

Handouts for Teachers & Related Services

Use the links below to jump to a specific section.

Brainstorming Solutions Tool

To identify strengths and weaknesses in cognition, behavior, and other areas following brain injury

Strategies and Accommodations Tool for People with Brain Injury and Cognitive Changes

Used after the Brainstorming Solutions Tool to identify strategies that may be helpful

Personal Guide for Everyday Living After a Concussion/Traumatic Brain Injury (English / Spanish)

A guide to help people understand conditions that impact them after a concussion, difficult situations, and helpful strategies

Building Blocks of Brain Development

From the Colorado Department of Education

School Accommodation Examples

Sample 504 / IEP Accommodations and Modifications in the classroom for a student with a traumatic brain injury, from CBIRT.ORG. See also TNSTEP.ORG for Tennessee special education assistance for families

Concussion and Brain Injury in Students: Who Needs to Know?

Helps foster communication between the family and school. This includes all school and or community-based sport programs.

Things to Watch for Over Time





Brainstorming Solutions Tool

Person Served: _____

Date: _____

Current Challenge: (describe as completely as you can: what circumstances, what the difficulty is, what the environment is like)

What goal of theirs will solving this help them achieve? _____

Directions: Write what you know about each area. Give examples if helpful. Consider how the environment [the situation around them] impacts them. For each area, write what helps them. Fill out only the areas that make sense for this challenge or this person. After completing this Brainstorming Solutions Tool (BST), use the Strategies and Accommodations Tool (SAT) to help decide which strategies will help the person.

Abilities

Attention (consider visual, verbal, how long the person can pay attention)	
Memory Storage (consider visual, verbal, ability to learn new information, remembering short term or long term)	
Memory Retrieval (what helps the person to pull information out of their memory)	
Processing Speed (how fast or slow does someone need to talk for the person to best understand)	
Initiation (is the person able to start things on their own or do they need help getting started)	
Awareness (does the person know they have a problem with something, do they know when it is happening, can they predict when it will happen)	
Impulse Control (can the person stop themselves from doing or saying something)	

Flexibility (does the person get stuck on a word, thought or behavior or can they easily shift)	
Understanding Language (does the person have difficulty understanding when it's too fast, too complex, too long)	
Speaking (how well does the person convey their ideas, do they speak clearly, do they have trouble finding words)	
Organization (how well does the person organize their things, their room, their workspace)	
Planning (is the person able to plan their task, their day, their week; can they make a plan to solve a problem)	
Problem Solving (how well the person can think of multiple solutions to a problem and decide on best solution given evidence)	
Judgement (does the person make safe decisions in the home, at work, in the community)	
Vision (how well does the person see, do they have blurry or double vision, do they need glasses)	
Hearing (how well does the person hear, do they have or need aides, how does hearing impact interaction)	
Motor Ability (how do the person's arms and legs function, how is their balance, can they physically care for themselves)	
Social (does the person pick up on facial cues/body language, do they express themselves with facial cues/body language, do they tolerate frustration, able to adjust to changes)	

Emotional State (consider psychiatric diagnoses and current general emotional state – sad, anxious, angry, fearful, happy)	
Fatigue (how much stamina do they have, what happens when they get tired, how does it impact behavior)	
Environment (what type of environment does the person work best in, think about noise and visual distractions, number of people)	

Behavior

Helps have appropriate behavior (consider environment, people, way of speaking to the person, sleep, eating at set times, access to fun activities)	
Triggers (what sets off unwanted behavior, consider environment, people, way of speaking to the person, poor sleep, not eating, not getting to do what they want)	
Helps calm when triggered (no words/quiet, specific words or way of interacting, an object, a person, an activity, a distraction)	
What is the person's behavior attempting to communicate	
How can I help the person communicate in a different way	

Recent Changes

Medication
Injuries/Illnesses
Other
Did a problem start or get worse when the change was made?

Solutions (Things to try) / Strategies

What I need to do to support them? (Exs: cue the person when they forget, point to a picture reminder, do the step they can't)	
Internal Strategies the person can use (repeating it to themselves, asking themselves a question when they get stuck, a rhyme)	
External Strategies the person can use (a calendar, a checklist, pictures, a timer, an app, their phone, a notebook, organizing bins)	
Environment Changes (close doors, get rid of noise, get rid of clutter, put what they need near the door)	

Share the proposed solutions/strategies with the person, listen to their suggestions and concerns and get their okay to try the new approach.

The person's thoughts, ideas and concerns	
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Evaluation and Plan

How did these changes and strategies work?	
What will I try next time?	



Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.



