

COMPLIANCE VERIFICATION FORM

Traumatic Brain Injury

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

	Traumatic Brain Injury Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
		YES	NO	YES	NO		
	1. Vision Screening P____ F____ Follow-up_____						
	2. Hearing Screening P____ F____ Follow-up_____						
	3. Medical/neurological evaluation.						
	4. Individual educational achievement evaluation to serve as initial post-trauma baseline measure.						

The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

- | | Yes | No |
|---|--------------------------|--------------------------|
| Documentation that the child was provided appropriate instruction in regular education settings | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |

Prong 2

- | | | |
|---|--------------------------|--------------------------|
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent | <input type="checkbox"/> | <input type="checkbox"/> |

At Every Reevaluation

- | | | |
|---|--------------------------|--------------------------|
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|