lot of time to create a transition plan for Peter to go back to school, things have not gone well. Most of the services listed on the plan are not available in his village or anywhere near by. The school has incorporated parts of Peter's Individualized Education Plan (IEP) created for him at the rehabilitation center but they do not understand most of it. In the six months after returning to school, the situation has progressed to the point where Peter does not seem to show any interest in school and is not completing any schoolwork. He has begun to skip school on a regular basis. In the last two months, he has had several suspensions for fighting with other students and yelling at school staff. These situations often arise when Peter feels like others are making fun of him because of his disability. The school feels like they are losing control of him and he has hurt the feeling of many staff members. He has begun to hang out with a different group of friends and has begun to sniff gasoline as a cheap way to get high.

Johnny's Story: Changes at Home and School

Johnny At Home:

Johnny's family has difficulty identifying which of his behaviors are related to his brain injury because the accident happened when he was so young. Johnny was always an active child with lots of energy. He tends to do things without thinking about them and often ends up getting hurt or hurting others. The other day he ran out in the street to get his ball and was almost run over by a four-wheeler. Johnny frequently gets angry with his younger brother and hits him.

Johnny's mother has noticed that he no longer likes engines. When he was younger, he loved to watch his uncle work on snow machines or four wheeler engines. Now when he is near an engine and it is started, he begins to cry and runs away. Johnny also has difficulty keeping track of his things. He always comes home from school missing something like his gloves, his coat or shoes.

Johnny At School:

Johnny did fairly well in kindergarten. He has always had problems sitting still and paying attention but now he is having behavior problems. He will not sit in class when it is time to do work; he often bugs other students or talks very loudly. Just like at home, Johnny tends to be impulsive and takes things from other students or hits them when he gets mad at them. He often throws a temper tantrum for no apparent reason and has to go to the principal's office. His teacher feels that he is choosing to not follow her requests. Last year, Johnny was found eligible for special education as a student with learning disabilities in reading and writing. He has also been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). The school has written a behavior intervention plan for Johnny but it has not been successful. He is often sent home from school early because of his behavior.

Mary's Story: Changes at Home and School

Mary At Home:

Mary's family does not understand that she has some long lasting effects from her fall off the four-wheeler but they have noticed some changes in her behavior. Her grandmother has noticed that when they are out picking berries, Mary is no longer the fastest berry picker. Mary is somewhat forgetful when her mother asks her to do chores, but she assumes it is because Mary does not want to do her chores. Her mother is often frustrated with Mary because she cannot decide what to wear to school or what candy she wants to buy at the store. When Mary comes over to help her grandmother do beadwork, Mary seems to have difficulty learning new bead patterns. She also seems to be anxious about many different things.

Mary At School:

Mary's teacher noticed changes in her behavior this year. Mary often forgets to turn in her homework, even though her mother says that she has done it. She also takes much longer to finish assignments than she did the previous year and she spends a lot of time trying to get organized before starting her work. She frequently talks to other students instead of beginning her work. For the first time in her life, Mary has begun to get in trouble at school. She has also gone home early from school several times complaining of a stomachache.

About the middle of the school year, Mary's teacher decided that something must be wrong because there had been such a dramatic change in her behavior and schoolwork. The teacher recommended that Mary be tested for special education. The results of the tests showed that Mary had normal intelligence and was performing academically at her grade level. Therefore, the teacher assumed that Mary was just being lazy and did not want to work. Mary soon began crying each morning when she had to go to school. It was not until a year later when the school did additional testing did everyone realize that Mary has an information processing problem and has difficulty remembering new information, especially if she has to learn it by listening to the teacher talk.

Part Three: Identifying Your Child's Needs

When a student is not doing well in school and a teacher or parent think it might be related to a brain injury, they should ask the school to call a meeting with the parents and school staff to evaluate their child for special education services. It is a good idea for the parent to request this evaluation by writing a note to the school and keeping a copy for themselves.

Formal assessments are used to determine whether the student's difficulties are a result of a disability. If the assessments show that the student does have a disability that is negatively impacting their education, either academically or socially, they may be eligible for an educational plan under Section 504 of the Rehabilitation Act, or an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA). Educational assessments usually include a test of the student's intellectual ability (an IQ test) and his or her ability to do school work at grade level. This formal assessment should look at all areas in which the student is having problems including social and behavioral situations.

Types of Assessments

Traditional educational assessments often do not identify the problem areas of a student with mild or moderate brain injuries. These students often do well on the intellectual and academic testing but need to be tested for attention, receptive language skills, memory (verbal and visual), information processing, problem solving, prioritizing steps to complete a task, and follow multi-step directions. Students with brain injuries should be tested on their ability to learn and retrieve new information as well as some type of test that shows the effects of noise/distractions on the student's performance on schoolwork.

The purpose of a school evaluation is to determine if a child meets the eligibility criteria under IDEA or Section 504. The evaluation should be thorough enough to give the team sufficient information to determine eligibility and design the child's educational program. Parents or teachers can request an evaluation. The school district should gather information from a variety of sources to gain a clear picture of the child's strengths, needs, interests, behavior, learning style, health issues and any other relevant information.

In addition to the regular IQ and achievement tests that school psychologists do, they might do some of the following for students who might have brain injuries to highlight their deficits: WISC III Mazes, WISC-III index Scores, Wide Range Assessment of Memory and Learning (WRAML), California Verbal Learning Test for Children (CVLT-C), Children's Memory Test, Rey Complex Figure (RCF), Children's Category Test (CCT), Trail Making Test, and WJ Tests of Cognitive Abilities.

If a parent disagrees with an evaluation done by the school district, the child is entitled to an independent educational evaluation (IEE) at the school district's expense. The independent evaluation must be conducted by a professional of the parent's choice, who is not an employee of the school district and who has the same qualifications as the professional in the school district.

