**DISABILITY VERIFICATION OF TRAUMATIC BRAIN INJURY (TBI)**

**Qualifications of Evaluator**

The name, title, and license/certification credentials of the evaluator should be stated in the report.  The following professionals are considered qualified to evaluate Traumatic Brain Injury (TBI): rehabilitation counselor, speech-language pathologist, orthopedic specialist, neuropsychologist and/or other specialist as appropriate who have expertise in evaluating the impact of TBI on an individual's *educational* performance.  All reports (post-rehabilitation and within one year) should be on letterhead, dated, and signed.

To determine eligibility for support services, Kentucky Wesleayn College needs specific information about the student's impairment and how this impairment constitutes a substantial limitation to a major life activity.  Toward that end, the physicians report must include the following information.

1. Clinical diagnosis based on International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM), or most current edition.
2. Date of diagnosis.
3. Last contact with individual.
4. Current treatment and medications.
5. Assessment of cognitive abilities, including processing speed and memory (post-rehabilitation and within one year).
6. Analysis of educational achievement skills and limitations (reading comprehension, written language, spelling, and mathematical abilities: post-rehabilitation and within one year).
7. Defined levels of functioning and limitations in all affected areas (communication, vision, hearing, mobility, psychological, seizures, etc.).
8. Identify the major life activities affected by this disorder such as walking, learning, seeing, hearing, sleeping, etc.
9. Is the student currently taking any medication related to the condition for which the student is asking for reasonable accommodations?  If so, please relate the impact of that medication on the student's ability to participate in an academic environment.
10. Please suggest recommendations for academic accommodations and your rationale for suggesting such accommodations.
11. Please attach any other information relevant to the individual's needs.