

Traumatic Brain Injury (TBI)

Frequently Asked Questions - FAQ#3

Traumatic Brain Injury - Educational Considerations

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TBI and IDEA

In 1991 a federal amendment to the Education Act (P.L. 101-476, IDEA) was passed. It recognizes that a student with a traumatic brain injury may have significant and complicated disabilities which can result in the need for special education. It specifically acknowledges that the unique characteristics of students with traumatic brain injury make them different from students classified as mentally disabled, learning disabled or emotionally disturbed.

Although children with TBI may seem to function much like children born with other handicapping conditions, it is important to recognize that the sudden onset of a severe disability resulting from trauma is very different. Many children with traumatic brain injuries make significant recovery. However, studies have shown that they may have long-lasting impairments which interfere with learning as well as social and emotional development.

Educators and families are usually unfamiliar with effects of a brain injury. Family, friends and professionals who recall what the child was like prior to the injury will have difficulty shifting and adjusting goals and expectations. Although developments in emergency services, medical care, rehabilitation and educational support have made it possible for children with even the most severe injuries to return to school, one should remember that even mild brain injuries are known to place a child at risk for educational and behavioral difficulties.

SCHOOL REENTRY

Careful planning for school reentry is extremely important in meeting the educational needs of a child with brain injury. Unfortunately, most teachers have not received specific training in the area of traumatic brain injuries. Likewise, very few health care professionals understand the "special education" system. Thus, it is extremely important that parents, educators and rehabilitation specialists work together to increase the child's chances for success in school.

Educational assessment should be discussed as part of the school reentry process. Traditional psychometric tests may not provide information that is relevant or helpful to school-based personnel. Scores often do not



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reflect the dysfunction displayed in the classroom. Since recovery from brain injury can be sporadic and unpredictable, periodic reassessments are needed to monitor progress, review instructional objectives, and revise programs. It is always important to include someone who is trained and knowledgeable in brain injury on the educational team so that issues can be recognized and addressed appropriately.

Observation of children with brain injury in the school setting may reveal some subtle, yet common problems. They may have difficulty in expressing themselves because of language processing problems or organizational problems. They may also fatigue more easily, and often do not have the stamina for a full day of school after an extended hospital stay. Children with TBI sometimes have difficulty dealing with abrupt changes in a routine or schedule and may require additional preparation when making the transition from one activity to another.

Most brain injuries involve more than one area of the brain. Teachers must recognize the many possible effects these injuries may have on a student's learning, social interactions, and overall behavior in the classroom. Awareness is the first step toward improving the educational success.

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