



# BrainSTEPS

Strategies Teaching Educators, Parents, & Students

A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

## Early Childhood Brain Injury Care Binder

**Pennsylvania's  
Child & Adolescent Brain Injury  
School Consulting Program**  
[www.brainsteps.net](http://www.brainsteps.net)

Dr. Brenda Eagan-Johnson, CBIS-AP  
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The BrainSTEPS Program was created in 2007 by the PA Department of Health and is implemented by the Brain Injury Association of Pennsylvania. BrainSTEPS is jointly funded by the PA Department of Health and the PA Department of Education, Bureau of Special Education via the PaTTAN network. The Colorado Department of Education with funding from the Colorado Traumatic Brain Injury Trust Fund adopted the BrainSTEPS model for statewide implementation in 2016.

**BrainSTEPS**



**Early Childhood Care Binder**

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**Early Childhood Care Binder**

**THIS PAGE IS FOR THE SPINE INSERT**

**INDEX TABS OF BINDER to have printed – for side indexes:**

1. INTRO
2. BRAINSTEPS
3. PERSONAL
4. DEVELOPMENT & EDUCATION
5. MEDICAL & REHAB

**These labels are for the SIDE TABS.**

**An INTRO DIVIDER PAGE with INTRO printed on tab should be page 4 before the introductory letter below. I just don't have anything written on it, so it's not part of this document, but please add the divider page with indexed tab that says INTRO**

## BrainSTEPS Early Childhood Brain Injury Care Binder

[www.brainsteps.net](http://www.brainsteps.net)

This **BrainSTEPS Early Childhood Brain Injury Care Binder** is a tool that you can use to organize information about your child's brain injury. This binder is designed to grow with new information about your child. Use this binder as a tool to share key information with doctors, other health care professionals, or school personnel when the need arises. Our hope is that this BrainSTEPS binder will keep critical pieces of information about your child's brain injury easily accessible and well-organized over the years! Once your child enters kindergarten, your BrainSTEPS team can provide you with an updated **BrainSTEPS Student Brain Injury Care Binder** for school-age children.

### Uses for the BrainSTEPS Early Childhood Brain Injury Care Binder include:

- One place to store all important educational and medical records, reports & evaluations;
- File information about your child's health history;
- List phone numbers for health care providers & community organizations;
- Prepare for appointments;
- Share new information with your child's primary doctor, public health or school nurse, early childhood or preschool personnel, or public school personnel during transition to school-age programs, etc. Easily accessible information!

### To set up your BrainSTEPS Early Childhood Brain Injury Care Binder:

- **Step 1: Gather existing information:** Compile any health, educational, transition, and personal/social paperwork you already have about your child. This may include reports from recent doctor's visits, immunization records, recent summary of a hospital stay(s), medical & rehabilitation discharge reports, schedules for home/school, test results, or informational pamphlets.
- **Step 2: Review the BrainSTEPS Early Childhood Brain Injury Care Binder sections.**
- **Step 3: Choose what to organize in the BrainSTEPS Early Childhood Brain Injury Care Binder:** Determine what paperwork you refer to most often/what info is needed by others re: your child. Store all other other paperwork in a file drawer or box where you can find it easily, if needed.
- **Step 4: Assemble your Early Childhood Care Binder:** The key is to make it easy for **you** to quickly & easily find the the papers you refer to most often, quickly & easily. Organize the paperwork using the dividers. Take this binder with you to all school and healthcare meetings & appointments about your child. **Your child's local BrainSTEPS team can assist you in organizing your binder: binder! Just ask!**



## Early Childhood Brain Injury Information

Make a BrainSTEPS Referral in PA for support: [www.brainsteps.net](http://www.brainsteps.net)

1. Every brain injury is different.
2. Young children may have difficulty describing their injury or how they feel. Their behaviors may or may not be related to the injury.
3. Pre-existing deficits can worsen after a brain injury. For instance, if your child had issues with attention before the brain injury, their attention issues may increase after injury.
4. Brain injury disrupts normal brain development.
  - The developmental stage at time of injury matters.
5. Brain injury can impact the ability to learn new material as your child grows.
  - Uneven learning abilities are common.
6. Executive Function Skills (EF) are commonly affected by brain injury.
  - During the preschool years, caregivers and teachers act as the pre-frontal cortex ((helping children stay on task, organize materials and assignments, keep a schedule) involved in EF skills. As students get older, we pass that responsibility on to them – this is when we can see problems. It's helpful to establish an organization system that can follow the student through middle/high school.
7. Brain injury can impact all areas of functioning.
  - Cognitive (thinking/remembering), Emotional, Physical, Social, Sleep Disturbance.
8. Cognitive fatigue is common following brain injury.
  - Learning adjustments and structured breaks prior to the onset of fatigue can help.
  - Allowing structured access to preferred activities/areas of strength.
9. The impact of brain injury can be latent, we often see the impact over time.
  - As the brain develops and changes, we can see the effects of brain injury at various developmental stages later in life. It is very important to share your child's brain injury history with teachers/school staff before the transition to kindergarten.
10. Students with brain injury should be monitored closely every year for learning and behavior changes that impact school performance. Schools can offer academic support options to ensure your child receives an appropriate education.

