## COMPLIANCE VERIFICATION FORM

### Traumatic Brain Injury

#### 07-2 AAC Criteria

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Reviewer</th>
<th>Date</th>
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<tr>
<th><strong>Traumatic Brain Injury Evaluation Requirements</strong></th>
<th><strong>EVAL</strong></th>
<th><strong>ELIG RPT</strong></th>
<th><strong>COMMENTS</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>1. Vision Screening</strong></td>
<td>P</td>
<td>F</td>
<td>Follow-up</td>
</tr>
<tr>
<td><strong>2. Hearing Screening</strong></td>
<td>P</td>
<td>F</td>
<td>Follow-up</td>
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<td><strong>3. Medical/neurological evaluation.</strong></td>
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<td><strong>4. Individual educational achievement evaluation to serve as initial post-trauma baseline measure.</strong></td>
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The following information must also be included on the eligibility report:

**For Initial Evaluation**

**Prong 1**

Documentation that the child was provided appropriate instruction in regular education settings

- Yes
- No

Documentation that instruction was delivered by qualified personnel

- Yes
- No

**Prong 2**

Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction

- Yes
- No

Documentation above was provided to the parent

- Yes
- No

**At Every Reevaluation**

Documentation that instruction was delivered by qualified personnel

- Yes
- No