

Traumatic Brain Injury Screening Tool

Student's Full Legal Name Date of Birth Age

School Teacher Grade

Parents/Legal Guardians Relationship

Residence Street Address State City Zip Code

Mailing Address City Zip Code

Home Phone Work Phone Cell Phone

Date of Injury Cause of Injury Date of TBI Documentation

Was there a loss of consciousness or a coma? Yes No
If yes, for how long _____

Date of record review and relevant information

Date of parent interview and relevant information

Date of teacher interview and relevant information

Source: John Woodland, MA, NCSP, is a School Psychologist and an Oregon TBI Team Member. Funding for www.tbied.org was provided in part through a grant from Oregon Department of Education and the Center on Brain Injury Research and Training at Teaching Research Institute-Eugene, a division of Western Oregon University.

Has there been a change in grades pre and post injury? Yes No

Has there been a change in behavior pre- and post-injury? "Yes "No

Is there a need for further evaluation? "Yes "No

Name of Screener: _____

Date of Screening: _____

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