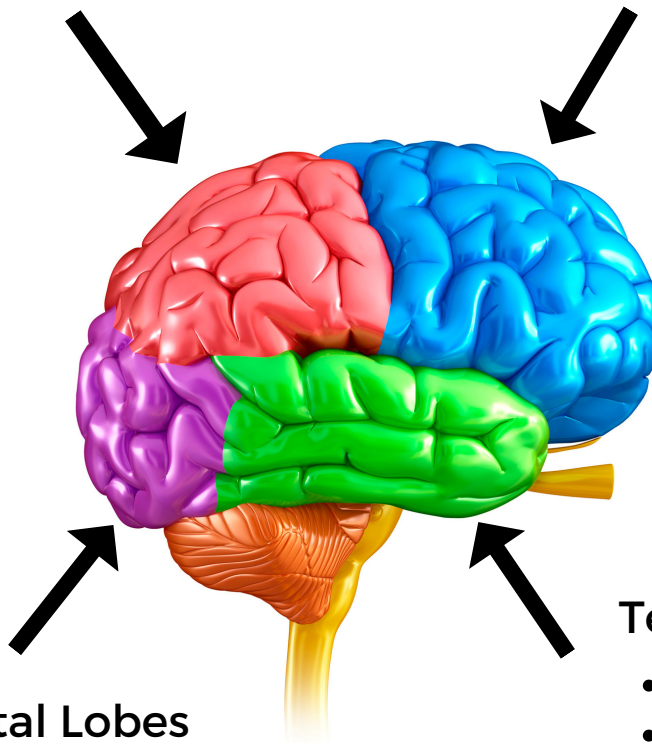
# Brain Lobes & Functions

## Parietal Lobes

- Sense of touch
- Spatial orientation/perception
- Differentiation: size, shape, color
- Object naming
- Visual perception
- Eye-hand coordination

## Frontal Lobes

- Initiation
- Problem solving
- Judgment
- Inhibition/control of behavior
- Planning/anticipation
- Self-monitoring
- Motor planning
- Personality/emotions
- Awareness of abilities
- Awareness of limitations
- Organization
- Attention/concentration
- Mental flexibility
- Speaking (expressive language)



## Occipital Lobes

- Vision/Visual stimuli processing

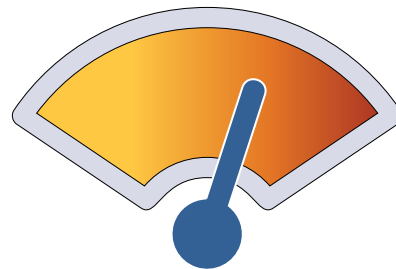
## Temporal Lobes

- Memory
- Hearing
- Face recognition
- Selective attention
- Locating objects
- Object categorization
- Organizing/sequencing
- Understanding language

# Traumatic Brain Injury (TBI): Pediatric Causes and Prevention Strategies



TBI can be **mild to severe**.



**TBI** is an injury caused by a blow, jolt, or penetrating object that disrupts normal functioning of the brain.

Severe TBI can lead to permanent disability and even death.

CDC reports that more than **2.8 million** U.S. people sustain a TBI each year; of those, more than **55,000** die and more than **280,000** are hospitalized.<sup>1</sup>

**75%** of brain injuries are mild (not life-threatening). Concussion is a type of mild TBI.<sup>2</sup>

**All types of TBI can seriously affect a child's daily life.**



Brain injury can cause problems with speaking or understanding, movement or mobility, thinking or memory, and personality or mood.



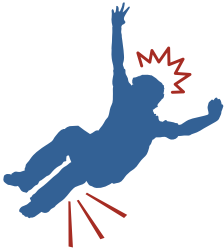
**NIH** Eunice Kennedy Shriver National Institute  
of Child Health and Human Development



# Causes

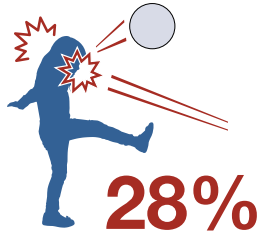
The **leading causes** of TBI in the United States are<sup>1</sup>

## Falls



**About half** of brain injuries in children are caused by falls from objects like stairs and bicycles.

## Unintentional blunt trauma



of brain injuries in children are caused by being hit in the head with an object, like a baseball or soccer ball.

## Motor vehicle crashes



Car accidents are the #1 cause of TBI-related death in children older than age 5.

## Homicide



Homicide is the #1 cause of TBI-related death in children age 4 and younger.

# Prevention Strategies

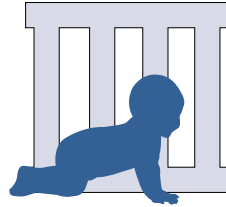
Take the following actions to **reduce the risk of TBI in children.**



Use a child safety seat or a seat belt when the child is in a motor vehicle.



Make sure the child wears a helmet when riding a bicycle, skateboarding, and playing sports like hockey and football.



Install window guards and stair safety gates at home.



Avoid shaking your baby. Learn how to prevent shaken baby syndrome.<sup>3</sup>

NICHD supports research to better understand and find safe and effective treatment options for TBI. To learn more, visit: <https://www.nichd.nih.gov/health/topics/tbi>.

<sup>1</sup> Centers for Disease Control and Prevention. (2019). TBI: Get the Facts.

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2003). Report to Congress on mild traumatic brain injury in the United States: Steps to prevent a serious public health problem.

<sup>3</sup> National Institute of Neurological Disorders and Stroke. (2019). Shaken Baby Syndrome Information Page.



Eunice Kennedy Shriver National Institute  
of Child Health and Human Development



# Traumatic Brain Injury

Each year, over 4,000 of Pennsylvania's children/adolescents survive severe traumatic brain injuries significant enough to require hospitalization. Many are left with life-altering difficulties in physical, cognitive, or behavioral functioning.

