Overview

- Role of the SLP in working with students with mTBI
- Accommodations to support a successful return to school
SLP Role in mTBI

- Seen 1+ month post injury to evaluate and treat changes in cognition and communication
- Evaluate skills with informal and standardized assessments
  - Speed of processing
  - Word retrieval
  - Recent memory
  - Attention: sustained, selective, and alternating
  - Executive functions
  - Cognitive endurance
- Develop strategies and exercises to target impacted areas
Cognitive (Thinking) Pyramid

- Executive Functions (Organization, Planning, and Problem Solving)
- New Learning
- Memory
- Attention
- Speed of Processing
- Energy

Pain
Sleep
Illness/Injury
Balance/Vision
Nutrition
Stress
Mood
Activity
Meds
School Strategies

● Pacing
  ○ Breaks when symptoms increase
  ○ Balance of activities
    ■ Easy and challenging
    ■ Mental and physical
    ■ Work and play

● Planner

● Written study plan

● Homework organization
School Strategies

● Attention
  ○ Set goals
  ○ Reduce distractions
  ○ Timers and self-cueing
● Reading comprehension
  ○ SQ3R - Survey, Question, Read, Recite, Review
● Note taking
  ○ Cornell notes
● Test prep
  ○ A little each day, integrating repetition
● Accommodation recommendations
Accommodations to Support a Successful Return to School
What is the Difference between a Return to School Plan, 504 and IEP?
Return to School Plan

- Provided immediately following injury
- Provides accommodations in a non-formal way
- Must be able to be provided by regular education teachers.
- Examples: extra time, front row seating, shortened assignments.
504 Plan

- Formal support plan
- Requires formal evaluation by the school.
- Any type of brain injury can be eligible. Not category specific.
- Accommodations that a regular education teacher can provide.
Does the impairment substantially limit one or more major life activities for an extended amount of time?
<table>
<thead>
<tr>
<th>Major life activities may include, but are not limited to:</th>
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<tbody>
<tr>
<td>• Caring for oneself</td>
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<tr>
<td>• Performing manual tasks</td>
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<tr>
<td>• Walking</td>
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<tr>
<td>• Seeing</td>
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<td>• Thinking</td>
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<tr>
<td>• Communicating</td>
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<tr>
<td>• Operation of “major bodily functions”</td>
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</tbody>
</table>
Section 504 of ADA (504 Plan)

**Have** a physical or mental impairment that substantially limits one or more major life activities; *or*

**Have** a record of such an impairment; *or*

**be** regarded as having such an impairment.

- Broader reach than an IEP
- Formal support plan
- Requires formal evaluation by the school.
- Any type of disability can be eligible. Not category specific.
- Accommodations that a regular education teacher can provide.
Individual Education Plan (IEP)

- Must have an acquired injury to the brain caused by an external physical force
- Condition is permanent or expected to last for more than 60 calendar days
- Injury results in an impairment of one or more of the following areas:
  - (A) Communication;
  - (B) Behavior;
  - (C) Cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing;
  - (D) Sensory, perceptual, motor and/or physical abilities.
IDEA versus Section 504/Title II

• IDEA defines disability more specifically than 504
• to be protected under IDEA, a child must:
  • meet eligibility requirements for a particular disability category listed under IDEA
  and
  • need specially designed instruction and related services
• Under Section 504, a qualified student with a disability is protected regardless of whether the student needs special education
Available Accommodations
Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Student: ___________________________  Teacher: ___________________________  Grade: ______  Date: ______  Birth Date: ______

Presenting Concerns: ____________________________________________________________

Persons Responsible for Providing Selected Items: ____________________________________________

Directions: Circle the challenges that affect your child or student. Check the accommodations that may be helpful.

