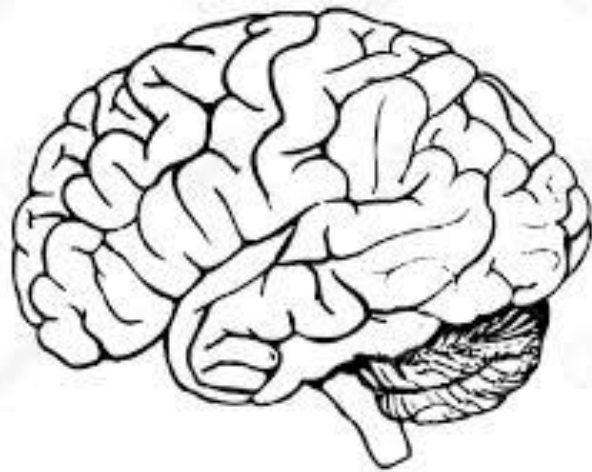


Intake for ABE Students who have had a Stroke or Traumatic Brain Injury



Using this Guide

Thank you for contacting PANDA- Minnesota ABE Disability Specialists. This guide is intended to help your organization plan for enrolling students with special needs related to stroke or brain injury. Begin this process before the student meets with you so you are prepared and confident. If you have already identified a student with a brain injury in your program this document can help guide you in creating a plan to accommodate the student's needs. The first section of the guide is to inform your program about services available. The second section is a questionnaire for you to use with the student to gain more information about their needs and how to best accommodate them in class.

Resources for Students with Brain Injury

- 1. Classes for Stroke and Brain Injury Survivors, Robbinsdale Adult Academic Program, Crystal Learning Center, Crystal, MN.** This program is the primary site to refer students in the metro area. It serves individuals who have had a stroke or brain injury and who want to re-learn academic skills, improve confidence to gain lost abilities and connect with others that have similar challenges. The program provides academic instruction in reading, writing and math and the teacher is a Certified Brain Injury Specialist. To learn more about these classes, contact the Robbinsdale Adult Academic Program at: 763-504-8100. <https://ced.rdale.org/adult/stroke-brain-injury-recovery-class>
- 2. PANDA's Disability website** has a chapter about brain injury, which includes general information, classroom strategies, instructional strategies, resources and much more. Please read the chapter to become better informed about brain injury and student needs at <https://pandamn.org/brain-injury/brain-injury-overview/>. Contact PANDA to make them aware that you have a student with brain injury at 763-504-4095, or email at panda@rdale.org. PANDA can inform you about the possibility of receiving low incidence disability aid through the Minnesota Department of Education Adult Basic Education. Upon approval your program could receive an elevated per pupil rate for the student. Contact PANDA staff with any questions and adaptive equipment needs.
- 3. The Minnesota Brain Injury Alliance** provides support to Minnesotans affected by brain injury. There is a free resource facilitation which is a statewide telephone service that provides those affected by brain injury support in transitioning back to work, school and the community. Interpreter services are available for non-English speakers. They also have case management for individuals who have had a traumatic brain injury.
1-800-669-6442. www.braininjurymn.org
- 4. Minnesota Department of Human Resources** Department of Human Services helps people meet their basic needs by providing or administering health care coverage, economic assistance, and a variety of services for children, people with disabilities and older Minnesotans. In the search field, type 'Brain Injury'. <https://mn.gov/dhs/>

Different Types of Brain Injury

Traumatic Brain Injuries

Traumatic brain injuries occur when an individual receives a traumatic force or hit to the head. Causes can be due to war injuries, car accidents, domestic abuse, sports injuries, or gunshot wounds to mention a few.

Non-Traumatic Brain Injuries

Non-traumatic brain injury occurs when the normal, electro-chemical action of brain cells is blocked or altered, such as stroke. Other causes can include over-exposure to toxic substances, tumors, disease, or loss of oxygen.

Common Difficulties Following Brain Injury:

- Memory
- Organization
- Attention and Concentration
- Fatigue
- Sensorimotor - sensitivity to light, sound, touch, mobility, coordination, and endurance
- Social and Emotional- hyperactivity, depression, angry outbursts or impulsivity
- Speech and Language - expressive or receptive language, stammering or slurring
- Executive Functioning - reasoning, insight, problem solving, planning or carrying out sequential activities

For more information about classroom environment and teaching strategies, please view the PANDA website: <https://pandamn.org/category/brain-injury/>

IMPORTANT

All time spent with students with brain injury should be documented in student time/attendance, including phone conversations, interviews, coordination of educational plan, assessments, counseling, meetings, etc. Determine a staff member that will be responsible for the entire enrollment process.