## If your child exhibits any of these symptoms:

- Seizure: eyes fluttering, body going stiff, staring into space
- Forgets everything, amnesia
- Hands shake, tremors, muscles get weak, loss of muscle tone
- Nausea or vomiting

**Consult your child's doctor immediately!**

## When you suspect a brain injury:

Possible Causes:

- Falls
- Motor vehicle crash
- Sports injury
- Physical violence

Many children and adolescents with mild brain injury (concussion) may never see a health care professional or have any long-term difficulties. Some adolescents have problems that may not be noticed right away. You may see changes in your teenager over several months that concern you. This fact sheet lists some of the more prevalent signs of a mild brain injury. Your teen may also be exhibiting symptoms that are not included on this list. If your teen has any of the following problems – **and they persist** – consult your child's doctor.

## Difficulty Thinking

- Has trouble remembering things
- Has trouble paying attention
- Reacts slowly
- Thinks slowly
- Takes things too literally, doesn't understand jokes
- Understands words but not their meaning

- Thinks about the same thing over and over
- Has trouble learning new things
- Has trouble putting things in order (desk, room, papers)
- Has trouble making decisions
- Has trouble planning, starting, doing and finishing a task
- Has trouble remembering to do things on time
- Makes poor choices (loss of common sense)

## Trouble Communicating

- Changes the subject, has trouble staying on topic
- Has trouble thinking of the right word
- Has trouble listening
- Has trouble paying attention, can't have long conversations
- Does not say things clearly
- Has trouble reading
- Talks too much

## Changes in Personality, Mood, or Behavior

- Is irritable, anxious, restless
- Gets upset or frustrated easily
- Overreacts, cries or laughs too easily
- Has mood swings
- Wants to be alone or away from people
- Is afraid of others, blames others
- Wants to be taken care of
- Does not know how to act with people
- Takes risks without thinking first
- Depressed
- Doesn't want to do anything, can't "get started"
- Is tired, drowsy
- Is slow to respond, to process information, or to complete tasks

- Trips, falls, drops things, is awkward
- Eats too little, eats all the time, or eats things that aren't food
- Has different sexual behavior
- Starts using or has a different reaction to alcohol or drugs
- Takes off clothes in public
- Change in relationships with friends
- Variation in school/academic performance

## Health Problems

- Headaches, including:
  - Recurring headache
  - Pain in the head muscle
  - Pain in the skull
  - Pain below the ear
  - Pain in the jaw
  - Pain in or around the eyes
- Balance Problems
  - Dizziness
  - Trouble with balance
- Sensory Changes
  - Bothered by smells
  - Experiences changes in taste or smell
  - Experiences appetite changes
  - Ringing in the ears
  - Hearing loss
  - Bothered by noises
  - Can't handle normal background noise
  - Feels too hot
  - Feels too cold
  - Doesn't feel temperature at all
  - Blurry vision
  - Seeing double
  - Hard to see clearly (hard to focus)
  - Bothered by light
- Sleep Problems
  - Can't sleep through the night
  - Sleeps too much
  - Days and nights get mixed up
- Pain Problems
  - Neck and shoulder pain
  - Unexplained body pain

## What to Do:

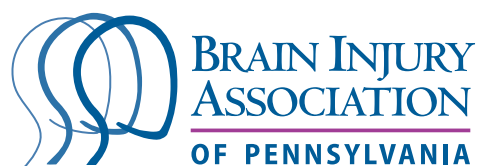
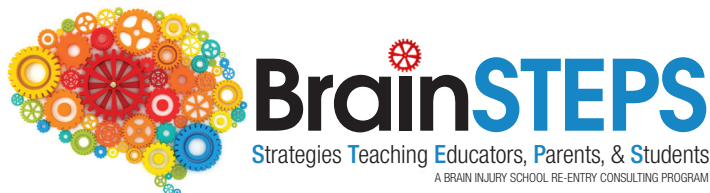
If your child has any of the problems on this list, and they persist, ask your child's doctor to have your child seen by a specialist in brain injury who can help your adolescent learn skills (rehabilitation).

If your child experiences any changes listed on this sheet that impact his or her education at school, contact:

- Brenda Eagan-Johnson, Ed.D., CBIS-AP  
BrainSTEPS State Director  
Brain Injury School Consulting Program  
brenda@brainsteps.net  
(724) 944-6542  
www.brainsteps.net

or

- The Brain Injury Association of Pennsylvania  
Brain Injury Resource Line: 800-444-6443  
www.biapa.org



Development of this publication courtesy of  
Arizona Governor's Council on Spinal and Head Injuries

# Early Childhood Brain Injury Care Binder

## BrainSTEPS Brain Injury School Consulting Program Information:

The BrainSTEPS Information section of this binder includes resources about the BrainSTEPS Program. BrainSTEPS can support your child from preschool/kindergarten (varies based on location in Pennsylvania) until high school graduation. This brain injury educational consultation and training program is free to all parents and students in Pennsylvania public schools. We work with school staff and teachers to ensure your child receives an appropriate education, specific to their brain injury learning and behavior needs. However, each BrainSTEPS team varies regarding at what age they begin supporting students. **Some teams provide consultation and training support to children beginning in PRESCHOOL, while other BrainSTEPS teams cannot provide school support until the child enters KINDERGARTEN.**

Dr. Brenda Eagan-Johnson  
BrainSTEPS State Director  
Email: [brenda@brainsteps.net](mailto:brenda@brainsteps.net)  
Phone: 724-944-6542

Website to make a student referral: [www.brainsteps.net](http://www.brainsteps.net)

# How to Make a Referral for your Child to BrainSTEPS

Go to our website:  
[www.brainsteps.net](http://www.brainsteps.net)

Click on Make a Referral to BrainSTEPS

You will receive an immediate email containing your BrainSTEPS Team's contact info.

