

## Medical Opinion for Traumatic Brain Injury

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please return to:

Person Requesting:	
School:	Phone:
Address:	Fax:

*The remainder of this form is to be completed by the physician. All responses are confidential and will be used as part of an evaluation for educational services.*

Physician Name:	Practice Name:
Address:	Phone Number:

A comprehensive medical evaluation has been completed on this student and he/she has the following diagnosed traumatic brain injury (The ideal information to include in this area would be the ICD coding and descriptor):

\_\_\_\_\_

\_\_\_\_\_

How does this brain injury impact development, school behavior, and/or learning:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See below for the definition of Traumatic Brain Injury (TBI) from the Michigan Administrative Rules for Special Education.

*Rule 340.1716 "Traumatic Brain Injury" means acquired injury to the brain which is caused by an external physical force and which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairment in 1 or more of the following areas: (a) Cognition. (b) Language. (c) Memory. (d) Attention. (e) Reasoning. (f) Behavior. (g) Physical functions. (h) Information processing. (i) Speech. (2) The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.*

After considering the student's condition in relationship to the definition of TBI please complete the following statement.

In my opinion, this student:

- meets the definition of Traumatic Brain Injury
- does not meet the definition of Traumatic Brain Injury

After considering the permanency of this student's brain injury please check the statement that describes the situation:

- This injury is considered to be a permanent disability that is unlikely to change significantly over time.
- This injury is subject to improvement over time (**not** considered to be a permanent disability at this time).
- This injury is subject to deterioration over time.
- The long term prognosis of this injury is unknown at this time.

Any other information on this student which would be helpful (e.g., medications/dosage, limitations, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Position:  Neurologist    Pediatrician    Family Physician    Other Approved Physician as defined in 1978 PA 368, MCL 333.1101 et seq.