Neuropsychological Evaluation

For students with severe and moderate brain injuries, a neuropsychological evaluation may be the best evaluation to identify areas of difficulty. A neuropsychologist is a psychologist who has special training in the relationship between the brain and behavior. If you or the school decide your student needs a neuropsychological evaluation, you will want to make sure the neuropsychologist:

- observes your child in the classroom (in person or on video tape),
- provides strategies to improve the student's behavior at school and home,
- provides information on your student's learning styles and what strategies will help the student learn best,
- recommends ways to help the student improve their memory skills,
- suggests classroom strategies for the teacher especially if behavior is a problem.

You may also want to ask the neuropsychologist if they would be willing to consult with the IEP team as needed.

Misidentification of Students with TBI

Students with brain injuries are often misclassified as students with learning disabilities (LD) or as having an emotional disturbance (ED). The traditional methods for teaching LD and ED students do not work with students who have brain injuries. Students with brain injuries are different from students with learning disabilities. Students with brain injuries have difficulty learning new things but the academic knowledge prior to the injury remains intact. Thus, they may do well on some activities related to prior knowledge but not on new knowledge. Students with ED often have behavior plans that teach them to behave in appropriate ways through problem solving and token systems. These techniques do not work well with students who have brain injuries as they have difficulties with problem solving and linking negative consequences to previous actions.

Our Stories-Part Three: Evaluations

Peter's Evaluation Story

Peter had extensive evaluations done while at the rehabilitation center in California. By the time he moved to Fairbanks, he needed new evaluations as things had changed so much for him. His case manager at Access Alaska helped him and his sister to request evaluations from the school district. The school psychologist spoke with the team at the rehabilitation center in California to get a better idea of which tests would highlight the difficulties Peter was having. The case manager also helped Peter become eligible for Medicaid. They decided to use Medicaid to pay for a neuropsychology evaluation in addition to the evaluations done by the school district. From all the new evaluations, the IEP team had enough information to determine what the best educational plan for Peter would be.

Johnny's Evaluation Story

After receiving some training in identifying and working with students who have traumatic brain injuries, Johnny's IEP team recognized him as a potential student with a brain injury. In working with a TBI specialist from the Special Education Service Agency (SESA), they developed an IEP that provided both classroom accommodations and specialized education for Johnny. One of the first things the SESA staff suggested was that Johnny receive a neuropsychological evaluation at the Alaska Native Medical Center. The team was able to provide questions for the neuropsychologist to be sure they were able to get enough information to help him in school. His parents also provided questions about how to help him at home. This evaluation was especially important as the team felt Johnny might have more than one disability. The neuropsychological evaluation showed that Johnny had many areas in which he needed assistance.

Mary's Evaluation Story

Mary's teacher and the school psychologist decided Mary needed to have an evaluation to see if her accident had caused any brain damage. They called a meeting with Mary's parents to talk about what tests they were going to do. They did some IQ tests and tests to evaluate how Mary was doing academically but all those tests showed that Mary was functioning at age level. He did find that Mary was depressed and very anxious. The school psychologist decided to give Mary some additional tests to see if she had any problems with receptive language skills, memory (verbal and visual), information processing, problem solving, prioritizing steps to complete a task, and follow multi-step directions. He found that Mary had problems with memory, information processing as well as problem solving and organization. Both Mary's teacher and her parents agreed that she had problems in these areas. They decided that Mary needed to have some accommodations in her classroom to help her address the problems she was having in school.

Part Four: Addressing Your Child's Needs

Education Laws: IDEA and Section 504

The Individuals with Disabilities Education Act (IDEA) (2004) requires public schools to provide children with disabilities a free, appropriate public education in the least restrictive environment appropriate to their individual needs. The IDEA describes a process by which local schools must provide special education to children with disabilities. Under this law, schools are required to develop an Individualized Education Program (IEP) for each child with a disability. The specialized education and other services outlined in each IEP must be designed to meet the unique individualized needs of each student's disability

The IDEA law has a special category for traumatic brain injury. If your child has a traumatic brain injury, it is best for your child to qualify in this category if it is determined that they need special education services. The "traumatic brain injury" category helps schools recognize that students with disabilities resulting from brain injuries have unique needs and may respond differently to common instructional strategies. Other categories in which a student with a traumatic brain injury may qualify for special education include: specific learning disability, other health impaired and emotional disturbance.

The IDEA describes a process with specific steps schools must follow to come up with a plan to educate a child with a disability. Each student's IEP must be developed by a team of people who know the child and who know about traumatic brain injuries. The team should meet at least once a year to discuss any changes needed in the IEP. The team includes: the parents, the child (if appropriate), the child's teachers (including a special education teacher and a regular education teacher), a district representative who is able to commit staff and resources, and any other school staff who work with the child. The parents can also invite people they think will be able to help create an educational plan for their child. The team meets and discusses the child's needs, strengths, and how the child is doing in school right now. Then they work together to write goals for the child's progress over the next year. Depending upon the student's age and abilities, these might include goals in the areas of: reading, writing, math, spelling, behavior, getting along with others, increasing their vocabulary, taking care of themselves, learning life skills for independent living, and learning job skills. The underlying purpose of the IEP is to define the child's unique needs and outline how the school will meet those needs in both academic, behavioral and social situations.

In an instance where parents disagree with a proposed IEP and cannot agree with the other members of the IEP team, they can request a special education due process hearing. When a hearing is requested, a specially trained hearing officer is appointed to resolve the disagreement. It is best for parents to consult with an attorney prior to requesting a special education hearing. It is very important for parents to know that if they disagree with any proposal or refusal of the school district, they have only one calendar year to object and request a special education due process hearing. If the parents or the school disagree with the hearing officer's decision, they can appeal the decision to state or federal court.

It is important for parents to have an attorney to help them with a due process hearing as the school district is usually represented by an attorney. Attorneys who represent children with disabilities may be entitled to attorney's fees from the school district, if the child/parents win the hearing. School officials are only entitled to attorney's fees against parents in very limited circumstances when the filing of a hearing was essentially frivolous.

Your child may be eligible for services and accommodations under another federal law called the Rehabilitation Act. **Section 504 of the Rehabilitation Act** prohibits the discrimination against persons with disabilities by school districts and ensures access to a free, appropriate public education. If your child has a disability or handicapping condition that limits a major life activity, and needs special accommodations at school, you should ask for a 504 plan. Usually this happens when a child is found to not be eligible for special education services under the IDEA.