The BrainSTEPS Team will contact you to complete our intake process.



# BrainSTEPS

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A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

[www.brainsteps.net](http://www.brainsteps.net)

\*BrainSTEPS consultation & training support begins at preschool or kindergarten (this varies by BrainSTEPS team).

However, we encourage you to make a referral to BrainSTEPS at the time of injury, regardless of your child's age. BrainSTEPS will be available and contact you when your child is age-eligible for our program.



# BrainSTEPS

Strategies Teaching Educators, Parents, & Students  
A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

[www.brainsteps.net](http://www.brainsteps.net)

## BrainSTEPS

The BrainSTEPS (Strategies Teaching Educators, Parents, & Students) Brain Injury School Re-Entry Consulting Program assists Pennsylvania schools in creating appropriate educational plans for students following acquired brain injury (ABI). ABIs are brain injuries that occur after birth and include both traumatic brain injuries (TBI) and non-traumatic brain injuries (non-TBI).

After a brain injury, students may return to school with temporary or lifelong impairments that have a significant impact on school performance. BrainSTEPS has been designed to consult with school teams and families in the development and delivery of educational services for students who have experienced any type of brain injury.

## BrainSTEPS supports school districts and families in the following ways:

- Identification of students with brain injury
- School re-entry planning
- Educational plan development, including: IEP/504 Plan support, academic adjustments/accommodations, and strategy selection
- Teacher, peer, and family training
- Annual monitoring of student until graduation
- Family support and resource sharing
- Return to Learn concussion management
- Facilitation of communication between healthcare provider, school staff, and family

## BrainSTEPS accepts student referrals for new injuries or injuries that occurred in the past. BrainSTEPS serves students who experience the following types of brain injuries:

- **Concussion (Mild Traumatic Brain Injury)**  
Referrals should be made at 4 to 6 weeks post-concussion if the student has not recovered.
- **Moderate and Severe Traumatic Brain Injury**  
Referrals should be made immediately.  
TBI results from an external physical force commonly caused by sports/recreational activities, falls, assault, abuse, gunshot wounds, motor vehicle accidents (includes bicycle), pedestrian accidents, and abusive head trauma.

- **Non-Traumatic Brain Injury**

Referrals should be made immediately.

Non-TBI results from an internal process such as stroke, brain tumor, aneurysm, lack of oxygen to the brain, lightning strike, chemotherapy/radiation impacts to the brain, near drowning, brain infections/viruses, (encephalitis, meningitis), toxic injury (carbon monoxide, lead, chemical poisoning), a cardiac event, and diabetic coma.

## Brain Injury Facts:

- Brain injury is a **leading** cause of disability in children and adolescents.
- Physical recovery is not a sign that the brain has healed.
- Effects of brain injury are not always immediately apparent and may not become evident until the child reaches important developmental stages. Over time, difficulties may emerge as the demands on parts of the brain originally injured are increased.

## How to Make a BrainSTEPS Referral

Anyone can make a referral:

1. Go to [www.brainsteps.net](http://www.brainsteps.net)
2. Click on Make a Student Referral and fill out the required information.
3. Click submit.

## General BrainSTEPS Program Information:

**Brenda Eagan-Johnson, Ed.D., CBIS-AP**  
BrainSTEPS State Director  
Brain Injury School Consulting Program  
[brenda@brainsteps.net](mailto:brenda@brainsteps.net)  
(724) 944-6542

## [www.brainsteps.net](http://www.brainsteps.net)

The BrainSTEPS Program is jointly funded through the Pennsylvania Department of Health and the Pennsylvania Department of Education, and is implemented through the Brain Injury Association of PA.



# Best Practices for Implementing Pennsylvania's BrainSTEPS Brain Injury School Consulting Program

[www.brainsteps.net](http://www.brainsteps.net)



## Structure and Organization of BrainSTEPS Teams

BrainSTEPS teams are based in the Intermediate Units that cover the Commonwealth under the Pennsylvania Department of Education's infrastructure.

### All BrainSTEPS teams should have the following members on their team:

- School Psychologist
- Training & Consultation (TAC) Staff from the IU
- School Nurse Coordinator
- Early Intervention or Preschool Professional
- Transition Coordinator
- Parent of a Student with a Brain Injury
- Medical Rehabilitation Professional from the Community
- Additional Personnel Identified by the Intermediate Unit

### All BrainSTEPS teams have at least one team leader. All BrainSTEPS teams hold monthly team meetings.

- All team members are included in monthly meetings.
- There is a virtual attendance option available each month.
- There is an agenda for monthly meetings.
- Teams discuss all active student cases monthly during their team meetings.
- Meeting notes are emailed to all team members following the meeting.
- Monthly team meeting minutes are uploaded into the ORBS database for the team.

### An annual BrainSTEPS team plan is developed by each individual team.

- The monthly team meeting schedule is developed by the team leader each spring for the upcoming school year.
- Updated team goals are created for the new academic year.
- Goal progress is evaluated by team leaders during monthly team meetings.



## BrainSTEPS Referrals

The Team Leader assigns each referral to a trained team member. This person will be your consultant and will provide consultation for your child.

