Acquired Brain Injury (ABI/TBI)

The following guidelines are provided for evaluators, physicians, medical professionals, students, and family members to guide the process of submitting documentation to the Student Accessibility Services office (SAS) at Gateway Community College. **Please provide the information typed and on letterhead. Documentation for Acquired Brain Injury (ABI/TBI) should be comprehensive in nature and current (within two years).**

Documentation Requirement Checklist:

In order for the Student Accessibility Services office to determine eligibility for academic adjustments for a student, documentation **must** include the following information. These requirements have been provided in a clear format to follow when preparing documentation for review.

**Neuro-psychological and Psycho-educational evaluation(s):**

- A statement of medical diagnosis, type of acquired brain injury, and date of injury
- A comprehensive neuro-psychological evaluation containing assessments of intellectual, conceptual and cognitive competence, academic skills, personality status, motor facility of all extremities, sensory, perceptual and processing efficiency, visual, auditory and tactile facility, speech, language and communication ability, and evaluation of memory and attention
- A description of the presenting problems and how they might impact an individual in an educational environment
- If available, a comprehensive academic achievement test battery (including standard scores) that measures current levels of functioning in reading, comprehension, mathematics, and written/oral language
- Background History:
  - Discussion of pertinent background information including developmental, medical, psychosocial, family, and, academic histories
  - Sources of background information (i.e., parent/spouse/partner interview, review of records, self report, etc)
  - Discussion of any prior academic adjustments received (whether in high school or post secondary institution)

**Current Medications**
• List of current medication(s) including dosages and frequency
• Description of any adverse side effects or functional limitations due to medications
• Indication if evaluation was conducted while on or off medication

Recommendations
• Specific recommendations regarding academic adjustments, auxiliary aids and/or services including a rationale for each accommodation based on the individual’s identified functional limitations

Evaluator Qualifications
• Name and title, license # (if applicable), address, phone number, fax number, email address, and signature on typed letterhead

*Appropriate professionals include school and/or clinical psychologists, educational therapists, special education teachers, licensed psychiatrists, neurologists, physicians (for medical conditions), and other rehabilitation professionals. Certified/appropriate professionals cannot be family members.

The completed documentation may be given directly to the student to submit or it may be forwarded to the following address:

Gateway Community College
Student Accessibility Services S202
20 Church Street
New Haven, CT 06511

Questions can be directed to:
Phone: (203) 285-2231
Fax: (203)285-2232*

* While faxes are accepted, the Student Accessibility Services office encourages the submission of original documents whenever possible.