

Division of Psychological Services
REQUEST FOR ASSISTANCE
for
TBI and SCHOOL NEUROPSYCHOLOGICAL EVALUATION

STUDENT: _____ **Student ID:** _____

SCHOOL: _____ **D.O.B.** _____

CONTACT PERSON: _____

REFERRAL INFORMATION

Teacher Observations

Non-TBI cases - 2 teacher observations

TBI cases

TBI Pre-injury observation(s) completed by school staff

TBI Post-injury observation(s) completed by school staff

TBI Pre/Post-injury observations completed by parent

Baseline academic data - Work samples, standardized test scores, alternative assessments (DIBELS, DRI, SRA)

Required activities for a TBI and School Neuropsychological Evaluation request:

Interventions/strategies attempted and duration

Request for Evaluation form

Completed Mutual Exchange of Information

Signed/dated Consent for Evaluation

Full speech-language evaluation

Social history

Adaptive behavior measure (SIB-R)

Functional vision exam/vision clearance

Motor status information (PT/OT services if applicable)

Current/Prior ESE information (if applicable)

IEP

FAB/BIP

Psychological(s)

Other

Medical information

Medical documentation from hospital/treating facilities

Completed Report of Medical Examination form (non-TBI)

*Report of Medical Examination for TBI is to be coordinated through
Karen Taylor-TBI contact

School Psychologist: _____ **Date forwarded:** _____