Team Leaders, or a designated team member, call the parent **within two school days** to acknowledge receipt of the referral and verify that the referral information in the database is correct.

A team member will request BrainSTEPS parent permission form to allow BrainSTEPS to consult with your child's school.

## BrainSTEPS Consultation Activities

Teams provide school-based and/or virtual consultation service to all students referred, following approval from the parent and the school.

- Consultation and training varies depending on individual student injuries and educational needs.
- The frequency and intensity of intervention varies by student.

All core team members are expected to serve as a point person for multiple cases each year.

All team members regularly contribute to the consultation and training services for referrals.

Teams obtain medical, rehabilitation, and educational reports to assist in making educational recommendations.

A team member will call every parent and will also speak with every referred student, in person or virtually, to gather information prior to making recommendations.

Team members may observe elementary school students in the classroom setting before making school-based recommendations.

A team member speaks with the parent of every referred student to gather information prior to making a recommendation.

A team member speaks with the student's teachers about learning or behavior concerns they may have about the student before making any school-based recommendations.

Teams provide written recommendations for all referrals requiring academic support. This can be in the form of a written report or the BrainSTEPS Brain Injury Supports Framework.

Teams complete the Brain Injury Supports Framework for all students who have sustained concussions.



## BrainSTEPS Brain Injury Training

Teams provide training about brain injury to school staff working with a referred student. Training can take on many forms: Group trainings, individual education with teachers, and education provided in the context of meetings.

Invitations to trainings are also offered to the student's parents.

BrainSTEPS teams provide educational presentations about brain injury to healthcare facilities in their local region, including hospitals, rehabilitation, and physician practices.

## BrainSTEPS Communication

The team contacts parents **within one month** of the start of BrainSTEPS consultation to provide the parents with an update of BrainSTEPS activities.

The team maintains regular communication with the parents to keep them informed of the BrainSTEPS team consultation activities while the student is active.

The BrainSTEPS team contacts the parents and school staff for students identified as requiring additional consultation by the Project Director.

In cases where an IEP meeting or a 504 plan meeting is held, one team member attends or provides input beforehand.

For all student referrals age 14 and older, the BrainSTEPS team asks parents and/or school staff whether a referral was made to OVR.

## BrainSTEPS Database

Teams regularly document consultation activities on all student referrals in the BrainSTEPS online database.

## Development of Expertise of BrainSTEPS Team Members

All team members participate in annual capacity building training(s).

Team leaders attend biannual Team Leader Workshops or send a representative from the team in their absence.

Team leaders attend monthly virtual state meetings held by the Project Director for Program updates. If the team leader cannot attend in person, they must view the recording.

Team members make every effort to attend the monthly virtual state meetings held by the Project Director.

Team leaders participate in a statewide BrainSTEPS listserv for all team leaders.

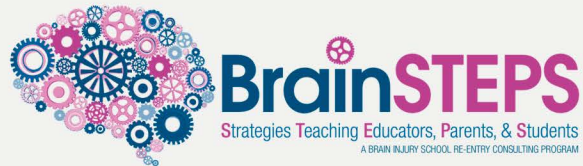
## Virtual Learning

BrainSTEPS teams use the BrainSTEPS recommended guidelines for students with brain injuries participating in online learning.

### Questions? Contact:

Brenda Eagan-Johnson, EdD, CBIS-AP  
BrainSTEPS State Director  
Brain Injury School Consulting Program  
Phone: (724) 944-6542  
Email: [brenda@brainsteps.net](mailto:brenda@brainsteps.net)





BrainSTEPS was created in 2007 by the Pennsylvania Department of Health. BrainSTEPS is jointly funded by the Pennsylvania Department of Education, Bureau of Special Education via the PaTTAN network, and the Pennsylvania Department of Health. The project is implemented by the Brain Injury Association of Pennsylvania, Inc.



## **Prolonged COVID-19 Symptoms Resemble Post-Concussion Symptoms in Students and BrainSTEPS Can Help!**

BrainSTEPS accepts referrals for students with prolonged symptoms from COVID-19 if symptoms impact learning and the student is at least 4 weeks post-COVID-19 diagnosis.



### **Common Post-Concussion and Common Prolonged COVID-19 Symptoms in Students Include:**

- Headache
- Fatigue
- Sleep Difficulties
- Mood Changes
- Impaired Daily Function
- Difficulty thinking or concentrating (sometimes referred to as “brain fog”)
- Symptoms that get worse after physical or mental activities

### **Prolonged COVID-19 impacts a student’s ability to learn due to:**

- **Symptoms** thought to be from the virus’s inflammatory process, and/or
- **Reduced oxygen to the brain** which causes damage to the brain.

BrainSTEPS provides school-based consultation and training related to a student’s cognitive deficits due to COVID-19. BrainSTEPS also supports students with other types and severities of Acquired Brain Injury, including Traumatic Brain Injuries and Non-Traumatic Brain Injuries.