Strategies & Accommodations Tool

for People with Brain Injury & Cognitive Changes

Person Served: _____ Date: _____

Directions: Use the Brainstorming Solutions Tool (BST) first, to help you figure out the person's strengths and weaknesses. Then use this tool (SAT) to **check off the strategies that might be helpful** for each area you identify on the BST. When possible, complete this form with the person served and discuss the strategies with them. Ask the person if there are other strategies or ways of communicating with them that might be helpful.

For each area:

- Consider whether there is any assistive technology (AT) that might help (see AT section at end).
- The initials after each type of strategy (ex: **Attention** ^{SLP OT NP}) indicate someone who may be able to help develop additional strategies (see the initial key below).
- This is not a complete list of strategies, but can be used to help you think of other ideas.
- **Be patient and respectful.**

Attention ^{SLP OT NP}

- ☐ Visual reminders to focus, like a sticky note
- ☐ Positive reinforcement for staying focused
- ☐ Change task more frequently
- ☐ Reminders to check work

Memory ^{SLP OT NP}

- ☐ Use a planner (check-off system)
- ☐ Written & verbal directions for task
- ☐ Post directions or pictures
- ☐ Frequent review of information
- ☐ Reminders for completing a task

Processing Speed ^{SLP NP}

- ☐ Slow down when talking, wait for responses
- ☐ Give one step at a time
- ☐ Be direct and clear

Initiation ^{SLP NP}

- ☐ Remind the person that it is time to begin
- ☐ Break down task into steps, help with first task and decrease assistance with each step
- ☐ Use a calendar or planner to show when things are to be started
- ☐ Use encouragement to keep going once started
- ☐ Use a timer or alarm on watch or other device the person prefers

Awareness ^{SLP NP}

- ☐ (Gently) help person to see where they are having difficulties & what they could do about it
- ☐ Give reminders to use strategies when they are not aware of a potential problem
- ☐ Ask them if they know where they are having an issue before you try to help them

Impulse Control ^{SLP NP CBS}

- ☐ Teach the person to stop and think before acting

INITIAL KEY

The initials next to the areas indicate people who may be able to help develop other strategies for that area. The person served may be working with these professionals, or you may have them on your team. You can also ask your supervisor. Always seek help if needed.

SLP: Speech Language Pathologist
OT: Occupational Therapist
PT: Physical Therapist
NP: Neuropsychologist
C: Counselor
BS: Behavior Specialist
AUD: Audiologist

- ☐ Help the person to prepare for challenging situations – visualize possible outcomes from their actions or even lack of action
- ☐ Practice/role play the situation with the person – let them tell you what worked and did not
- ☐ Help the person to think back on a situation and figure out what they can do differently next time

Flexibility SLP NP

- ☐ Prepare the person ahead of time if you know what causes their inflexibility and what they can do instead
- ☐ Use an “if-then” statement let the person know that if they do the thing they do not want to do, then they will get to do something they want next. “If you get your laundry done, then you can work on the computer.”
- ☐ (Gently) help the person to shift in the moment
- ☐ Acknowledge and encourage small steps
- ☐ Prepare the person for upcoming change
- ☐ Offer two choices of what to do next

Difficulty Understanding Language or Slower Thinking SLP

- | | |
|--|--|
| ☐ Face the person when talking | ☐ Give one direction at a time |
| ☐ Use direct, clear language | ☐ Repeat key information |
| ☐ Use simple words | ☐ Ask person to repeat info back to check for understanding |
| ☐ Pause frequently | ☐ Use visual cues like pictures or objects along with words |
| ☐ Break complex directions into steps | ☐ Give your full attention to communicating with the person |
| ☐ Show the steps first | |

Verbal Expression (Speaking) SLP

- ☐ Allow extra time to form thoughts
- ☐ Encourage them to write, draw pictures or point
- ☐ Don't interrupt, show patience, model patience with your own actions
- ☐ Have a picture book of common topics
- ☐ Remind the person to slow down (if they are hard to understand) and clarify what you heard
- ☐ Remind the person that their words are important to you and you will “get it” even if it takes time
- ☐ Don't finish their thoughts or speak for them unless the person has agreed you can. For example, some people who use finger spelling or have a hard time speaking are fine with people guessing what they are communicating. Some are not. Always ask.

Organization SLP NP OT

- | | |
|---|---|
| ☐ Timeline to complete tasks | ☐ Have a place for everything |
| ☐ Daily calendar for tasks (digital or paper) | ☐ Take time to organize; use labels if helpful |
| ☐ Instructions in using a planner or app | ☐ Provide color-coded materials |
| ☐ Highlight important information | |
| ☐ Organization on a large scale can be overwhelming, but a little each day can build structure and create peace and accomplishment | |

Planning SLP NP OT

- ☐ Plan the hour, the task, the day, the week
- ☐ Make sure that they are part of the planning
- ☐ If they sustain a new injury, like a concussion, don't assume that they can handle the same schedule, activities, or environment as they did before the injury.