A child with a disability who is qualified as a Section 504 student is entitled to a Section 504 plan. This plan outlines the services, accommodations and modifications the child needs. Section 504 plans can include direct services and even residential placement.

To learn more about the IDEA or Section 504:

- Set up a meeting with your principal or special education teacher
- Read "Special Education and the Law" available online at www.dlcak.org or call the Disability Law Center at 1(800) 478-1234
- Talk with your child's doctor and rehabilitation team to ask if your child should be referred for special education services
- Contact the education committee at the Governor's Council on Disabilities and Special Education (www.hss.state.ak.us/gcdse) to find out about special education workshops for parents of children with disabilities

Types of Special Education Services

The services students most often receive on their educational plans include: assistive technology, specialized education, speech therapy, occupational therapy, and physical therapy.

Assistive technology is a term that includes assistive, adaptive, and rehabilitative devices and the process used in selecting, locating, and using them. AT promotes greater independence for people with disabilities by enabling them to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to or changed methods of interacting with the technology needed to accomplish such tasks.

Special education teachers can assist students with brain injuries by providing them with specialized education to meet their individual needs related to their brain injury. This specialized education can include many things such as: teaching students organizational strategies, giving the students a quiet place to calm down, teaching the students coping strategies (using a calendar, modifying assignments, checking to be sure the student understood the assignments, help with organization at the beginning and end of the day), small group instruction, 1 to 1 instruction, monitoring a student's progress weekly, and modifying the student's curriculum.

Areas a **speech therapist** can help with include: language use, building new vocabulary, voice quality, hearing, memory, understanding conversations, problem solving, behavior, and social interactions.

An **occupational therapist** can work with students on basic self care skills, eating/drinking, fine motor movement, strengthening fine motor coordination, positioning in the classroom, visual perception, sensory integration, handwriting and keyboarding.

A **physical therapist** is specially trained in the examination and treatment of musculoskeletal and neuromuscular problems that affect ones abilities to move and function as well as they can in their daily lives. They help students with severe brain injuries that need assistance in improving walking, sitting, standing, endurance, coordination, transfers, and safety skills for mobility.

Other areas that may be addressed in an educational plan include: transportation needs, non-academic assistance (during recess, lunch, assemblies, fieldtrips, etc.), adaptive physical education, a behavior plan, modifications to school disciplinary policies for the child, social skills development, vocational education, and independent living skills.

Developing an Individualized Education Plan

Once the school team determines that your child meets the eligibility requirements for special education, a group of people will meet to create an “Individualized Education Plan” (IEP). The IEP is a recording of the agreement between the parent and the school for the child’s education. The parent has an equal say in the final approval of this plan before the school can put it into action, so it is very important for parents to be involved in developing this plan.

The IEP is a legal document used to plan, monitor and evaluate your student’s progress. The IEP must include:

- your student’s current level of educational ability
- goals and short-term objectives for the year
- educational services needed to meet those goals and objectives
- plan for how your child will be part of regular classroom programs
- dates to begin these services
- how your student’s program will be evaluated
- schedule for checking progress and making needed changes
- a program to address behavior if needed

It is important for children with disabilities to learn to advocate for themselves. Being a part of the IEP process can help students learn about their disability and what things help them to function in the school setting. This participation can include everything from giving input to the IEP to attending an IEP meeting as they reach the teenage years. This is a decision parents should make with their child.

Many schools are in the habit of doing IEPs only once a year. However, the IEP of a student with a new brain injury should be reviewed monthly after first returning to school. You may later want to set up reviews every 3-4 months. This is because the needs of a student with a brain injury change, especially in the first year after the injury. Although school staff may be resistant to setting up frequent meetings, these meetings are important so that the IEP team can monitor services, identify changing needs and spot problems that might arise.

The goals and objectives written on the IEP should include not only what your student needs to learn but also how your student will learn. Once an IEP is written, school staff must follow it. Any changes to the IEP require the IEP team’s consent, which includes the parents. Parents have the right to request a review or revision of the IEP at any time.

Academic Teaching Strategies

There are many things that regular and special education teachers can do to assist students with brain injuries to be successful in school. This can be as simple as modifying the method of instruction, teaching the student or class a coping technique, or modifying a classroom practice. These modifications often help other students who do not have disabilities. This is called Universal Design. The intent of Universal Design is to simplify life for everyone by making products, communications, and the environment more usable by as many people as possible at little or no cost. Universal design as it is applied in the classroom means that teachers employ methods of “best practice” that provide benefits to all students, not just those with special needs. An example of this would be a teacher posting the daily schedule on the board each day and reviewing it orally before the day begins. This practice helps all students by letting them know what to expect. Providing the information in writing and orally supports students with different styles of information processing.

As with any student, identifying individual learning styles and building a program around that style helps students succeed. This is especially important for students with brain injuries. Some general strategies that help students with brain injuries include: experiential learning (using concrete objects to solve mathematical problems, building a bridge to learn physics, etc.), using a multi-media approach instead of lecturing, and maintaining frequent communication between home and school for students who are having difficulties.

Assistive technology (AT) can also be useful to students with brain injuries. Some examples of assistive technology include: recording lectures on a tape recorder instead of taking class notes, using books on tape, having the student check math work with a calculator, allowing the student to use a spell check tool or to type work on the computer, allowing headphones for the student who is easily distracted, or using a voice recognition program on a computer to write reports. Prior to selecting assistive technology for your child, it is critical that your child be evaluated for assistive technology by someone knowledgeable in that field. A good resource in Alaska is Assistive Technology for Alaskans (ATLA) at (907) 563-2599 or (800) 723-2852.

