



# BRAIN AND SPINAL INJURY CENTER

San Francisco General Hospital  
University of California at San Francisco

*“Advancing Health Worldwide in Brain and Spinal Injury”*

[www.brainandspinalinjury.org](http://www.brainandspinalinjury.org)

---

## Planning School Reintegration for a Child with TBI

---

*by Jean L. Blosser, Ed.D. and Roberta DePompei, Ph.D.*

Public Laws 94-142, 99-457, and 101-476 are examples of federal legislation that have assigned families and educators equal responsibility for participation in planning educational programming for students with traumatic brain injury. The family’s role need not be limited to planning activities. Families are encouraged to accept equal responsibility for implementing the educational program as well.

This article emphasizes the meaningful involvement that families of children with traumatic brain injury (TBI) can have in the educational planning process. It makes specific recommendations of steps families can take. These steps can help parents ensure that their child’s transition to the school setting following physical recuperation is effective and efficient.

Families may help set the tone and climate for establishing a partnership with school personnel by informing educators of their desire to participate as *equal* team members in the collaborative planning process. This should be done in a spirit of cooperation and collaboration, rather than in an adversarial manner.

If special placement or instructional strategies are necessary in order to meet a child’s needs in the school setting, the family and school personnel must work together to establish an *individualized educational plan*. This is referred to as the *IEP* for school aged children and an *IFSP (individualized educational family service plan)* for preschool children. One or two meetings will be necessary to develop the plan. The meetings should be attended by key people who have knowledge of the child’s needs, instructional strategies appropriate for children with TBI, and the educational opportunities and resources available in the district. At the least, this would include a family member, a school administrator, one or more teachers, and one or more special educators. The family may also wish to include a rehabilitation or medical specialist familiar with their child’s medical and learning problems.

Families may expect educators to bring test results and recommendations for class placement, academic modifications, and ideas of appropriate instructional strategies to the planning meetings. Families should prepare for meetings in

advance, just as the education team does. They can prepare by gathering pertinent information about their child based on medical records, educational history prior to the injury, and rehabilitation reports from speech-language pathologists, occupational therapists, and physical therapists. It is also wise to prepare a list of the family's observations, interactions, experiences, intuitions, expectations, and goals for their child. Be prepared to discuss the following four topics during planning meetings:

**Topic 1: The nature of the child's traumatic brain injury (TBI), the resulting impairments, and the effect the impairments may have on learning and social performance.**

Increase the education team's understanding of TBI and the child by discussing the topics listed below. This information can be obtained from written reports and discussion with healthcare, education, and rehabilitation professionals who have worked with your child:

- The extent of the child's injury
- The current medical, social, behavioral, and cognitive-communicative status of the child
- Residual strengths and weaknesses
- Functional skill areas that are impaired, and how they will affect classroom performance.

Rehabilitation professionals often write reports that describe the extent of the child's impairments without considering the educational situation. Ask for direct information about how each noted problem may affect performance in the classroom setting. For example, a report that says a child has slow processing time is not as helpful as one that says *the child may need extra time to complete homework assignments or to answer a question in class because of slowed information processing abilities.*

**Topic 2: The family's expectations and goals for the child, and their anxieties and concerns regarding school placement, the academic program, and special services.**

Inform the educational planning team of your family's anxieties and concerns regarding the child's school placement, academic program, and therapy services. Be sure the following topics are covered:

- The family's highest expectations for the child
- Ideas for how personnel and educational programming appropriate for the child's needs might be selected
- Descriptions of how the injury has affected the child, the family, and the future plans of all.
- The family's level of experience with the special education system

- Contributions the family can make to implement the education process
- Other family problems and pre-existing situations that may affect the school reintegration plan
- Ideas regarding the type of special and support services needed and how much therapy (physical, occupational, speech/language) might be necessary within the school day

Be sure to understand that therapy must be based on educational needs and that therapies cannot usually continue at the levels that medical and rehabilitation settings provide (for example, physical therapy twice daily). Recognize too that therapy may take away from valuable classroom and social time for the child. Discussion regarding the best *overall* plan for education should bring a compromise for all services.

Be prepared to discuss the family's interest and capabilities for working collaboratively with the school. Express willingness to assume a share of the responsibility for implementing the IEP or IFSP. Be willing to volunteer to carry out assignments and practice instructional strategies that are recommended at the planning meetings. Clarify the specific role all individuals are ready to take. Encourage the team to provide you with information, resources, and materials that will help you execute your responsibilities.