Problem Solving SLP NP OT

- ☐ Ask the person what the problem is (Make sure you both agree on what it is)
- ☐ Break the problem and solution into parts

- ☐ Write out the steps, use pictures
- ☐ Give choices of what the person can try next
- ☐ Ask questions to help them figure out next step

Judgement ^{SLP NP C OT}

- ☐ Help the person with upcoming decisions
- ☐ Help to see consequences (outcomes) of each action
- ☐ Help to see how others might feel about a choice
- ☐ Help to focus on a longer term outcome (Ex: if I spend now, I won't have money for _____)
- ☐ Ask the person what they think will be the outcome

Vision/Visual-Spatial ^{OT}

- ☐ Encourage the person to wear glasses (if needed)
- ☐ Keep work area distraction free
- ☐ Modify materials (Exs: limit amount of material presented, get rid of extra picture)
- ☐ Put things within sight
- ☐ Use large print

Hearing ^{AUD SLP}

- ☐ Get hearing properly aided
- ☐ Speak up, speak clearly and slowly
- ☐ Speaker stands on the side of better hearing
- ☐ Face the person when speaking to allow lip reading to support understanding
- ☐ Foster participation in social activities
- ☐ Use captioning when possible

Motor/Movement – Gross Motor ^{PT OT}

- ☐ Priority in movement (getting to go first or last)
- ☐ Adapt physical activities (simplify, change)
- ☐ Simple maps & cues for finding way around
- ☐ Make a backup plan for new environments, allow extra time and consider a walk through in advance if possible
- ☐ Special transportation

Fall Prevention:

- ☐ Use ramps or elevators
- ☐ Restroom adaptations
- ☐ Escort between activity areas
- ☐ Widen paths, walkways
- ☐ Remove trip hazards
- ☐ Use adaptive equipment like cane and walker

Motor/Movement - Fine Motor ^{OT}

- ☐ Adaptive equipment for writing: wide-ruled paper, thick grip or weighted pen
- ☐ For meals: thick grip or weighted fork, knife, spoon
- ☐ For meal prep: adaptive can opener, cutting board, rocker knife, etc.
- ☐ Grips on door knobs

Social ^{SLP NP C BS}

- ☐ Help understand facial expressions & body language in others
- ☐ Help understand what they are communicating with their face and body
- ☐ Teach & practice (role play) appropriate behaviors
- ☐ Prepare the person for frustration & how to react

Emotional State ^{C NP}

- ☐ Help the person identify how they are feeling
- ☐ Use a faces scale (sad, okay, happy)
- ☐ Take a time-out
- ☐ Get some physical activity
- ☐ Stop and think before acting when emotional
- ☐ Help the person understand how their emotion will impact their behavior, the task, other people
- ☐ Take deep breaths when stressed or upset (some smart watches offer this, apps on phones, computers)
- ☐ Express what they are upset about

Fatigue (Tiredness) ^{SLP PT OT NP}

- ☐ Reduce schedule
- ☐ Plan rest breaks
- ☐ Have a specific area for rest
- ☐ Keep a good sleep schedule
- ☐ Some medicines can make you tired. Always take as prescribed, but ask the doctor if a change in medication or schedule (time when it is taken) would help.
- ☐ Practice good sleep hygiene (exs: no electronics 30 min before bedtime, no caffeine late in day or at all for some, cool and dark room, calming sounds or scents, bedtime routine)

Environment ^{OT SLP NP}

- ☐ Does this environment work for the person? ex: privacy, loud noises, personal space
- ☐ Reduce distractions
- ☐ Post house rules/Discuss rules
- ☐ Post daily schedule

Behavioral Strategies ^{BS SLP NP}

- ☐ Try to identify (with the person if possible) what the behavior is trying to communicate, find a different way to communicate that
- ☐ Act early in a situation that may escalate
- ☐ Practice expected behavior (Role play)
- ☐ Help them to be successful with a task, or even part of a task at first
- ☐ Learn to recognize the person's early signs of stress and frustration
- ☐ Help the person to recognize their own signs and feelings of stress and frustration
- ☐ Prepare the person for what is coming up and expected behavior
- ☐ Reinforce positive behavior
- ☐ Give agreed upon non-verbal cues to discontinue a behavior
- ☐ Set goals with the person
- ☐ Keep approaches consistent with all support personnel (no "weak links")
- ☐ Teach all staff techniques to remain calm when working with a person during a behavior issue
- ☐ Have a place where the person can calm down
- ☐ Place additional structure in the daily routine
- ☐ Give frequent, specific feedback about behavior
- ☐ Make sure they know the consequences for behavior issues
- ☐ Talk to them like an adult
- ☐ Keep the person and others safe during an outburst
- ☐ If the behavior escalates too far, it might be best to let the person calm down before intervening
- ☐ Ask the person ahead of time how you should communicate with them during a behavior issue
- ☐ Develop a safe word with that person and staff so that if needed they have a way to let you know when they are overwhelmed or when staff can see it coming w/o having to explain the situation