Teachers should also be aware that, because the child’s short-term memory may be impaired, what appears to have been learned might be forgotten later in the day or in the week. To work constructively with students with TBI, educators may need to:

- Provide repetition and consistency
- Demonstrate new tasks
- Give verbal and written instructions
- Provide examples to illustrate ideas and concepts
- Avoid figurative language
- Check for skill acquisition frequently and provide repeated practice
- Teach compensatory strategies for increasing memory
- Keep the environment as distraction-free as possible

Strategies for Improving Behavior in School

The key to effective behavioral analysis is to look at what motivates the behavior and consider what environmental factors are promoting the behavior. It is important when developing a behavior plan to look at ways to prevent the behavior from happening and what skills the student needs to learn to avoid the behavior. It is also important to note that the typical reward/punishment systems of behavior modification such as peer mediation, detention and suspension do not work well with students who have brain injuries. This is because students with brain injuries often lack the ability to foresee the consequences of their actions and they also have difficulties controlling their impulsive behavior.

Prevention is the key to improving the behavior of students with brain injury. Setting up simple strategies that will help them stay focused and not feel overwhelmed are the most successful in preventing behaviors. Examples of some strategies could include: scheduling in rest periods throughout the day, giving the student a flash pass to discuss the problem with the counselor, FM hearing systems to decrease classroom distractions or allowing the student to leave class early to avoid the noisy hallways.

Students whose behavior interferes with their learning or the learning of the other students should have a behavior plan. The IEP team should meet and complete a **functional behavioral assessment** (FBA). Best practice for an FBA should involve all the IEP team members in a brainstorming session. It is important to start with specific description of the behavior so that all the team members agree on what the behavior looks like. The team should only look at one or two behaviors at a time. The next step is to gather data including: duration, frequency, and intensity of the behavior. The team should collect data on the actual behaviors, interview parents and others about the history of the behavior and if it happens in other settings, review school records and talk to last years staff to gather information for the meeting. When the team has collected enough information and data, they need to analyze it by asking questions like:

- When, where and with whom does the behavior most often occur?
- When, where and with whom does the behavior seldom, if ever occur?
- What happened just before the behavior?
- What did the school staff do in response to the behavior? Is this a “hidden” reward?
- What are the environmental factors involved in the students behavior?
- Are there any health or medical factors related to the behavior? (i.e. change in medication, illness, dental issues, etc)
- Are there any factors at home related to the behavior? (i.e. pet died, divorce, etc)
- Why does the team think the student is doing the behavior?
- What need is the behavior fulfilling for the student?

Environmental factors can also play a huge part for a student with a traumatic brain injury to learn and behave in school. The chart in Appendix A lists some environmental factors to consider for students with TBI and strategies to address them.

Next, the team needs to determine why the student is doing the behavior and what need the behavior is fulfilling for the student. When the team has determined this hypothesis, the next step is to create a positive behavior support plan for the student.

A **positive behavior support plan (PBSP)** is a pro-active way to address a specific behavior that incorporates positive strategies and supports designed to increase appropriate replacement behaviors. It should include two parts. The first part is a list of things the school can do to prevent or decrease the likelihood of the behavior happening. The second part is to look at what skills the student needs to learn in order to get their needs met in an appropriate way. It is very difficult to change a behavior if you have not helped them get their need met in an appropriate way. A good PBSP also includes a plan to phase out intervention techniques, a schedule of follow up meetings to determine if the plan is successful and to make changes, a discussion of how the plan will be implemented outside of the school setting and how the plan relates to goals on the student's IEP. The following is an example of how this entire process can work:

Billy often gets in trouble at school for hitting other students. His IEP team gets together to look at what they can do to stop this behavior from happening again. The teacher takes data on when, where, and with whom this behavior occurs. The school psychologist talks to the parents and his teacher from last year to get an idea of the history of this behavior. The team meets and looks at all the information. From the actual data the teacher has taken, it appears the behavior most often occurs at line up time, lunchtime, and story time. It happens more often in the afternoon than in the morning. His parents relate that it almost never happens at home. The team decides Billy may be hitting when he is forced to be in close proximity to other students or when he is overwhelmed. The team first looks at ways to change the school environment to prevent the behavior. The team decides that during line up time, Billy will be given the option to stand at the end of the line to create his own personal space, during lunch time Billy will be given the option to eat lunch in the resource room with some of the other students who do not like the lunch room noise, during story time the teacher will use small rugs to define each student's personal space and teach all the children in the class to stay within the boundaries of their rug. The team also decided that the occupational therapist (OT) should evaluate Billy for sensitivity to touch and personal space. The OT found that Billy did indeed have sensitivities in these areas and provides simple de-sensitivity activities (brushing, texture trials and bouncing) that a special education aide can do with Billy right before lining up, lunch and story time. The team also decided to work with Billy to teach him appropriate ways to avoid being touched and what to say if someone accidentally bumps into him.

Staff and parents often misinterpret the behavior of students with TBI. Appendix B contains a chart, which lists various behaviors, how they are misinterpreted, what the interpretations might be for a student with TBI and some strategies to address the behavior.

Peter's Educational Plan

Peter continued to have difficulties with using drugs and alcohol until the Village Police Officer (VPO) talked his parents into placing Peter at an alcohol treatment facility in Bethel. While Peter was at this treatment facility, his counselor took a special interest in him after learning what had happened to Peter. The counselor called the TBI facility in California where Peter went for his rehabilitation. The staff at the rehabilitation facility helped his counselor learn to work with Peter. When Peter left the treatment facility, his counselor and his parents talked to Peter about going to live with his older sister in Fairbanks. The counselor helped Peter get hooked up with Access Alaska that provides support to individuals with traumatic brain injuries. Access Alaska assisted Peter by providing him with a case manager. The case manager helped Peter enroll in school and get an IEP that helped him learn. He also assisted Peter in applying for benefits from Social Security and Medicaid. The case manager helped Peter sign up for vocational services from the Division of Rehabilitation Services. Peter also began to attend a support group with other people who had traumatic brain injuries.

