



Guided IEP for Students with Brain Injury in Pennsylvania

Pennsylvania IEP Section	BrainSTEPS Considerations to Discuss with School Team
Student Demographics & Team Meeting Information Annotated IEP Reference Page Number(s) 8-16	<ul style="list-style-type: none"> • Students with BRAIN INJURY need their IEPs reviewed every 1-3 months during the initial 1-2 years depending on the time since the injury. • The team needs to include professionals knowledgeable about BRAIN INJURY • At least one BrainSTEPS team member should be included in the IEP meeting.
SECTION I Special Considerations the IEP Team Must Consider Before Developing the IEP Annotated IEP Reference Page Number(s) 17-23	<p>Considerations of Students with BRAIN INJURY:</p> <ol style="list-style-type: none"> 1. Early Stage After Brain Injury: <ol style="list-style-type: none"> a. Safety: Prioritize student safety. b. Medical Concerns: Address issues like pain & potential seizures. Medication levels might still be under adjustment. c. Fatigue: Be aware of the student's increased fatigue. d. Sensory Needs: Manage sensory & sensory-motor challenges by creating a balanced environment. e. Attention & Concentration: Support limited attention spans & concentration abilities for academic tasks. f. Family Support: Recognize the need for family support during this challenging period. Include parents in any TBI training you hold. 2. Middle Stage After Brain Injury (Evolving Skills): <ol style="list-style-type: none"> a. Alertness: The student may still exhibit decreased alertness. b. Impulsivity: Monitor & manage increased impulsivity. c. Orientation: Address any ongoing disorientation.

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- d. Academic Skills: Support the return of concrete skills but be mindful of ongoing difficulties in comprehension, problem-solving, & abstract reasoning.
 - e. Behavior Regulation: Be aware of impaired behavior regulation.
 - f. Family Concerns: Adapt to the evolving concerns of the family as the student's needs become clearer. Include parents in any TBI training you hold.
3. Late Stage After Brain Injury (Stabilization):
- a. Information Processing: Support delays in receiving, processing, & responding to information.
 - b. Cognitive Load: Manage difficulties in handling large amounts of information.
 - c. Distractibility: Continue to address issues with distractibility.
 - d. Social Skills: Be aware of the impact of weak cognitive & behavioral self-regulation on social skills.
 - e. Mental Health: Monitor & support mental health, particularly the risk of depression, especially in adolescents.
 - f. Family Feedback: Continuously identify & address family concerns. Include parents in any TBI training you hold.
- **Vision:** Students with BRAIN INJURY may have vision difficulties in the form of field of vision cuts, loss of vision, convergence issues, cortical visual impairment, etc.
 - **Deaf or Hard of Hearing:** Students with BRAIN INJURY may have hearing difficulties, especially if the temporal lobe was damaged.
 - **Communication Needs:** Students with BRAIN INJURY may have difficulty with vocal loudness/pitch/rate, word retrieval, memory, understanding & using language, social/pragmatic language skills (turn taking, taking another person's perspective, social problem solving, 'reading between the lines,' etc.
 - May need assistance building communication skills to improve the ability to explain their brain injury & strengths & weaknesses to support self-advocacy.

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	<ul style="list-style-type: none"> • Assistive Technology: Students with BRAIN INJURY often benefit from low tech & high tech assistive technology aids & devices such as noise canceling headphones, slant boards, audiobooks, text to speech apps, calendar/reminder apps, visual schedules, voice generating devices, etc. The IEP team should seriously consider the need for an AT evaluation. • Behaviors: Students with BRAIN INJURY often have trouble with impulse control, self-regulation, understanding & managing emotions, low frustration tolerance, perseveration & poor decision making which can negatively impact behavior in school. Consider including FBA & Behavior Plans as needed.
<p>SECTION II Present Levels of Academic Achievement & Functional Performance Annotated IEP Reference Page Number(s) 24-27</p>	<ul style="list-style-type: none"> • CRITICAL! Document the details of the brain injury. <ul style="list-style-type: none"> ◆ Detail the areas of the brain impacted by the injury (<u>this information is found in medical records</u>) to help determine current & future performance areas of weakness. ◆ What lobes of the brain sustained damage? ◆ Were there skull fractures, brain bleeds/hemorrhages, or brain swelling? ◆ What was the severity of brain injury per the medical records & parent report? ◆ What side of the brain was injured? <ul style="list-style-type: none"> ▪ Is there resulting weakness in opposite side of body? ▪ Hand dominance? • Focus on PRE & POST Brain Injury changes in the student. Compare how performance & functioning have changed since the brain injury. • Include accurate medical history & current treatments & outpatient therapies such as Vision, Vestibular, Speech, Physical, or Occupational therapies. • Medications: List current medications & side effects which could impact learning.

