Trenholm State
COMMUNITY COLLEGE

DOCUMENTATION GUIDELINES

TRAUMATIC BRAIN INJURY

Students requesting accommodations because of a traumatic brain injury (TBI) or brain insult must provide documentation by a qualified professional, a person who is licensed or otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought. Documentation must provide evidence of a disability, and the evaluation must have occurred after the student reached the age of 13.

A school plan such as an IEP or 504 Accommodation Plan is insufficient documentation without the background information from which the plan was written. Clinical chart notes and/or printed electronic records from the provider's patient portal are also insufficient. Testing instruments normed for use with adults are preferred. A history of accommodations does not in itself warrant the provision of similar accommodations at Trenholm State Community College. The final determination of appropriate and reasonable accommodations rests with Trenholm State Community College.

1. **NEUROPYCHOLOGICAL EVALUATION**
   The assessment must address the areas of attention, visuoperception/visual reasoning, language, academic skills, memory/learning, executive function, sensory, motor and emotional status. Data should include standard scores and percentiles.

2. **EVIDENCE OF CURRENT IMPAIRMENT**
   Documentation should discuss history of the individual's presenting symptoms and evidence of behaviors that significantly impair functioning.

3. **DIAGNOSTIC INTERVIEW**
   Must contain self-report and third party information pertaining to:
   (a) developmental history
   (b) family history
   (c) learning or psychological difficulties
   (d) relevant medical history
   (e) a thorough academic history

4. **EVIDENCE OF ALTERNATIVE DIAGNOSES/EXPLANATIONS OF RULE OUT**
   The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, learning, behavioral, and/or personality disorders that may confound the diagnosis. Records of academic progress prior to the onset of the TBI must be reviewed to substantiate that the current level of functioning is a direct cause of the brain injury (i.e., that function has changed because of the injury).

5. **DIAGNOSIS**
   Include a specific statement of diagnosis, as well as the corresponding DSM-V code.

6. **CLINICAL SUMMARY**
   Must address:
   (a) The substantial limitations to major life activities posed by the disability.
   (b) A description of the extent to which these limitations would impact the academic context for which accommodations are being requested.

7. **ADDITIONAL REQUIREMENTS**
   (a) All reports must be in narrative format, typed, signed by the diagnosing clinician, and must include the names, titles and professional credentials of the evaluators as well as the date(s) of testing.
   (b) Documentation must be submitted on the official letterhead of the professional diagnosing the disability.