Peter's Academic Strategies:

Peter's IEP team gathered information from the rehabilitation center in California. They learned what the most important things are that they can do to help Peter. Some of the things the school did to modify the environment included: allowing Peter to start school later in the day, scheduling his academic classes for the first half of his day and creating a color-coded organization system for his subjects and homework. Peter began his day by checking in with the special education teacher who quickly helped him review his daily schedule and make sure he had all his homework and supplies for the day in his backpack. She also helped Peter use a calendar to break down large projects into smaller steps outlined on his calendar. In each class, Peter was not required to take notes, instead the teacher gave the special education teacher an outline of all her lectures and information required for tests. With this information, the special education teacher was able to pre and post teach new concepts to Peter as well as reinforce the information provided in the lecture. The school also taught Peter to learn to use a voice activated computer system with a word prediction program. Using this accommodation, Peter was able to write research papers. The team also allowed Peter extra time to complete assignments and turn in work as it was completed. Peter's IEP team also decided that it was important for Peter to be able to take all of his tests orally with the special education teacher. They helped the regular education teachers modify their lessons to include hands on learning opportunities and homework assignments for Peter, as this was the best way for him to learn new information.

Peter's IEP team began to create his transition plan for him by evaluating what skills he has and what skills he will need to live and work independently in Fairbanks. First, they did an interest survey and an aptitude test to see what his vocational interests and skills were. Then they looked at his independent living skills (transportation, recreation, cooking, shopping, money management, safety skills, etc). After gathering all this information, they invited Peter and his sister to help come up with a transition plan for him, which included as many real life experiences as possible. Then they came up with four real life job trials for Peter to work at throughout the year based on his interest and aptitude survey. Peter decided to continue his schooling after the 12th grade to work on vocational and independent living skills.

Peter continued to work with the physical, occupational and speech therapists at school to recoup skills he lost because of the accident.

Peter's Behavior Strategies:

The school psychologist spoke with the psychologist at the rehabilitation center in California to get a better understanding of what kinds of things will help Peter. Then the school psychologist shared this information with Peter's IEP team so they could create a better IEP for Peter. Most of the ideas from the rehabilitation center had to do with changing the school environment to prevent sensory overload for Peter. Peter met with a school psychologist every week to problem solve the issues he was having at school.

Peter's IEP team took data on the behaviors and incidents which caused Peter to become upset. Then they looked at this data to help create a positive behavior support plan for him. This plan included a specific time to pre-teach Peter to identify the signs he shows when he was getting agitated. Then he was taught to use his hot pass when he first began to get agitated. This hot pass allows him to go to the special education room or his counselor's office to calm down and receive help to problem solve the situation that was upsetting him.

The team also recognized that changes in his schedule upset Peter so they always tried to give him advance warnings of any changes before they happened.

Johnny's Educational Plan

After receiving the neuropsychologist's report, the IEP team asked the neuropsychologist to be a part of the team to help develop Johnny's IEP. Johnny's IEP team decided it would be best for him to learn reading and writing in a small group setting where the teacher was able to modify her teaching strategies to use concrete items to teach both reading and writing. She also helped the regular education teacher strategize on ways to use hands on learning in her classroom as well as ways to present lessons using concrete terms. The IEP team decided it was important to set up a regular picture schedule for Johnny so he could feel comfortable in the routine.

Johnny also began to receive speech therapy to help him with his receptive language as well as expanding his vocabulary. The team asked the occupational and physical therapist to complete evaluations for Johnny. What they found was that Johnny would benefit from preplanned activity breaks throughout the day. During this time, he would also receive some sensory integration therapy especially in regards to being sensitive to touch and sound. The physical therapist did a functional school use evaluation and found that Johnny needed assistance in learning to be safe in the school environment. She trained the staff who work with him on a daily basis to do training in real life situations.

Johnny's Academic Strategies:

The IEP team decided a picture schedule that was consistent would be very beneficial to Johnny. They also used an FM system to help Johnny hear the teacher without distraction while she was speaking. The team also set up a transition plan that the staff would use when Johnny needed to transition from one activity to another. Johnny also needed a calming activity to transition from recess or gym to sit down activities. They pre-taught calming skills to use each day after these activities.

The second thing they did was to create several quiet places in the classroom where students could go to calm down if they were feeling overwhelmed. This was explained to the class and eventually all the students learned to identify when they were feeling overwhelmed and to use the quiet areas.

Johnny's Behavior Strategies:

As the team implemented the activity breaks, sensory integration activities, and taught Johnny calming skills, most of the behaviors disappeared. The team kept data on the remaining behaviors and then did a functional behavior analysis to help them create a positive behavior support plan. This plan focused on when behaviors begin to escalate, to check for environmental factors first (tired, hungry, over stimulated), and to provide Johnny with the appropriate supports to meet that need. The plan also discussed how to give immediate but private feedback to Johnny about his behavior. Johnny joined a social skills group run by the school psychologist. The staff that work with Johnny receive a weekly summary of the skills from the social skills group so they can use teachable moments to reinforce the skills learned.

Mary's Educational Plan: Section 504

After receiving training on working with students who have mild traumatic brain injuries, Mary's team decided to write a Section 504 plan for her that listed classroom supports. As her mother was a part of this plan, she learned ideas to implement at home. Mary's teacher taught the whole class to use weekly planners to help them organize their work. At first, the special education staff would come in at the end of each day to make sure Mary's weekly planner was correct and that she had all the items she needed to take home for her homework. Eventually, Mary became independent in this skill. Mary joined a social skills group at the school. Her teacher also began to use a social skills curriculum to teach social skills in her class. These were the same skills that the social skills group had worked on the week before so it was a review to help Mary learn the material. All the students in Mary's class benefited from the stories and role-plays.

Mary's Academic Strategies:

Mary needed extra accommodations when she was under stressful situations such as testing, presentations and reports. During testing times, Mary could choose to take the test in the classroom or in the resource room. She was given extra assistance with large projects and presentations by the special education staff.

The team also decided the following accommodations would be helpful to Mary: having her sit closer to the front of the room and away from the door, pre-teaching the spelling words the week before they were given to the rest of the class, reduced homework assignments if she seemed overwhelmed (as determined by her teacher or her mother), Mary's teacher also began to follow a regular schedule which she posted on the board every morning so the students could follow what they were doing each day. The teacher created study areas for all the students to use if they felt they needed a private place to study. After introducing this idea, many of the students began to use them. Her teacher also wrote all the assignments and directions on the board. She also checked with Mary to ensure she understood the assignment or homework.