Overview

When meeting with a prospective student who has experienced a stroke or an acquired brain injury, allow extra time for the intake process and try to meet in a quiet or private location.

Discuss the nature of the injury, health issues that may impact teaching or learning, family or other support systems, transportation arrangements, educational goals, learning styles and challenges, and program expectations (see intake for specific questions).

You can answer questions and administer standardized tests. It is often helpful for the prospective student to bring along a family member or another support person to the intake meeting.

Entry Guidelines

The following guidelines can help ensure a good fit between the ABE program and the prospective student.

1. The student has an acquired brain injury.
2. The student acquired the injury as an adult, not as a child.
3. The student was able to read before the injury.
4. The student was not enrolled in special education classes as a K-12 student.
5. The student has a functional level that is high enough to allow the student to work independently and participate in class activities.
6. The student has a defined academic or vocational goal.
7. The student will gain an academic benefit by attending the class.

These guidelines help ensure that a prospective student who has experienced a stroke or an acquired brain injury had at least basic literacy skills before the injury and has a reasonable chance of recovering academic skills lost as a result of the injury.

Program Expectations

1. Communicate to the student that they should attend class for all the days that they are scheduled. Some students might need a reduced schedule or half days due to fatigue. Encourage the student to schedule doctor and other appointments on non-class days.
2. Discuss transportation arrangements. Will the student drive? Get a ride? Take Metro Mobility? Metro Mobility sometimes drops students off early and picks students up late. Develop a plan for how the student will be able to access the classroom or the building if they arrive before the teacher. Is there a receptionist or a member of the office staff who can let them in? Think about the best place for the student to wait for their Metro Mobility bus after class. Does the classroom have good visibility to the street, or is there a doorway or lobby with seating where the student can wait? If supervision is needed, is there a way to provide that?

3. Ensure that the student and their family members or support personnel understand that, although the program makes every effort to maintain a safe learning environment, students are not under direct supervision at all times.
4. The student must be respectful to the teacher, others in the building, and classmates. All school policies and procedures apply.

Registration Materials

In addition to the standard registration form, your ABE program can make use of a supplemental registration form that asks for health information that might impact teaching and learning (find the form on the last page).

On the first page of the supplemental registration form there are specific questions regarding the brain injury sustained by the student, as well as any other pertinent health information such as: mental health conditions, PTSD, substance abuse, vision and hearing difficulties, physical limitations, seizures, headaches, fatigue, learning disabilities, or any other condition that might also impact their learning.

Secondly, determine whether the student has a legal guardian, case worker, social worker, or independent living skills (ILS) specialist. If so, record the contact information. Ask the student to sign the consent form in order to give your program permission to communicate with the student's support network (a signed consent form is required by Health Insurance Portability and Accountability Act-HIPAA).

Student files that contain private health information should be accessible only by staff that need to know the information and should be kept in a locked filing cabinet.

Testing

TABE or CASAS tests can be used with students who have experienced a stroke or an acquired brain injury for placement and testing purposes. Testing accommodations are available. For more information about testing accommodations, please view the PANDA website:

<https://pandamn.org/category/accommodations/>

Length of Enrollment

The teacher will evaluate the student at regular intervals to ensure that they benefit from participation in the program. The decision to continue enrollment will be based on the following criteria:

1. Academic progress as measured by standardized assessments.
2. The student's attitude and effort toward making progress.
3. The teacher's determination of reasonable student progress.
4. The student's effort to follow program expectations.

The teacher and the program can make the final determination if a student may continue enrollment, but the Minnesota Adult Basic Education Student Progress Policy should be followed. Click here to access the policy: <https://pandamn.org/category/student-progress-policy/>

Student Intake Questionnaire

Student Name: _____

Date: _____

Nature of the Injury

Tell me about your brain injury: _____

What kind of brain injury did you suffer? A motor vehicle crash, fall, assault, or stroke, other? _____

What was the date of your injury? _____ How old were you? _____

What part of the brain was injured? _____

Were you in a coma? _____ For how long? _____

*0-1 hour indicates a mild brain injury;
1-24 hours indicate a moderate brain injury;
more than 24 hours indicates a severe brain injury.*

What other physical injuries did you suffer? _____

What kind of medical care and rehabilitation did you receive? _____

How does your brain injury impact you in your daily life? _____

Prior History

Were you able to read prior to your injury? _____

Did you receive Special Education services in school? _____

If so, what services did you receive? _____

Did you graduate from high school or college? _____

What was your job before your injury? _____

Are you employed now? _____

Are you able to enjoy the same kinds of hobbies, interests, or sports activities that you used to? _____

Health Issues

Do you have any of the following?