**Refer a student online at [www.brainsteps.net](http://www.brainsteps.net)**

### **Questions? Contact:**



Brenda Eagan-Johnson, EdD, CBIS-AP  
BrainSTEPS State Director, Brain Injury School Consulting Program



(724) 944-6542



[brenda@brainsteps.net](mailto:brenda@brainsteps.net)

# Early Childhood Brain Injury Care Binder

## PERSONAL information:

The Personal section of this binder should include the following (as appropriate to your child):

- **About Me pages** - let your child complete these & leave them in the binder to be shared with their early intervention, daycare, preschool staff & medical/rehabilitation providers
- Blank notebook pages for the parent to take notes while at the hospital, rehabilitation, meetings with early childhood educators, etc.
- Contact information for key professionals
  - Child Care, Home-Based or Preschool Educators
  - Early Intervention Administrator
  - Early Intervention Case Manager(s)
  - Therapists, such as Occupational Therapists, Speech Therapists, and Physical Therapists
  - School Psychologist
  - Neuropsychologist
- Doctor contact information
- Pharmacy contact information
- Rehabilitation Therapist contact information
- Psychologist/counselor/social worker contact information
- Daily childcare or preschool schedule, as applicable
- Daily schedule for home
- Therapy schedule
- Community activity schedules
- Support group schedule
- Health insurance information
- Resources, business cards, pamphlets
- Parent contact information
- Copies of parent-signed HIPAA & FERPA privacy forms so your child's school staff & healthcare providers can communicate

# Key Contact Information

NAME	Facility or Organization: School, Medical, Rehabilitation, Community	PROFESSION	EMAIL	PHONE
Dr. Brenda Eagan-Johnson	BrainSTEPS	State Director	brenda@brainsteps.net	724-944-6542

# All About Me!

Name \_\_\_\_\_

Age \_\_\_\_\_



**Picture of Me**

**My Favorite  
Things Are:**

**My Strengths are:**

**What Works for Me:**

# All About Me!



**Picture of  
Something I Love**

**This May be  
Difficult for Me at  
School:**

**These are Things That I  
Do Not Like:**



# BrainSTEPS Early Childhood Brain Injury Care Binder

ABOUT MY CHILD: These 2 pages should be updated annually & shared with your child's school. If more space is needed, write on the backside. Ask the school to make a copy of these pages & place in your child's Educational Cumulative File at school.

Child's Name:

Today's Date:

Child's Current Age:

Date of Birth:

Age at Time of Brain Injury:

Date of Brain Injury:

Medical Diagnosis & Cause of Your Child's Brain Injury:

Brain Injury Medical Severity, if known:

*Mild or Concussion*

*Moderate*

*Severe*

Did your child experience any of the following- please circle:

- Loss of consciousness?    Yes    No
  - If so, how long? \_\_\_\_\_
- Skull fracture(s)?            Yes    No
- Brain bleed(s)?                Yes    No
- Brain swelling?                Yes    No
- Brain surgery?                 Yes    No
- Length of hospital stay: \_\_\_\_\_
- Rehabilitation needed?    Yes    No    What kind: \_\_\_\_\_

# BrainSTEPS Early Childhood Brain Injury Care Binder

Brain lobes that were Injured- if you know, please circle below:

*Frontal*

*Occipital*

*Temporal*

*Parietal*

Do you know what side of your child's head sustained injury?

*Left*

*Right*

*Both Sides*

Were your child's Developmental Milestones met on time per pediatrician visits?

- *Cognitive skills:* Yes No Explain if Yes: \_\_\_\_\_
- *Physical skills:* Yes No Explain if Yes: \_\_\_\_\_
- *Speech skills:* Yes No Explain if Yes: \_\_\_\_\_
- *Social skills:* Yes No Explain if Yes: \_\_\_\_\_

What are your child's strengths:

What are challenging areas for your child:

What does your child likes and dislikes:

Do you have any concerns about your child & their schooling this year?

# Early Childhood Brain Injury Care Binder

## DEVELOPMENTAL/EDUCATIONAL Information:

The Developmental/Educational (school) section of this binder should include copies of the following (as appropriate to your child):

- BrainSTEPS Documents
  - Completed Brain Injury Supports Framework
  - BrainSTEPS consultant contact info
  - Copy of your signed BrainSTEPS Consultation permission form
- Daycare or Preschool Schedule
- Early Intervention/Developmental/Educational Evaluations & Reports
- Individual Family Service Plan (IFSP) documents
- Individualized Education Program (IEP) documents
- And anything else education-related that you would like to add

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# A Quick Reference to Developmental Stages & Brain Injury

By Jeanne E. Dise-Lewis, Ph.D.

## General Developmental Principles to Share with Your Child's School

- From birth through adolescence, a child's brain undergoes dramatic changes & developments.
- These changes involve refinements of various centers in the brain & the connections among parts of the brain.
- Brain development causes maturation in thinking ability, behavior, emotion regulation, & social capacities.
- When a brain injury occurs, it interrupts the brain's development in ways determined in part by the developmental stage.
- Abilities that are just developing, or have not yet emerged, are the most sensitive & most likely to be disrupted.
- These areas are likely to always be weak spots for a child with an acquired brain injury, even after he grows up.
- Weaknesses in the profile of neurodevelopmental abilities can be accommodated, & they can sometimes be remediated with explicit instruction.
- A solid understanding of developmental, stage-related accomplishments provides a useful guide for understanding & intervening when a child or adolescent has a brain injury.