Mary's Behavior Strategies:

Mary began working with the school counselor to learn about her disability and to learn self-advocacy skills. Eventually, Mary began attending her own 504 plan meetings and giving the team input into strategies that worked for her. As time passed, Mary did not need to meet with the counselor every week but was allowed to visit her on an as needed basis. The team encouraged Mary to join some of the after school activities that happened at school. This helped Mary make new friends and learn social skills.

Resources and Websites

There are many resources and websites with disability information and special education. This is a small list to get you started. They are divided into three categories: resources specifically for individuals with TBI, general disability resources and information, as well as information on special education.

Resources Specifically for Individuals with TBI

Alaska Brain Injury Network (ABIN) Advisory Board

Mission is to prevent brain injuries and to promote wellness for Alaskans who experience brain injuries. Provides information and prevention materials on TBI in Alaska.

3945 Community Park Loop, Suite 240

Anchorage, Alaska 99508

Phone: (907) 274-2824

Toll Free: (888) 574-2824

Fax: (907) 274-2826

Website: www.alaskabraininjury.net

Alaska's TBI Project, the Division of Behavioral Health

The mission of the Division of Behavioral Health's Traumatic Brain Injury Project is to develop and maintain an infrastructure that provides a service delivery system capable of meeting the cognitive, emotional, and behavioral treatment needs of TBI survivors throughout the state of Alaska.

Jenn Lewis, MS

TBI Project Coordinator

3601 C St. Suite 878

Anchorage, AK 99503

Phone: (907) 269-3619

Website: www.hss.state.ak.us/dbh/tbi/default.htm

Brain Injury Association of America (BIAA)

BIAA has information about brain injury statistics and prevention as well as services for persons who have a brain injury.

Toll Free: 1-800-444-6443

Website: www.biausa.org

Centers for Disease Control and Prevention (CDC)

CDC has a wide variety of information about prevention of mild traumatic brain injury and other types of injuries. Find CDC's injury prevention resources at their website.

Website: <http://www.cdc.gov/ncipc/tbi/TBI.htm>

Lash and Associates Publishing

Specializing in information on the treatment and rehabilitation of brain injury and concussion in children and adults. Provide free articles on TBI as well as sells informational books, CDs and videos.

708 Young Forest Drive

Wake Forest, North Carolina 27587-9040

Phone: (919) 562-0015

Website: www.lapublishing.com

National Resource Center for TBI

The mission of the National Resource Center (NRC) for Traumatic Brain Injury is to provide relevant practical information for professionals, persons with brain injury, and family members.

Website: www.neuro.pmr.vcu.edu/

General Disability Resources and Information

Access Alaska

This statewide program assists Alaskans with disabilities to live independently in the community of their choice. Website provides information on disability issues, monthly support groups for individuals with TBI, independent living services and case management, the Alaska Resource Manual, the ADA Partner's Project and links to other sites.

Anchorage Office

121 W. Fireweed Lane, Suite 105

Anchorage, Alaska 99503

Phone: (907) 248-4777

Toll Free: (800) 770-4488 (in state only)

Wasilla Office

897 Commercial Drive

Wasilla, Alaska 99687

Phone: (907) 357-2588

Toll Free: (800) 770-0228 (in state only)

Fairbanks Office

526 Gaffney Road, Suite 100

Fairbanks, Alaska 99709

Phone: (907) 479-7940

Toll Free: (800) 770-7940

Website: www.accessalaska.org

Kenai Office

10807 Kenai Spur Highway

Kenai, Alaska 99611

Phone: (907) 283-7224

Toll Free: (888) 260-9336

Assistive Technology Library of Alaska (ATLA)

A state agency that provides assistive technology information and evaluation, as well as equipment rental and purchase. Website provides information about ATLA and various assistive technology options available at ATLA.

2217 E. Tudor Rd., Suite 4

Anchorage, Alaska 99507

Phone: (907) 563-2599

Toll Free: (800) 723-2852 (in state only)

Website: www.atlaak.com

Bazelon Center for Mental Health Law

A national nonprofit legal advocacy organization that provides information, public education and systems advocacy for people with mental disorders. Website provides extensive information on disability issues and links to other disability sites. Use the search box to find TBI specific information.

1101 15th St. NW, Suite 1212

Washington DC 20005-5002

Phone: (202) 467-5730 Voice

Website: www.bazelon.org

Center for Human Development, University Center for Excellence on Developmental Disabilities, Research and Services

A federally funded program that assists communities to respond to the needs of people with developmental disabilities through training for professionals, creation of exemplary service programs, technical assistance, and applied research. Website offers information and links to other disability websites.

2702 Gambell Street, Suite 103
Anchorage, Alaska 99503
Phone: (907) 272-8270
Toll Free: (800) 243-2199
Website: www.alaskachd.org

Educational Resources Information Center (ERIC)

A national information system that gathers and disseminates information and resources on the education and development of individuals with disabilities. Website provides a huge database of information which uses a search engine. You must be specific in your search queries.

Toll Free: (800) 538-3742
Website: www.eric.ed.gov

Family Village

Website offers information on disabilities and numerous resources as well as links to many websites including to the actual IDEA regulations.

Website: www.familyvillage.wisc.edu

Independent Living Center: Serving Kenai Peninsula, Kodiak, Valdez and Cordova

Services designed to assist families and individuals who experience disabilities to live as independently as possible. Services include: information and referral, advocacy, peer support groups (including a TBI support group), nursing home transition, transportation, vocational assistance, community lending closets, and housing modifications.

Homer Office
3953 Bartlett Street
Homer, Alaska 99603
Phone: (907) 235-7911 (voice/text)
Toll Free: (800) 770-7911 toll free
Website: www.peninsulailc.org

Central Peninsula Office
47255 Princeton Ave, Suite 1
Soldotna, Alaska 99669
Phone: (907) 262-6333 (voice/text)

Seward Office
201 Third Ave, Suite 1
Seward, Alaska 99664
Phone: (907) 224-8711 (voice/text)

Kodiak Island, Valdez & Cordova
1 (800) 770-7911

Stone Soup Group

Works with families of children with disabilities to provide information and assistance. Services include: parent navigator for medically fragile children, papertrail notebook, resource guide, health information center, assistance with special education advocacy, information and training on positive behavioral support plans and fetal alcohol spectrum disorders.