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- **Academic Achievement:** Include pre- & post-injury academic data to show how brain injury has impacted learning.
- **IDEA TBI Categories of Change that the School Must Consider:** Include detailed information & data regarding current functioning in all the following areas:
 - ◆ cognition,
 - ◆ memory,
 - ◆ attention,
 - ◆ reasoning,
 - ◆ abstract thinking,
 - ◆ judgment,
 - ◆ problem solving,
 - ◆ sensory abilities,
 - ◆ perceptual abilities,
 - ◆ motor abilities,
 - ◆ psychosocial behavior,
 - ◆ physical functions,
 - ◆ information processing, &
 - ◆ processing speed.
- **Functional Performance:** Include safety issues related to physical, emotional, & social abilities that may be of concern. Consider communication needs (see above) including social skills & social cognition, as well as executive functioning skills. The Vineland-3 standardized assessment is helpful to determine current function.
 - ◆ Evaluations such as the BRIEF2 Executive Function checklist for student, parents, & teachers are important data collectors after a brain injury, as executive functions are vulnerable to disruption after even a mild brain injury.
 - ◆ TBI Informal Checklists are also useful.

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	<ul style="list-style-type: none">● Parent Concerns: It is imperative to include parent information regarding challenges & function in the home & community settings. Students with brain injury often hide or mask symptoms or challenges in the school setting.● How does Brain Injury affect involvement/progress in general education curriculum: Focus on the many things that the student is doing well & the progress the student has made. Recovery from a BRAIN INJURY is often a slow process & can feel very defeating to the student. Acknowledge all strengths & provide positive feedback.
<p>Section III Transition Services Annotated IEP Reference Page Number(s) 28-33</p>	<ul style="list-style-type: none">● Students are followed annually by BrainSTEPS until graduation.● BrainSTEPS can provide information on transition including supports & funding sources which may be available.● Post-Secondary Transition: Students referred to BrainSTEPS are followed annually through graduation. BrainSTEPS team can assist in transition planning. Be certain that a student is referred to OVR at age 14. Make the parent/team aware that BrainSTEPS can provide resources for funding & supports post high school graduation.<ul style="list-style-type: none">◆ Does student need executive functioning support?◆ Prepare for high school transition by teaching the student skills to support self-advocacy.<ul style="list-style-type: none">▪ Focus on goals around self-awareness of strengths & brain injury-imposed deficits● Post-Secondary education & training goal(s): Students with BRAIN INJURY often require direct instruction for developing executive function skills such as planning, organizing, maintaining a schedule, working through unexpected change, etc. Consider goals to increase student knowledge about supports that may be available post-secondary such as advanced scheduling, tutoring, support groups, etc.

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	<ul style="list-style-type: none">• Students with BRAIN INJURY often need support for independently utilizing Executive Functioning skills such as planning, organizing, decision making, & using judgment.• Identify goals that support the student’s interests & motivation to gain skills needed for post-secondary life such as driving, managing a schedule, self-advocacy & problem solving.• Plan to use the student’s interests & motivation to gain skills needed for employment:<ul style="list-style-type: none">◆ (e.g., Sophie wants to go to work in a bank & needs transportation; therefore, she needs to obtain her driver’s license.)• Independent Living: Students with BRAIN INJURY may need support for life skills, even if they have high grades or function well in other areas. Often skills are scattered with strengths in some cognitive areas that are needed for higher education, but daily management skills are compromised. It is important to plan for splinter skills, strengths & weaknesses.• Target skills that are motivating to the student:<ul style="list-style-type: none">◆ (i.e., Tyler wants to get an apartment; therefore, he needs to be able to pay bills, grocery shop, cook, do laundry, etc.)
<p>Section IV Participation in State & Local Assessments Annotated IEP Reference Page Number(s) 34-42</p>	<ul style="list-style-type: none">• Students with medically documented BRAIN INJURY (including concussion) may be excused from state & local testing if injury occurred within 2 weeks of testing date.• Consider the student’s needs in areas such as: fatigue, endurance, pain management, memory, slow processing speed, speech/word finding, vision issues, fine motor needs, etc. Also, consider if medically excusing the student is appropriate as testing may result in increased symptomology & cognitive/emotional setbacks.• Students with Brain Injury may need testing accommodations to help with vision issues, memory, fatigue, pain management, & sensory issues during testing.