## Developmental Stage: Birth - 3

**Cognitive: Sensorimotor**  
**Psychoemotional: Trust vs. Mistrust**  
**Social/ Moral**

### Developmental achievements:

- refinements within sensory & motor systems
- interconnections among sensory & motor systems
- regulation of sleep-wake cycles
- language acquisition
- basic understanding of cause-effect relationships
- beginning awareness of self
- responsiveness to others

### Brain injury at this stage typically causes:

- poor self-regulation ability
- difficulty establishing sleep-wake cycle
- difficulty establishing toilet-training
- slow language development
- poor ability to understand cause-effect relationships
- rapid shifts from one emotional state to another
- extreme behavioral dysregulation when emotionally aroused
- reduced self-awareness
- uninhibited behaviors (biting, hitting, etc.)
- unpredictable responses to others
- extreme behavioral outbursts during transitions
- delayed social & academic skills

### Interventions:

- establish routines to create understanding of cause-effect relationships
- maintain a calm & predictable environment
- label emotions & teach self-calming routines
- teach functional behavior routines

## **Developmental Stage: Ages 3-6**

**Cognitive: Preoperational**

**Psychoemotional: Autonomy vs. Shame & Doubt/ Initiative vs. Guilt**

**Social: Good Boy/Bad Boy**

### **Developmental achievements:**

- developing self-control over physical abilities
- robust understanding of single cause-effect relationships
- ability to experience two emotions simultaneously
- ability to take another person's perspective
- ability to accept a change in plans
- developing ability to think before acting on a feeling
- ability to inhibit aggressive behavior
- development of friendships
- understanding of preschool concepts

### **Brain injury at this stage typically causes:**

- poor understanding of cause-effect situations
- reduced ability to learn from consequences
- high emotionality
- impulsivity
- poor organization of behavior
- "stubborn" behavior
- aggressive behaviors (kicking, hitting)
- temper tantrums, especially in response to change or transition times
- lack of concern for danger & safety
- dependence on structure, organization provided by adults
- rigid thinking
- extreme difficulty dealing with change
- resistance to influence or direction from parents
- poor acquisition of preschool concepts

### **Interventions:**

- teach your student to stop & calm down before acting
- provide continuous structure & adult support
- create routines & increase predictability
- use visual aides & schedules of daily activities; provide assistance to get through transitions

## **Developmental Stage: Ages 6-12**

**Cognitive: Concrete Operations**

**Psychoemotional: Industry vs. Inferiority**

**Social/Moral: Conventional**

### **Developmental achievements:**

- understanding of multiple-cause-effect relationships
- readiness to learn academic skills, & mastery of academic skills

- “reasonable, sensible” behavior
- ability to distinguish intention or effort from outcome
- development of self-image as smart, a hard worker, a good friend
- good social skills
- ability to work with others on a team

### **Brain injury at this stage typically causes:**

- academic difficulties, especially with new learning
- uneven academic profile of strengths & weaknesses
- poor school performance, given time & effort spent on assignments
- organizational deficits
- mental inflexibility
- impulsivity
- poor frustration tolerance & irritability
- difficulty “reading” others’ behavior
- social ineptness or inappropriateness
- behavior problems during unstructured times
- social isolation/withdrawal from peers

### **Interventions:**

- recognize that problems are not reflective of the student’s motivation, effort, or desire to change
- reduce the complexity of life & the number of demands your student needs to meet
- communicate schedule of assignments, expectations to parents
- create functional, context-based, multisensory learning experiences to increase comprehension & reduce the impact of specific cognitive deficits on learning
- reduce amount of coursework & homework to fit a reasonable, preset time limit
- use videos, movies, field trips to create context & familiarity with new school topics
- involve student in a structured activity, group, club, Boy/Girl Scouts, or individual (as opposed to “team”) sport
- teach games, activities, adapted sports that are of interest to the student & arrange opportunities to use these skills with peers to develop social competencies

### **Developmental Stage: Ages 12-16**

**Cognitive: Formal Operations**

**Psychoemotional: Identity vs. Role Confusion**

**Social/Moral: Moral Realism**

### **Developmental achievements:**

- ability to consider many aspects of a problem simultaneously
- development of abstract reasoning
- ability to plan, organize, & carry out complex projects
- ability to learn new information independently
- increasing autonomy
- identity development
- ability to assume limited responsibility for self & others
- maturing social skills, including friendships based on shared interests

### **Brain injury at this stage typically causes:**

- uneven cognitive skills & learning deficits
- difficulty learning new information, especially abstract information
- difficulty with inferencing, summarizing, planning, & organizing
- rigid, inflexible thinking
- reduced spontaneity
- judgment & reasoning difficulties
- dependence on others
- uncertainty about self & abilities
- difficulty managing frustrations
- reduced ability to assume responsibilities
- withdrawal from peers & limited social involvements

### **Interventions:**

- conduct a comprehensive evaluation of cognitive strengths & weaknesses to adequately understand the sources of learning difficulties; educate the student about his/her own profile
- create accommodations addressing both school & social success
- increase structure in the environment
- limit homework assignments
- reduce amount of content to be covered in coursework to support depth of understanding/ mastery
- increase communication between home & school regarding assignments, tests, & upcoming curriculum
- provide opportunities to talk with nonfamily members about the emotional impact of the injury
- be alert for signs of depression & proactively intervene to address these
- use videos, movies, field trips to create context & familiarity with new school topics
- identify clear roles & responsibilities in classroom & in group assignments

### **Developmental Stage: Ages 16-19**

**Cognitive: Formal Operations**

**Psychoemotional: Intimacy vs. Isolation**

**Social/Moral: Moral Relativism**

### **Developmental achievements:**

- complex reasoning & judgment
- capacity for spontaneous appropriate behavior in situations requiring judgment, weighing of consequences, & decision-making
- consolidation of academic accomplishments
- development of vocational plans & goals in line with personal interests & strengths
- ability to develop & accomplish goals independently
- solid sense of personal identity & relatively stable personality
- sophisticated social skills
- emancipation from home