Various family members may be willing or unwilling to participate in implementing recommendations made during the IEP process. Some family members may have unique skills or talents that enhance their participation. Others may be limited in their ability to participate because of personal reasons or constraints. Family members who cannot take on responsibilities should say so clearly, to avoid misunderstandings with the education team members later.

### **Topic 3: Resources and teaching strategies necessary to help the child reach maximum potential.**

Encourage discussion of strategies and resources that are known to benefit students with TBI. Education team members, while perhaps not familiar with the special needs of children with TBI, are more that capable of adapting leaning tasks within a classroom. They are experts at employing various teaching techniques. By knowing the techniques that have been helpful with the child in other situations, educators can make needed accommodations within their classrooms. Sharing resources among family and education team members may help develop the appropriate approach for the child. A list of topics that may stimulate discussion in this area appears at the end of this article.

**Topic 4: The structure of the local school district, the district's capabilities for providing needed services, and the procedures for making inquiries, expressing needs, and accessing services.**

Learn how the educational system works, including special education requirements, placement, and planning. This information can be obtained from principals, school psychologists, or special education directors in your school district, or from regional special education resource centers that are designated in every state. Each state department of special education also has a pamphlet explaining the IEP process that it will mail free of charge upon request.

Families cannot expect to participate equally in the reintegration process without this information. If you have questions regarding the placement and planning processes, write them down so that they may be asked at the IEP meeting. A checklist appears at the end of this article that educational teams and families may use when preparing for transition to school and for inclusion of the child in all school opportunities.

**Summary**

As family members, you can play a pivotal role in planning for your child's school reintegration. You have important information about your child that will be beneficial in making decisions about placements and for implementation of appropriate educational intervention. You can play a key role in the process and be valued, welcome team members.

---

## Sample Teaching Strategies for Students with TBI

---

*by Jean L. Blosser, Ed.D. and Roberta DePompei, Ph.D.*

1. Work with the student in small group settings to enable individualized attention.
2. Supplement written instructions with written explanations.
3. Present information and new concepts slowly; allow adequate time for auditory and visual processing.
4. Avoid abstract language (such as sarcasm, puns, idioms) when delivering important instructions.
5. Assign simple, short, repetitive activities when teaching new concepts.
6. Repeat instructions more than once.
7. Provide a wh-question to structure reading comprehension activities.
8. Redefine important vocabulary words and terminology
9. Accompany homework assignments with written instructions and examples of how to complete tasks. For example use a “sun diagram” indicating the assignment in the center. Indicate “who” made the assignment, “when” it is due, and “where” to submit it on the “rays”
10. Select a responsible student as a “classroom buddy” to assist the student when confused or experiencing problems.
11. Permit the use of tape recorders, calculators, typewriters, and computers.
12. Develop systematic methods for maintaining organization and following classroom routines.
13. Arrange an extra study period with a designated staff member. The staff member can help introduce new concepts or practice tasks on a tutorial basis.
14. Stress problem-solving processes and functional strategies.
15. Structure the classroom environment to accommodate specialized needs: reduce visual or auditory distractions or required mobility.
16. Encourage discussion of problems. Schedule periodic times throughout the day for emotional expression and rest.
17. Incorporate the student into activity groups, and encourage participation in extracurricular programs to facilitate age appropriate socialization.
18. Find personnel who are willing to understand and make efforts to assist the student when needed.
19. Develop active-learning situations in which students learn through participation.
20. Develop independence by having students monitor their performance through charting, self-instruction, and self-talk.



# BRAIN AND SPINAL INJURY CENTER

San Francisco General Hospital  
University of California at San Francisco

*“Advancing Health Worldwide in Brain and Spinal Injury”*

[www.brainandspinalinjury.org](http://www.brainandspinalinjury.org)

---

## Returning to Play Progression

---

**Baseline (Step 0):** As the baseline step of the Return to Play Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. *Keep in mind, the younger the athlete, the more conservative the treatment.*

**Step 1:** Light Aerobic Exercise The Goal: only to increase an athlete’s heart rate. The Time: 5 to 10 minutes. The Activities: exercise bike, walking, or light jogging. Absolutely no weight lifting, jumping or hard running.

**Step 2:** Moderate Exercise The Goal: limited body and head movement. The Time: Reduced from typical routine The Activities: moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting.

**Step 3:** Non-contact Exercise The Goal: more intense but non-contact The Time: Close to Typical Routine The Activities: running, high-intensity stationary biking, the player’s regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

**Step 4:** Practice The Goal: Reintegrate in full contact practice.

**Step 5:** Play The Goal: Return to competition

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.