

Traumatic Brain Injury Checklist

Trained, licensed and knowledgeable school staff such as a TBI specialist should carefully review the information obtained from this checklist. The following steps will assist in evaluating and interpreting the results.

1. Using the rating scale shown on the first page, the individual completing the checklist is asked to respond to each of the items by checking the column which best reflects the student's status. When scoring the results, the numbers are tallied for each category, and a corresponding score and percentage is calculated (see scoring sheet). Results from one or more raters can be tabulated, either individually or mathematically averaged.
2. When analyzing the tallied responses for each category, the most points possible (number on the bottom) represents the most severe and frequent occurrences of the behavior. By comparing the student's total points per category to this number and then calculating a percentage, the relative significance of the problem may be determined. A student who receives a score of 40% or more of the possible points may have a significant problem in that particular area depending upon analysis of the behaviors involved. For example, in the first section (Orientation and Attention to Activity) the total possible score is 24. If a student receives 10 or more points in this section, this total section score could be considered significant in terms of educational need for the student being evaluated. When summarizing and sharing results, consider the classroom or specific environment where the student was observed, the time of day, and the expectations of the setting and the staff.
3. Computed percentages can be plotted and displayed on the accompanying graph. This data can be visually presented in two ways:
 - Individual percentages for each category by multiple respondents; or
 - Averaged percentages.

It should be noted that the TBI Checklist is not normed or standardized as an evaluation instrument.

4. A letter template is also provided, which can accompany the TBI Checklist when requesting others to complete the questionnaire on the following pages.

Traumatic Brain Injury Checklist

Name of Student: _____ DOB: _____

Name and Role/Title of Individual Completing Form: _____

Date(s) Completed: _____ Time of Day: _____

Directions: Please rate the student's behavior (in comparison to same-age classmates) for the listed categories.

0	1	2	3	Numbers are for scoring purposes only. Please indicate frequency of each behavior by marking an X in the appropriate column.
Not at all	Occasionally	Often	Very Often	
A. Orientation and Attention to Activity				
				1. Confused with time (day of week or date), daily routine, and/or personal information (birthdate/age, address, phone, schedule)
				2. Seems to be "in a fog"
				3. Stares blankly
				4. Appears sleepy or is easily fatigued
				5. Fails to finish things
				6. Difficulty concentrating or paying attention
				7. Daydreams or gets lost in thoughts
				8. Inattentive, easily distracted
				Comments:
B. Starting, Changing and Maintaining Activities				
				1. Confused or requires prompts about where, how or when to begin assignment
				2. Does not know how to initiate or maintain conversation
				3. Confused or agitated when moving from one activity, place, or group to another
				4. Stops mid-task (math problem, worksheets, story, or conversation)
				5. Perseverates on certain topics or behaviors
				6. Gives up quickly on challenging tasks
				Comments:

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0	1	2	3	Numbers are for scoring purposes only. Please indicate frequency of each behavior by marking an X in the appropriate column.
Not at all	Occasionally	Often	Very Often	
				C. Absorbing and Retaining Information
				1. Forgets things that happened recently or on the same day
				2. Problems with learning new concepts, facts or information
				3. Cannot remember simple instructions or rules
				4. Forgets classroom materials, assignments, and deadlines
				5. Forgets information learned from day to day (may do well on daily work, but performs poorly on tests covering several weeks of learning)
				Comments:
				D. Language Comprehension and Expression
				1. Confused with idioms ("climbing the walls") or slang
				2. Unable to recall word meaning or altered meaning (homonyms or homographs)
				3. Difficulty with understanding instructions and/or requesting help
				4. Difficulty understanding complex or lengthy discussions
				5. Processes information at a slow pace
				6. Difficulty finding specific words (may describe but not label)
				7. Stammers or slurs words
				8. Difficulty fluently expressing ideas (speech disjointed, stops midsentence)
				Comments:

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Not at all	Occasionally	Often	Very Often	
E. Visual-Perceptual Processing				
				1. Cannot track when reading, skips problems, or neglects a portion of a page of written material
				2. Orients body or materials in unusual positions when reading or writing
				3. Gets lost in halls, cannot follow maps or graphs
				4. Shows left-right confusion
				Comments:
F. Visual-motor Skills				
				1. Difficulty copying information from board
				2. Difficulty with note-taking
				3. Difficulty with letter formation or spacing
				4. Slow, inefficient motor output
				5. Poor motor dexterity (cutting, drawing)
				Comments:
G. Sequential Processing				
				1. Difficulty with sequential steps of task (getting out materials, turning to a specific page, starting an assignment)
				2. Confuses the sequence of events or other time-related concepts
				Comments:

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Not at all	Occasionally	Often	Very Often	
				H. Problem-Solving, Reasoning, and Generalization
				1. Does not consider alternatives when first attempt fails
				2. Does not use compensatory strategies
				3. Has problems understanding abstract concepts
				4. Confusion with cause-effect relationships
				5. Difficulty categorizing objects or concepts
				6. Problems making inferences or drawing conclusions
				7. Can state facts, but cannot integrate or synthesize information
				8. Difficulty applying already learned knowledge to new or different situations
				Comments:
				I. Organization and Planning Skills
				1. Difficulty breaking down complex tasks into more manageable chunks (projects)
				2. Problems organizing materials
				3. Problems distinguishing between important and less important information
				4. Difficulty making plans and setting goals
				5. Difficulty following through and monitoring plans
				6. Sets unrealistic goals
				Comments:
				J. Impulse Control
				1. Blurts out in class
				2. Makes unrelated statements or responses
				3. Acts without thinking (leaves class, throws things, sets off alarms)
				4. Displays dangerous behavior
				5. Disturbs other students
				6. Makes inappropriate or offensive remarks
				7. Shows compulsive habits (nail biting, tapping)
				8. Hyperactive behavior; difficulty sitting for typical periods of time
				Comments:

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Not at all	Occasionally	Often	Very Often	
K. Social Adjustment and Awareness				
				1. Acts socially immature for age
				2. Overly dependent on adults
				3. Too bossy or submissive with peers
				4. Peculiar manners/mannerisms (stands too close, interrupts, unusually loud)
				5. Difficulty understanding social humor
				6. Difficulty with interpreting nonverbal social cues
				7. Difficulty understanding the feelings and perspective of others
				8. Does not understand own strengths or needs
				9. Does not know when help is required or how to get assistance
				10. Denies any problems or changes resulting from TBI
				Comments:
L. Emotional Adjustment				
				1. Easily frustrated by tasks or if demands not immediately met
				2. Becomes argumentative, aggressive, or destructive with little provocation
				3. Cries or laughs too easily
				4. Feels worthless or inferior
				5. Withdrawn, does not get involved with others
				6. Becomes angry or defensive when confronted with changes resulting from TBI
				7. Apathetic and/or disinterested in friends or activities
				8. Makes inappropriate sexual comments and gestures to others
				9. Unhappy or depressed affect
				10. Nervous, self-conscious, or anxious behavior
				Comments:

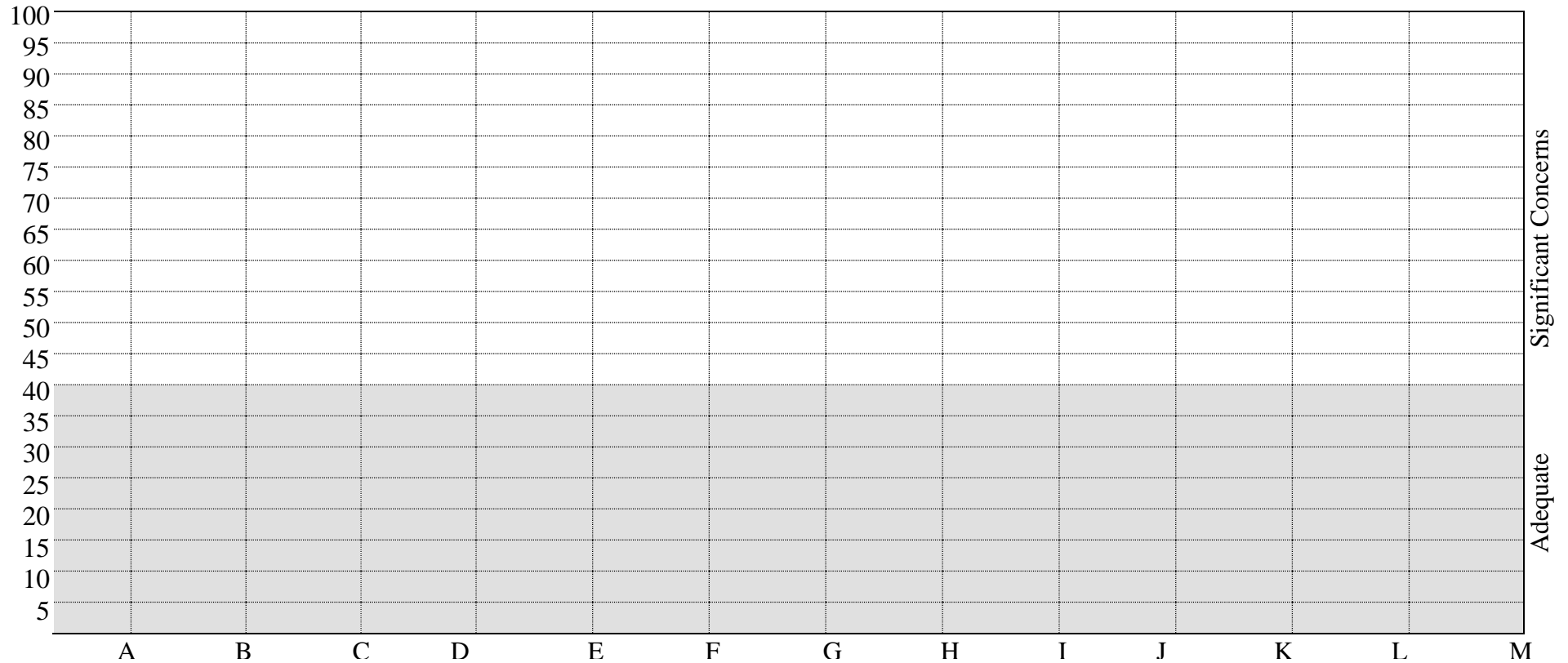
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0	1	2	3	Numbers are for scoring purposes only. Please indicate frequency of each behavior by marking an X in the appropriate column.
Not at all	Occasionally	Often	Very Often	
M. Sensorimotor Skills				
				1. Problems with smell, taste, touch, hearing and/or vision
				2. Problems with visual acuity, blurring or tracking
				3. Tactile hypersensitivity (dislikes certain textures or tactile experiences)
				4. Problems with oral motor abilities (e.g., swallowing) or fine motor/gross motor skills
				5. Poor sense of body in space (loses balance, difficulty negotiating around obstacles)
				6. Motor paralysis or weakness on one or both sides
				7. Motor rigidity (limited range of motion), spasticity (contractions) and/or ataxia (erratic movements)
				8. Difficulty with self-care activities (dressing, eating)
				Comments:
				Additional/General Comments About Student:

Traumatic Brain Injury Checklist: Summary Score Sheet

Category	40% Reference	Rater 1 %		Rater 2 %		Rater 3 %		Rater 4 %		Rater 5 %		Average %	
A. Orientation and Attention to Activity	9.6	/ 24		/ 24		/ 24		/ 24		/ 24		/ 24	
B. Starting, Changing and Maintaining Activities	7.2	/ 18		/ 18		/ 18		/ 18		/ 18		/ 18	
C. Absorbing and Retaining Information	6	/ 15		/ 15		/ 15		/ 15		/ 15		/ 15	
D. Language Comprehension and Expression	9.6	/ 24		/ 24		/ 24		/ 24		/ 24		/ 24	
E. Visual-Perceptual Processing	4.8	/ 12		/ 12		/ 12		/ 12		/ 12		/ 12	
F. Visual-motor Skills	6	/ 15		/ 15		/ 15		/ 15		/ 15		/ 15	
G. Sequential Processing	2.4	/ 6		/ 6		/ 6		/ 6		/ 6		/ 6	
H. Problem-Solving, Reasoning, and Generalization	9.6	/ 24		/ 24		/ 24		/ 24		/ 24		/ 24	
I. Organization and Planning Skills	7.2	/ 18		/ 18		/ 18		/ 18		/ 18		/ 18	
J. Impulse or Self-Control	9.6	/ 24		/ 24		/ 24		/ 24		/ 24		/ 24	
K. Social Adjustment and Awareness	12	/ 30		/ 30		/ 30		/ 30		/ 30		/ 30	
L. Emotional Adjustment	12	/ 30		/ 30		/ 30		/ 30		/ 30		/ 30	
M. Sensorimotor Skills	9.6	/ 24		/ 24		/ 24		/ 24		/ 24		/ 24	

Traumatic Brain Injury Checklist: Summary Graph



A. Orientation and Attention to Activity

B. Starting, Changing and Maintaining Activities

C. Absorbing and Retaining Information

D. Language Comprehension and Expression

E. Visual-Perceptual Processing

F. Visual-motor Skills

G. Sequential Processing

H. Problem-Solving, Reasoning, and Generalization

I. Organization and Planning Skills

J. Impulse or Self-Control

K. Social Adjustment and Awareness

L. Emotional Adjustment

M. Sensorimotor Skills

Raters:

1. _____
2. _____
3. _____
4. _____
5. _____