

Statement of Eligibility

Traumatic Brain Injury Category Worksheet

Name of Student:	Grade:	DOB:	Date:
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D. Criteria for Orthopedic Impairment

- 5. Student has an acquired injury to the brain caused by an external physical force [Attach evidence].
- 6. The student's condition is permanent.
- 7. The student's injury results in impairment in one or more of the following areas:
 - Communication
 - Behavior
 - Cognition, memory, attention, abstract thinking, judgment, problem solving, reasoning, and/or information processing
 - Sensory, perceptual, motor, and/or physical abilities [Attach evidence]

E. Based on above information, the child

- Meets the criteria for the 'Traumatic Brain Injury' category.
- Does not meet the criteria for the 'Traumatic Brain Injury' category.

F. Participation of Team Members:

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the evaluation report and the eligibility statement is given to the parent(s).