### **Brain injury at this stage typically causes:**

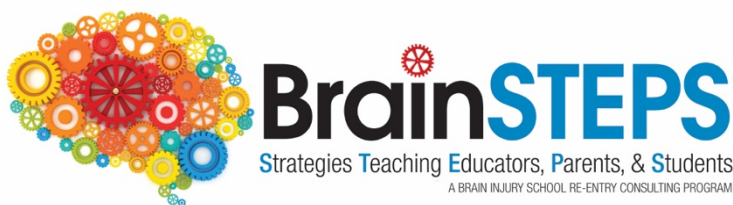
- rigid thinking
- slow mental processing
- difficulty understanding & responding to complex situations
- difficulty identifying the most important parts of problems

- poor decision-making & judgment
- poor organizational skills
- difficulty with appropriate, spontaneous behavior
- interference in developmental drive toward independence/separation
- insecure body image, self-image, &/or social image
- social awkwardness
- defensiveness regarding emotional/cognitive problems
- depression

#### **Interventions:**

- recognize the rippling effects of the injury on personal, emotional, & social life
- identify roles & responsibilities within the competence of your student
- provide a forum for expression of feelings & exploration of coping skills
- clarify the nature of learning difficulties & develop appropriate accommodations
- reduce course load, tailoring coursework to student's strengths
- waive grade point average requirements for participation in school sports
- provide a counselor or other professional at school for your student to check in with on a daily basis
- involve student in problem-solving group
- be alert for difficulties reconciling new profile of strengths/weaknesses with previous self-identity

# Transition to Kindergarten Preparation



**The following are suggestions to help ensure your child’s kindergarten teacher & new school staff know about your child’s brain injury and strategies you can use to help prepare your child for their transition to kindergarten.**

## **1. Parent-to-School Notification of Brain Injury**

**Write a letter to your child’s elementary school counselor & school nurse.**

- Notify the school staff that your child has had a brain injury & at what age.
- List what symptoms your child continues to experience.
- List any difficulties your child may be experiencing since the brain injury.
- List any pre-and-post TBI changes you have noticed.
- Let the school know who to contact at BrainSTEPS to include in all future school meetings related to your child.
- Ask that this letter be placed in your child’s permanent educational file, so the brain injury diagnosis will not be forgotten if there are future learning or behavior concerns.
- Sign and date the letter
- Make a copy of the letter and keep in this binder for future reference.
- Send the letter to the school (mailed, emailed, or dropped off in the front office).

# Transition to Kindergarten Preparation

## 2. Transition to Kindergarten Meeting

Request that your child's new school hold a transition meeting during the summer before your child transitions to kindergarten so you can:

- Invite your BrainSTEPS Team Leader to this meeting.
- Discuss any concerns,
- Ensure all staff know your child experienced a prior acquired brain injury, and
- Share your Early Childhood Brain Injury Care Binder information with the school team.

## 3. Take your Early Childhood Brain Injury Care Binder to all school meetings. Add to it over time.

- Be sure to let your BrainSTEPS team leader know about any upcoming school meetings.

## 4. Tour the new school to prepare your child for their kindergarten transition.

- After a brain injury, children thrive on structure and routine. Transitions can be difficult.
- Prepare your child to transition to kindergarten by contacting their school the summer before.
- Ask if you and your child can visit the school for a tour during the summer months.

# Transition to Kindergarten Preparation

## 5. Create a Picture Book to prepare your child for their kindergarten transition.

- While touring the school, take pictures of the:
  - ★ Outside front of the school,
  - ★ Bus,
  - ★ Front office,
  - ★ Hallway leading to classroom,
  - ★ Classroom,
  - ★ Playground,
  - ★ Their teacher (if possible), etc.
- Print the pictures, paste them onto pages you and your child can review, and add words to “read” the school book together!
  - ★ *You can also make an electronic version by uploading the pictures to a word document and typing out the sentences describing each picture!*
- **Example wording for book pages:**
  - “This is my new school.” *Add a picture of the front of the school building.*
  - “My kindergarten teacher’s name is \_\_\_\_\_”
  - “This is where we will play during recess.”
- Read the book with them daily during the summer months.
- This will help your child prepare for their transition to school in the fall, which can help alleviate anxious feelings.

# Transition to Kindergarten Preparation

- Example pages of the book you can create:

I am going to start kindergarten soon!  
This is my new school!



I am going to ride a bus like this  
to kindergarten every morning.  
It will pick me up at the end of my driveway.



This is my kindergarten classroom.  
There will be 14 students in my class.



## Transition to Kindergarten Preparation

6. **Contact your BrainSTEPS Team Leader once your child starts kindergarten if they experience any learning or behavior issues at school. These issues could be related to their prior acquired brain injury.**
  
7. **Ask your BrainSTEPS Team Leader to provide you with a “BrainSTEPS Student Care Binder” now that your child will be in kindergarten. We give parents of students in grades Kindergarten through 8 a new version of the binder called the *BrainSTEPS Student Care Binder*.**



**BrainSTEPS**  
Strategies Teaching Educators, Parents, & Students  
A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

[www.brainsteps.net](http://www.brainsteps.net)

# Early Childhood Brain Injury Care Binder

## MEDICAL/REHABILITATION Information:

The medical section of this binder should include copies of the following (as appropriate to your child):

- Physician reports
- Hospital records
- Medications and side effects
- Rehabilitation reports
- Neuropsychological evaluation reports
- Anything else medical/rehabilitation-related you would like to add

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