- Substance abuse
- Vision and hearing difficulties
- Physical limitations/ balance
- Seizures
- Headaches
- Fatigue

What medications do you take? _____

Family or Other Support Systems

Do you live alone or with family? _____

Do you feel like you have people who support you? _____

Do you have any of the following:

- Legal guardian? Name and contact info: _____
- Case worker? Name and contact info: _____
- Social worker? Name and contact info: _____
- Independent living skills (ILS) specialist?
Name and contact info: _____

If so, please sign the consent form that allows us to communicate with these professionals.

What other support services do you receive? _____

Transportation Arrangements and Mobility

How will you get to school? (drive, get a ride, Metro Mobility, other) _____

Are you able to attend school regularly? _____

Are there any issues that might affect your attendance, such as doctor appointments or unreliable transportation? _____

Do you need a reduced schedule due to fatigue? _____

What are the best times for you to attend classes? _____

Do you use a cane, walker, or wheelchair? _____

For safety reasons, we advise students to remain in the building during school hours. We also like to make clear that students in adult basic education programs are not supervised at all times.

Educational Goals

What are your educational or vocational goals? _____

What changes have you noticed since your injury? For example, memory loss, concentration problems, impulsiveness, fatigue (circle all that apply). Other: _____

What do you see as your challenges in education? _____

What are your strengths? _____

How do you learn best? For example, hands-on, movement. _____

Do you need extra time to complete tasks? _____

Do you need a quiet area to work in? _____

Do you have access to a computer? _____

What skills would you like to learn with technology? _____

Do you need any adaptive equipment, such as a large keyboard or adaptive mouse? _____

Can you function in a group setting and be respectful of the teacher and other students? _____

Please have student sign the Consent for Release of Information form on giving permission to PANDA staff, case worker, social worker, and/or doctor to exchange information regarding the accommodations to assist their learning (collect names and phone numbers).

CONFIDENTIAL Supplemental Registration Form

Student Name _____ **Date** _____

To learn more about you and your learning needs, please answer the following questions:

Did you ever receive special education services or given extra help in school? Yes No

Did you have an: Individual Education Plan (IEP) 504 Plan

Please circle the category of special education services you received:

Attention Deficit Hyperactivity Disorder (ADHD), Specific Learning Disorder (SLD), Developmental Cognitive Disability (DCD, sometimes called MMR), Emotional Behavioral Disability (EBD)

Circle the type of support you received: Small group instruction, one-on-one instruction, extended time on tests and assignments, modified assignments, after school help, summer school.

If other, please specify: _____

Have you ever been diagnosed with any of the following?

Mental health condition? Yes No

Circle all that apply: depression, anxiety, bipolar, schizophrenia, Post-Traumatic Stress Disorder (PTSD), substance abuse. If other, please specify: _____

Attention Deficit Hyperactivity Disorder (ADHD) Yes No

Developmental Disability? Yes No

Circle all that apply: Autism, Cerebral Palsy, Downs Syndrome, Fetal Alcohol Syndrome, Intellectual Disability, Mental Retardation. If other, please specify: _____

Visual difficulties? Yes No

Circle all that apply: vision loss, blurry vision, words move, words fall off the page, macular degeneration. If other, please specify: _____

Hearing difficulties? Yes No

Circle all that apply: hearing loss, ringing in ears, deafness.

Any physical limitations? Yes No

Circle all that apply: mobility challenges, migraines, stroke, seizures, serious illness.

If other, please explain: _____

Specific Learning Disability in reading, math or writing? Yes No

Circle all that apply: dyslexia (reading), dyscalculia (math), dysgraphia (writing).

What will help you with your learning? Circle all that apply: breaks, extra time, testing in a private room, preferential seating, one on one instruction. If other, please specify: _____

Do you have documentation of your disability? Yes No

Do you have a case worker or social worker? Yes No

Do you have a legal guardian? Yes No

CONSENT FOR RELEASE OF INFORMATION

This consent form gives staff your permission to obtain or release your Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA). You have a right to receive a copy of this form.

You may revoke this consent with a written request at any time.

Student Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Date of Birth _____

**I authorize the adult education program to release,
exchange or obtain my information from:**

Name/Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Name/Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Information to be released:

- Health Records
- School Records
- Psycho-Educational Report
- Other information or instructions: _____

Reason for releasing information: _____

Date Authorization Expires: _____

Authorization Granted By:

Signature

Date