**COMPLIANCE VERIFICATION FORM**

**Traumatic Brain Injury**

**07-2 AAC Criteria**

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Reviewer</th>
<th>Date</th>
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<tr>
<th>Traumatic Brain Injury Evaluation Requirements</th>
<th>EVAL</th>
<th>ELIG RPT</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
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</table>

1. **Vision Screening**  P____  F_____ Follow-up_____

2. **Medical/neurological evaluation.**

3. **Individual educational achievement evaluation to serve as initial post-trauma baseline measure.**

The following information must also be included on the eligibility report:

**For Initial Evaluation**

**Prong 1**

Documentation that the child was provided appropriate instruction in regular education settings

Documentation that instruction was delivered by qualified personnel

**Prong 2**

Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction

Documentation above was provided to the parent

**At Every Reevaluation**

Documentation that instruction was delivered by qualified personnel

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Updated 11/9/10