Section V

Goals & Objectives

Annotated IEP Reference Page

Number(s) 43-46

- Consider the student’s needs in areas such as:
 - fatigue, endurance,
 - pain management,
 - memory,
 - slow processing speed,
 - speech/word finding,
 - vision issues,
 - fine motor needs, etc.
- Sample IEP Goals for students with Brain Injury can be found under “IEP for Brain Injury” in the BrainSTEPS Google Drive
- Curriculum suggestions - Direct Instruction programs (such as SRA Reading, SRA math) is one of the few validated instructional practices for kids with TBI)
- Students with BRAIN INJURY often require accommodations to help with vision, memory, fatigue, pain management, & sensory issues during testing.
- Students with BRAIN INJURY often require a multi-modal approach to learning that involves visual, auditory & kinesthetic input. They may also require frequent review of previously learned material & repetition. Students with BRAIN INJURY benefit from consistency & from utilizing strategies within the provided curriculum. Direct instruction on use of compensatory strategies & specially designed instruction is often necessary. Consider the need for instruction in effective study, memory, social & self-regulation strategies.
- Students with BRAIN INJURY often require multiple IEP revisions during the first few years post injury as they experience changing physical & cognitive needs. IEP objectives may be met quickly or require frequent revisions to support progress. For

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this reason, it may be more practical to have fewer goals that are revised frequently as they are met at first if the student is not far post-injury.

Section VI

Special Education/ Related Services/
Supplementary Aids & Services/
Program Modifications
Annotated IEP Reference Page
Number(s) 47-57

- Students with Brain Injury may require flexible scheduling (shortened days, alternating days, late start, early dismissal, selective scheduling) due to physical & cognitive challenges &/or medication changes.
- Students may require direct one-to-one paraprofessional support after brain injury for ongoing cueing & reinforcement of new concepts.
- Students may also need scheduled breaks throughout the day to allow brain rest without any cognitive demands. Avoid breaks during scheduled therapies (OT, ST, PT).
- **Modifications & SDI** should be reviewed frequently as students' needs change during the recovery process.
- **Related Services:** BrainSTEPS team consultation may be written into the IEP i.e., "[Consult with student & teacher 1x per month](#)". Consultation may include adjusting student's workload/schedule, providing strategies for learning, assistive technology considerations, sharing brain injury resources, etc.
- Important points to consider after Brain Injury:
 - Removal of environmental distractions
 - Visual directions
 - Task Analysis- should be linked to an actual IEP goal
- **Supports for School Personnel:** [Professional development on all aspects of brain injury for teachers/school personnel can be provided by the BrainSTEPS team.](#) The

school team must plan for transitions (grade/building/teacher changes) & train new teachers on student's specific brain injury prior to the next academic year. This provides continuity of programming for the student. BrainSTEPS teams are available throughout the school year to assist school personnel with strategies to address the student's changing needs & performance.

- **Extended School Year (ESY):** For some students, interruptions in the school schedule such as summer break may result in loss of basic skills. In addition, students may take a much longer period to regain these lost skills than their peers without disabilities. Extended school year services are designed to prevent such loss of skills.
- Students with BRAIN INJURY often benefit from ESY due to need for repetition, memory difficulties, high levels of fatigue, etc. The team should consider the fact that the learner's academic trajectory was disrupted because of the BRAIN INJURY. Many students with BRAIN INJURY have difficulty accessing & retaining previously learned information. The team should consider that the first few years following a brain injury provide a critical learning period for the student that should be fully maximized.

ESY Questions to Consider: (Eagan-Johnson & Lockovich, 2023):

1. Regression: Does the student revert to lower-level of functioning (skills or behaviors) after an interruption to school programming, such as during summer break or even weekend breaks?
2. Recoupment: Can the student regain the regressed skills in a reasonable amount of time, or does it take them longer than their peers?
3. Regression/Recoupment: Do difficulties with regression & recoupment make it unlikely that the student will maintain current skills?
4. Mastery: Would interruption of educational programming impact mastery of important skills?

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	<ol style="list-style-type: none"> 5. Self-sufficiency & independence: Are the IEP goals crucial to the student’s self-sufficiency & independence from caretakers? 6. Successive interruptions: Will successive interruptions in programming results in a student’s withdrawal from the learning process? 7. Severity of disability: Is the student’s disability severe? <ul style="list-style-type: none"> • Extended school year may include services such as itinerant teacher instruction, related service provider services; services contracted through community or outside agencies; take home programs; consultation; staff training; & parent training (Eagan-Johnson & Lockovich, 2023).
<p>Section VII Educational Placement Annotated IEP Reference Page Number(s) 58-65</p>	<ul style="list-style-type: none"> • Students with brain injury benefit from appropriate peer models to learn or relearn how to act in social situations. Include opportunities for social interaction with typical same aged peers. Look beyond the student’s current appearance & abilities. Many students with BRAIN INJURY change dramatically if provided with appropriate challenges. • Types of special education supports: Students with BRAIN INJURY may require support in multiple areas. • Provide consideration for placement of students with brain injury. Most students benefit academically, socially & emotionally from being included with same aged peers in typical settings rather than in self-contained classrooms.

References:

Eagan-Johnson, B., & Lockovich, M. (2023). Special Education Law & Practices for the Pediatric Life Care Planner. In Life Care Planning & Case Management Across the Lifespan. (pp. 853-882). Routledge.