

Practices for the Documentation of and Accommodation of Students with Traumatic Brain Injury/Acquired Brain Injury

Federal and State law¹ and University of California policies² require the University to provide reasonable accommodation in its academic programs to qualified³ students with disabilities, including students with Traumatic/Acquired brain injury.

The University is committed to providing reasonable accommodations appropriate to the nature and severity of the individual's documented psychological disability in all academic programs, services, and activities. In defining a disability as primarily psychological in nature, these Practices consider the definition of mental disorders as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or International Statistical Classification of Diseases and Related Health Problems (ICD-10).

I. DEFINITION OF TRAUMATIC/ACQUIRED BRAIN INJURY.⁴

Traumatic Brain Injury (TBI) is a subset of the larger group, Acquired Brain Injury (ABI). Acquired Brain Injuries include all traumatic brain injuries, in addition to non-traumatic brain injuries. A traumatic brain injury (TBI) involves a disruption of normal brain function, or other evidence of brain pathology, as a result of exposure to an external physical force. TBIs may have mild to profound effects on physical, psychological, emotional, and/or social functioning. Some examples of TBI's include: Closed or Open Traumatic Brain Injury, Concussion, and Post-Concussive Syndrome. Non-traumatic ABI is an injury to the brain that has occurred after birth, which is not hereditary, congenital, degenerative, or induced by birth trauma. Examples of non-traumatic ABI's include injuries caused by stroke, tumors, infectious diseases that affect the brain (i.e. meningitis), or lack of oxygen supply to the brain (i.e. heart attack).

II. DOCUMENTATION OF TRAUMATIC/ACQUIRED BRAIN INJURY.

Professionals conducting assessments, rendering diagnoses of TBI/ABI and making recommendations for accommodations must be qualified to do so. The evaluator must personally examine and evaluate the student. Comprehensive training and relevant experience in differential diagnosis and the full range of cognitive or neurological disorders are essential. Qualified professionals would include a neurologist, physician, licensed psychologist, neuropsychologist and/or psychiatrist.

The name, title, and professional credentials of the evaluator – including information about license or certification as well as employment, and state or province in which the individual practices should be clearly stated in the documentation. All reports should be on letterhead, typed, dated, signed and otherwise legible.

Documentation for TBI/ABI must be current and reflect current functional limitations. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be required. The submitted functional profile should reflect the capacities of the test taker in a time frame that is relevant to the higher education experience. SDRC professional staff reserve the right to request updated or supplemental documentation on a case-by-case basis, and may consult with other professionals, as appropriate, regarding the adequacy of a student's documentation. TBI/ABI documentation must include the following:

1. **The Exact Diagnosis** (including secondary diagnoses and medical condition information), date of diagnosis, and specification of the diagnostic criteria on which the diagnosis was based (for example DSM- 5). This should include how the diagnosis was reached, including what assessment tools were used, observations, and other relevant information. This should also include evidence of alternative diagnoses or conditions that were ruled out.
2. **A Narrative.** A description of the pertinent facts regarding the TBI/ABI. This description should include the following:
 - a. Date of the injury or the onset of the condition
 - b. Details of the event that resulted in the injury/condition
 - c. Presenting symptoms and relevant hospital/rehabilitation records
 - d. Diagnosis including a discussion of dual diagnosis or relevant co-morbidity
 - e. Background information including developmental history, educational history and pre-morbid functioning
 - f. Description of current symptoms and severity of impairment
3. **Indication of decline** from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning, memory, language, perceptual-motor or social) based on interviews with significant people in the student's life (for example, parents, spouse, partner, or friends) and/or questionnaires filled out by these people.
4. Observations of the student's behavior.
5. **A summary of assessment findings and current functional limitations.** Limitation (s) imposed by the disorder can include daily life activities in various settings including academic and/or employment settings.

Note that tests of intelligence, cognition/ information-processing, and academic achievement, which may not be part of the diagnostic process itself, may be needed by a disabilities specialist to determine appropriate accommodations and services for a student with TBI/ABI. Therefore, it is recommended that educational testing be part of the evaluation process.

What Must the Comprehensive Assessment Include?⁵

Due to the complex nature of ABI, documentation may be submitted from many types of qualified medical professionals. Usually, a comprehensive assessment is also conducted (using standardized measures as a diagnostic tool). Although the specifics of the evaluation will vary according to the type and severity of the impairment associated with the injury, in general, the following components should be included:

1. **A Narrative.** SEE ABOVE
2. **Standardized Test Results** (include standard scores and/or percentiles (using age norms) for all standardized tests). It is not acceptable to administer only one test in making a diagnosis. The results of a neuropsychological/psychoeducational evaluation should include review of the following domains:
 - a. Intellectual functioning
 - b. Executive functioning
 - c. Memory
 - d. Sensory/motor abilities
 - e. Spatial reasoning
 - f. Processing speed
 - g. Emotional/ behavioral functioning
 - h. Academic functioning (i.e., measures of reading, written language, and mathematics).
3. **Description of Severity and Functional Impact.** A description of the current level of severity of the impairment resulting from the ABI as well as prognosis for recovery or chronicity of impairment. The evaluator should also provide details of the impact of the ABI on the individual's current functioning across multiple domains (e.g., academic, social, emotional, vocational, etc.).
4. **Integrative Analysis.** A detailed individualized analysis that integrates findings, historical information, and clinical impressions. The analysis should provide recommendations for accommodation including a rationale linking current functional limitations with suggested interventions.

III. ACCOMMODATIONS AND SERVICES

Each student with TBI/ABI should be provided with accommodations and services that are appropriate to the student's disability-related academic needs. It is the responsibility of the SDRC to determine whether the student is eligible for services and, if so, provide appropriate accommodations and services based on the documentation provided and in consultation with the student and other professionals, as appropriate. It is the responsibility of students who seek accommodations and services from the University of California to provide comprehensive written documentation of their disabilities. With the informed consent of each student, an appropriate and qualified member of the SDRC may contact the professional(s) who made the diagnosis, requesting further information in order to determine the most appropriate and reasonable accommodations.

References

¹Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2012 are the pertinent Federal laws. For pertinent State law, see Chapter 14.2, Section 67310 of the California State Education Code.

²University of California Policies Applying to Campus Activities, Organizations and Students, Section 140 (Guidelines Applying to Non-discrimination on the Basis of Disability).

³“Qualified” with respect to post-secondary educational services, means “a person who meets the academic and technical standards requisite to admission or participation in the education program or activity, with or without reasonable modifications to rules, policies, or practices.”

⁴Office of Disability Policy: Educational Testing Service. *Documenting Traumatic Brain Injury*. See https://www.ets.org/disabilities/documentation/documenting_traumatic_brain_injury/

⁵Association of American Medical Colleges. *An Overview for Applicants: What does my Evaluator Need to Do? Documenting Acquired Brain Injuries (ABI), such as Post Concussive Syndrome (PCS), Traumatic Brain Injury (TBI), or other related cognitive disorders*. See https://aamc-orange.global.ssl.fastly.net/production/media/filer_public/69/16/6916fbd2-7eeb-40d4-99cc-afc282ea11b0/evaluation_requirements_abi.pdf