Environment
- Post class rules
- Post daily schedule
- Give preferential seating
- Change to another class
- Change schedule (most difficult in morning)
- Eliminate distractions (visual, auditory & olfactory)
- Modify length of school day
- Provide frequent breaks
- Provide a quiet work place
- Maintain consistent schedule
- Provide system for transition

Transitions
- Specified person to oversee transition between classes or end of day
- Advanced planning for transition between grades/schools
- Modified graduation requirements
- Assistance with identifying post-secondary supports
- Identification of community resources for persons with brain injury

Method of Instruction
- Repeat directions
- Circulate teacher around room
- Provide visual prompts
- Provide immediate feedback
- Point out similarities to previous learning & work
- Use manipulative materials
- Teach to current level of ability (use easier materials)
- Speak clearly
- Pre-teach or reteach
- Use peer tutor or partner
- Use small group instruction
- Use simple sentences
- Use individualized instruction
- Pause frequently
- Use cooperative learning
- Encourage requests for clarification, repetition, etc.
- Use examples relevant to student’s life
- Demonstrate & encourage use of technology

Behavioral Needs
- Early interventions for situations that may escalate
- Teach expected behavior
- Increase student academic success rate
- Learn to recognize signs of stress
- Give non-verbal cues to discontinue behavior
- Reinforce positive behavior
- Set goals with student
- Use social opportunities as rewards
- Teach student to use advance organizers at beginning of lesson
- Role play opportunities
- Use proactive behavior management strategies
- Daily/weekly communication with parents
- Modification of non-academic tasks (e.g., lunch or recess)
- Time & place to regroup when upset
- Additional structure in daily routine
- Frequent specific feedback about behavior

Assistive Technology
- Multimedia software
- Electronic organizers
- Shortcuts on computers
- Concept mapping software
- Accessibility options on computer
- Proofreading programs
- Alternative keyboards
- Voice output communication devices and reminders
- Enlarged text or magnifiers
- Recorded text & books
- Specialized calculators
- Picture & symbol supported software
- Talking spell checker & dictionary
- Computer for responding & homework
- Use of communication devices
- Word predicting programs
- iPad/tablet
- Smart Phone
Mild TBI/Concussion Temporary Accommodations Plan

These are recommendations and over time may need to be adjusted through the school Concussion Management Team. If any questions or concerns please call your provider. **PLEASE SIGN BACK OF FORM ROI**

Patient name: ____________________________________________________________ Date: ________________

Current symptoms: □ Headaches  □ Difficulty remembering  □ Sensitivity to light  □ Fatigue  □ Decreased attention
 □ Other: ________________________________________________________________

Physician Name: ___________________________ Phone: _____________________  Physician Signature: ___________________________

The patient will be reevaluated for revision of these recommendations in ______ weeks. Date: ________________

□ These Are Initial Recommendations  □ These Are Follow-Up Recommendations
<table>
<thead>
<tr>
<th>Area</th>
<th>Requested Accommodations</th>
<th>Comments/ Clarifications</th>
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| Attendance        | - No School until ____________  
                    - Partial School day as tolerated by student  
                    - Full school day as tolerated by student  |                          |
| Breaks            | - If symptoms appear/worsen, allow student to go to quiet area or nurse’s office; if no improvement after 30 min allow dismissal to home  
                    - Water bottle in class / snack every 3-4 hours as needed  
                    - Allow breaks during the day as needed by student or school personnel  |                          |
| Visual Stimulus   | - Limit iPad use  
                    - Limited computer, TV screen, bright screen use  
                    - Allow handwritten assignments or more instructions for homework  
                    - Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights  
                    - Change classroom seating to front of room as necessary  |                          |
| Auditory Stimulus | - Avoid loud classroom activities and/or classes (i.e. band, shop, choir)  
                    - Lunch in a quiet place with a friend  
                    - Allow student to wear earplugs as needed  
                    - Allow class transitions before bell  |                          |
| School Work       | - Simplify tasks  
                    - Reduce overall amount of in-class work or homework to essentials.  
                    - No homework  
                    - Extra tutoring/assistance requested  
                    - May begin make-up of essential work (critical tasks only, consider alternative ways for student to demonstrate knowledge)  
                    - Provide extended time to complete assignments and/or shortened assignments  |                          |
| Testing           | - No or limited testing during recovery periods (midterms, finals, standardized, unit tests) until student is cleared.  
                    - Additional time/untimed testing  
                    - No more than one test a day  
                    - Provide extended time to take tests in a quiet environment (do not mark |                          |
Statewide Resource Team

Team members provide training & consultation to educators working with students with TBI. Services can be general or tailored to an individual student.

Activities can include:

- Attend IEP meetings
- Providing materials
- Phone consultation
- Observations in classrooms
- Provide training
- Etc.
Join the Conversation

Like our Facebook page and receive updates on news and research related to traumatic brain injury, upcoming CBIRT events, and new resources!!!
Thank you!