3350 Commercial Drive, Suite 100
Anchorage, Alaska 99501
Phone: (907) 561-3701
Website: www.stonesoupgroup.org

TASH

A national organization that advocates for the inclusion of all people in society by providing information, training, public education and litigation. Website provides information on disability issues, government issues, and links to other sites.

29 W. Susquehanna Ave., Suite 210
Baltimore, MD 21204
Phone: (410) 828-8274 Voice
Website: www.tash.org

Universal Community Access Network for Alaska

A comprehensive information and referral system incorporating over 1400 Alaskan programs, agencies, and nonprofits.

Toll Free: (800) 478-2221
Website: www.ak.org

Special Education Resources

Alaska Department of Education and Early Development (DEED)

The Alaska Department of Education and Early Development is responsible for all special education programs in the state. Website provides general information, names/addresses of Special Education Directors in Alaska, the Special Education Handbook, and links to other websites.

Special Education Programs

801 West 10th Street, Suite 200

Juneau, Alaska 99801-1894

Phone: (907) 465-8693

Website: www.educ.state.ak.us/tls/sped/home.html

Governor's Council on Disabilities and Special Education

A state council whose purpose is to improve the independence, productivity and inclusion into the community for people with developmental disabilities. Website provides information of the council, a list of publications including Where to Turn, a guide to resources and agencies in Alaska.

PO Box 240249

Anchorage, Alaska 99524-0249

Phone: (907) 269-8990 Voice/TDD

Toll Free: 1 (888) 269-8990

Website: www.hss.state.ak.us/gcdse

LINKS Mat-Su Parent Resource Center

Mat-Su Parent Resource Center's mission is to ensure that every parent and family who has a child with a special need has access to information, education, outreach, and support, in a culturally competent environment, to empower them to be advocates for themselves, their children, and their families.

1 Mountain Heather Way, Suite 3

Palmer, Alaska 99645

Phone: (907) 373-3632

Website: www.linksprc.org

Office of Childrens Services-Infant Learning Program

A state program that provides early intervention services for children with disabilities under the age of three. Contact the following address/website for the Infant Learning Program nearest you.

3601 C St., Suite 943

Anchorage, Alaska 99503

1 (800) 799-7570

Website: <http://hss.state.ak.us/ocs/InfantLearning/default.htm>

Students, Teachers, and Parents (SteP) Center

Anchorage School District (Anchorage Only)

A local program supported by the Anchorage School District that provides disability information and referral as well as trainings for parents and school staff. They have a large library of resources and materials.

Boniface Education Center

5530 E. Northern Lights #8

Anchorage, Alaska 99504

Phone: (907) 742-3872

Website: www.asdk12.org/depts/step

Special Education Service Agency (SESA)

A state agency that provides trained staff who travel around rural Alaska to assist students in special education and their teachers. Website includes general information, a lending library, conference information, FAS website, and links to other disability and special education websites.

3501 Denali Street, Suite 101

Anchorage, Alaska 99503

Phone: (907) 334-1300Voice

Website: www.sesa.org

Stone Soup Group

Stone Soup Group is the new parent training and information center (PTIC) for the state of Alaska. They receive federal funding to help parents understand the provisions of the Individuals with Disabilities Education Act and to become effective advocates for their child with a disability. They also provide information and referrals as well as maintaining a parent to parent network throughout the state. Stone Soup Group also works with families of children who are medically fragile to help them navigate this system. They also offer training and technical assistance in positive behavioral support to help the families of children with difficult behaviors to discover the communicative intent of the problem behavior and to teach the child the skills he or she needs in order to communicate more appropriately.

3350 Commercial Drive, Suite 100

Anchorage, Alaska 99501

(907) 561-3701

(877)786-7327 Toll Free

Website: www.stonesoupgroup.org

Council of Parents Attorneys and Advocates (COPAA)

The Council of Parent Attorneys and Advocates (COPAA) is a resource for parents, advocates and attorneys who want information and training on special education law and practice. Through the services it provides, COPAA seeks to improve the quality and quantity of special education advocacy and legal representation for students with disabilities.

PO Box 6767
Towson, MD 21285
Phone: (443) 451-5270
Website: www.copaa.net

EDLAW, Inc.

A nonprofit organization that provides legal information on special education. Website offers a national list of attorneys who represent parents of children with disabilities as well as direct links to regulations and other special education sites.

60 Park Place, Suite 300
Newark, New Jersey 07102
Phone: (973) 624-1815
TTY: (973) 624-1817
Website: www.edlawcenter.org

The National Clearinghouse on Postsecondary Education for Individuals with Disabilities

A national agency that provides information on post-secondary education and transition information for individuals with disabilities.

George Washington University
2121 K Street, NW, Suite 220
Washington, DC 20037
Phone: (202) 973-0904 Voice/TTY
Toll Free: (800) 544-3284
Website: www.heath.gwu.edu

National Information Center for Children and Youth with Disabilities (NICHCY)

A national information and referral center that provides information on disabilities and education issues as well as referrals across the country. An excellent website offering extensive information on disabilities and special education as well as numerous links to other disability websites.

PO Box 1492
Washington, DC 20013
Toll Free: (800) 695-0285 Voice/ TTY
Website: www.nichcy.org

Office for Civil Rights

A federal agency that investigates complaints of discrimination against individuals with disabilities.

Office for Civil Rights, Region X

U.S. Department of Education

915 Second Avenue, Room 3310

Seattle, Washington 98174-1099

Phone: (206) 220-7900

TDD: (206) 220-7907

Website: www.ed.gov/about/offices/list/ocr/index.html

Reed Martin, J. D. Special Education Law

A nationally renowned attorney who has represented parents of children with disabilities for more than 28 years in special education cases. His website provides special education information and publications for sale.

