

Connecticut College
Office of Student Accessibility Services
Documentation Guidelines

Traumatic Brain Injury
(Concussions are considered temporary conditions-contact Health Services)

Important note to students who were on an IEP or 504 in high school:

*Please note that there are differences between the laws that govern accommodations in K-12 Education, which emphasize student success, and those that apply to postsecondary education, which emphasize equal access to educational opportunities. Because of these differences, you may not qualify for the same accommodations you received in the past in a different educational setting. Additionally, because of these differences, **an Individualized Education Plan (IEP) or 504 Plan are not sufficient documentation of a disability or the need for accommodations in higher education.***

Students requesting accommodations, auxiliary aids, and/or services based on a diagnosis of Traumatic Brain Injury, are required to submit documentation from an appropriately qualified professional who verifies the presence of a condition that rises to the level of a disability and confirms the need for reasonable accommodations based on the diagnosed condition. The professional conducting the assessment must be considered qualified to evaluate and diagnose TBI. Comprehensive training and relevant experience with adolescents and adults with TBI is essential. Traumatic Brain Injury (TBI) involves the disruption of normal brain function as a result of exposure to an external physical force. Every TBI is unique and the student may also experience co-morbid diagnoses. Due to the complexity of TBI, the documentation must be current (within 6 months) to establish current functional limitations. The professional conducting the assessment must be an impartial individual who is not a family member nor in a dual relationship with the student.

1. The evaluating professional will need to provide a Diagnostic Report:

- ☐ Typed on letterhead
- ☐ Includes the date(s) of assessment and date of report
- ☐ Signature of the evaluating professional, their name, title, and professional credentials
- ☐ Include a clearly stated DSM-V or ICD-11 diagnosis and date of diagnosis

2. The Diagnostic Report must also include the information listed below:

- **Diagnosis:** The evaluation must include a clear, diagnostic statement identifying the traumatic brain injury with supporting detailed descriptions and objective data.
- **Assessment**
 - ☐ A summary of assessment procedures & evaluation instruments used to make the diagnosis
 - ☐ A summary of present conditions and the date of the most recent evaluation
 - ☐ Description of current as well as residual symptoms, including their frequency, intensity, duration in various settings and activities
 - ☐ Detailed medical information in narrative form relating to the individual's history of presenting symptoms (date and cause of injury)
 - ☐ ***Results of neuropsychological or psychoeducational assessments (required for academic accommodations) ***
- **Current Status:** The evaluation must contain information about the assessment procedures and evaluation instruments that were used to make the diagnosis as well as a summary of the evaluation results including standardized scores, if applicable. The evaluation should address the following domains:
 - ☐ Memory
 - ☐ Attention
 - ☐ Speed of thinking/processing
 - ☐ Communication/language
 - ☐ Spatial reasoning
 - ☐ Conceptualization
 - ☐ Executive functioning
 - ☐ Psycho-social behaviors
 - ☐ Motor/sensory/ or physical abilities
- **Impact or functional limitation**
 - ☐ Current, functional limitations of the condition in an academic setting
- **Treatment/Therapy**
 - ☐ Information regarding current treatment
 - ☐ Medications being used and side effects of medications
 - ☐ Accommodations/auxiliary aids, and services currently prescribed or in use as related to the functional limitations previously stated.
- **Suggestions or recommendations** - The evaluation should include recommendations for reasonable accommodations that might be appropriate at the postsecondary level. These recommendations should be directly supported by the diagnosis and the significant impact/functional limitations of the disorder.