PO Box 4003

Morgan Town, West Virginia 26504

Phone: (304) 598-3406

Website: www.reedmartin.com

Wrightslaw

Pete Wright is an attorney in private practice that experiences a learning disability and represents parents in special education matters. He and his wife Pam have a website that has useful articles and information for parents. Mr. Wright also wrote the book, "Wrightslaw: Special Education Law." This book contains all the statutes and regulations regarding special education as well as his comments.

Website: www.wrightslaw.com

Appendix A

Environmental Factors for Students with TBI

Environmental factors to consider	Strategies to address Environmental issues
Is there too much noise in the environment?	<ul style="list-style-type: none"> • Provide a listening device (FM system) • Sit student closer to the teacher and away from hallway
Are there too many activities happening at the same time?	<ul style="list-style-type: none"> • Provide quiet place for all students to complete work • Allow student to complete work in resource room
Is the student distracted by articles in the room?	<ul style="list-style-type: none"> • Cover shelves and storage (toys and supplies) with blanket or curtains • Clear away clutter and items not being used
Is the work too complex?	<ul style="list-style-type: none"> • Have special education teacher pre and post teach new information • Break large projects into smaller steps • Give student an example to follow or written directions
Is the student being teased?	<ul style="list-style-type: none"> • Institute a school wide or classroom anti-bullying program • Watch for bullying of students with disabilities
Is the student tired?	<ul style="list-style-type: none"> • Pre plan rest breaks in student's schedule • Allow for pass to nurse to rest
Is the student hungry?	<ul style="list-style-type: none"> • Provide a built in snack time for all students • Have student bring in snack to use as needed
Has the student had a seizure?	<ul style="list-style-type: none"> • Learn to identify types of seizures • Allow student to rest after seizure • Record seizures and inform parents
Is the student frustrated? Why?	<ul style="list-style-type: none"> • Preteach calming strategies when student is calm • Teach student to recognize own signs of agitation • Have a place for student to receive assistance in problem solving with preferred staff
Do transitions affect the behavior?	<ul style="list-style-type: none"> • Post a written schedule in the same place every day. Review it with the class each morning • Notify student of any changes in routine ahead of time • Schedule in calming/activity to assist in transition (i.e. recess to walking to reading)

Appendix B

Common Misinterpretations of Behavior for Students with TBI

Behavior	Misinterpretation	TBI Interpretation	Strategy
Not following teacher request	<ul style="list-style-type: none"> Willful misconduct Attention seeking Defiant 	<ul style="list-style-type: none"> Doesn't understand the request Slow processing of verbal information 	<ul style="list-style-type: none"> Give written instructions Check for understanding of request
Not turning in homework	<ul style="list-style-type: none"> Lazy Willful misconduct Stupid 	<ul style="list-style-type: none"> Unable to organize work for each class Lost completed homework Did not understand or remember the lesson Did not remember homework due to short term memory loss 	<ul style="list-style-type: none"> Teach organizational strategies such as using a daily planner, staff assistance in am/pm to organize, providing textbooks for home, etc. Fax homework to school Pre and post teach new material
Repeatedly doing the same disruptive behaviors	<ul style="list-style-type: none"> Willful misconduct Seeking peer attention Obstinate 	<ul style="list-style-type: none"> Not able to link actions to consequences Cannot generalize behavior when situation is different 	<ul style="list-style-type: none"> Determine environmental factors affecting behavior and eliminate them Teach a system to redirect when in specific situations
Late to class	<ul style="list-style-type: none"> Doesn't care Disrespectful Likes peer attention 	<ul style="list-style-type: none"> Unable to organize what is needed for class Overwhelmed by noise and activity in the hallway 	<ul style="list-style-type: none"> Teach organizational strategies Allow to leave 5 minutes early and arrive to next class early
Yelling/cursing at staff or peers	<ul style="list-style-type: none"> Aggressive Disrespectful Willful disobedience 	<ul style="list-style-type: none"> Overwhelmed and impulsivity takes over Embarrassed they do not know how to do the work and is looking for a way out of class Results from peer teasing and impulsivity 	<ul style="list-style-type: none"> Look at environmental things school can change to decrease stress Provide direct social skills training Pre and post teach new information in resource room Don't try to discuss/teach when student is agitated Check for understanding School wide anti-bullying program

Refuses to begin work or disrupting when class is working	<ul style="list-style-type: none"> • Defiant • Disrespectful • Looking for peer attention 	<ul style="list-style-type: none"> • Did not understand the lesson and does not know how to do the work • Due to slow verbal processing missed the instructions 	<ul style="list-style-type: none"> • Pre and post teach new information in resource room • Provide examples/steps on worksheet • Check for understanding of directions • Provide written instructions
Unable to sit still	<ul style="list-style-type: none"> • Seeking attention • Bothering others • Willful disobedience 	<ul style="list-style-type: none"> • Neurological based need to move while learning or listening • Sensory overload 	<ul style="list-style-type: none"> • Plan movement breaks throughout the day • Plan in breaks throughout the day to de-escalate or de-stimulate, • Occupational therapy to provide sensory diet
Physical aggression	<ul style="list-style-type: none"> • Aggressive • Dangerous 	<ul style="list-style-type: none"> • Being bullied or teased without the skills to respond due to impulsivity or poor word retrieval • Hypersensitive to touch • Sensory overload • Overwhelmed by the environment 	<ul style="list-style-type: none"> • School wide anti-bullying program • Teach walk away strategies with safe place to go • Occupational therapy to provide sensory diet • Plan in breaks throughout the day to de-escalate or de-stimulate, • Look at environmental things school can change to decrease stress
Difficulties with transitions	<ul style="list-style-type: none"> • Willful disobedience • Argumentative 	<ul style="list-style-type: none"> • Unable to disengage from activity • Compulsive need to complete activity 	<ul style="list-style-type: none"> • Keep consistent schedules and routines • Provide advance warning of schedule changes • Provide consistent transition cues (i.e. 5 min warning, cue to begin transition, etc)

Modified from Debra L. Evenson's FASD chart



1-800-478-1234

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230 South Franklin, #206; Juneau, Alaska 99801
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PO Box 2303; Bethel, Alaska 99559
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