Assistive Technology ^{SLP OT}

- ☐ Assistive Technology Evaluation (or updated if needed)
- ☐ Picture and symbol supported software
- ☐ Talking spell checker and dictionary
- ☐ Voice recognition software
- ☐ Communication devices
- ☐ Word predicting programs
- ☐ iPad, tablet or smart phone
- ☐ Apps for memory, organization, relaxation, etc.
- ☐ Accessible document formats

- ☐ Multimedia software
- ☐ Electronic organizers
- ☐ Shortcuts on computers
- ☐ Accessibility options on computer
- ☐ Proofreading programs
- ☐ Alternative keyboards
- ☐ Enlarged text or magnifiers
- ☐ Recorded books
- ☐ Special calculators

Other

- ☐ Staff should be consistent with strategies used
- ☐ Maintain a consistent schedule
- ☐ Train all staff in appropriate strategies
- ☐ Try not to view challenges as “good” or “bad”
- ☐ **Only use previous behaviors for teaching. Never use it for punishment or to embarrass the person.**
- ☐ Teach peers how to be helpful to each other

NOTES (include dates used)

STRATEGIES THAT WORK _____

STRATEGIES THAT **DO NOT** WORK: _____



PERSONAL GUIDE FOR EVERYDAY LIVING AFTER CONCUSSION/TRAUMATIC BRAIN INJURY

This guide was developed to help you better understand what you may be experiencing following your injury. The better you understand the conditions that can have an impact on you, what can be difficult situations for you, and which strategies to try, the more you will succeed in life.

“CONDITIONS” likely to make symptoms worse:

- A. Being **TIRED**
- B. Being **EMOTIONAL** – sad, frustrated, excited, angry, etc.
- C. Being **UNDER PRESSURE**, being **RUSHED**, **STRESSED** or **ANXIOUS**
- D. Being **DRUNK/UNDER THE INFLUENCE** of drugs (Prescription or not)
- E. Being in **PAIN**
- F. Being **SICK**

STRATEGIES to consider for each state:

- A. **Tired:** Do not allow yourself to become tired. **Plan** things that you need to do and complete them early whenever possible. **Slow down** and **check** your work. Stick to a fairly regular sleep schedule and make sure you get enough sleep at night.
- B. **Emotional:** If you become emotional, **slow down** and **think before** you speak or act. Remember that being tired can make you become more emotional. If you know that you are going into a potentially emotional situation, **plan** as much as possible so that you are ready.
- C. **Stress/Pressure:** Avoid being rushed, stressed or under pressure by **planning**. Lay out things to do in a **planner** (calendar), allowing plenty of time for each task. Especially when you are rushed, **slow down** to allow yourself time to think clearly and look for missed details. Take the time to make **checklists** so nothing is missed. **Check** off each step as it is completed.
- D. **Alcohol/Drugs:** Do not drink alcohol or take drugs. Many people with brain injuries report feeling out of control without adding to it with alcohol or drugs. Know that your symptoms are likely to be enhanced while you are under the influence. Know also that drugs and alcohol have been reported to lower seizure threshold, making your chances of having a seizure greater.
- E. **Pain:** Avoid getting in pain when possible. When avoiding pain is not possible, attempt to relieve it as soon as possible. Do pain management exercises as recommended. Take medications as prescribed. Know that pain medications may affect your thinking ability. Use proper body mechanics, etc. Keep expectations realistic when you are in pain. **Allow more time** to do things when in pain. **Plan ahead and check** your work.
- F. **Sickness:** Avoid getting sick. Keep a regular schedule. Get enough sleep. Rest when sick. Cold medications may effect thinking ability. **Allow more time** to do things when sick. **Plan ahead. Check** your work.

Note that many of the same strategies were repeated over and over. Summed up briefly, the keys to improving performance are:

1. **Slowing down**
2. **Organizing yourself**
3. **Planning ahead, and**
4. **Checking your work**

Over time, all of these strategies can become a natural part of your daily life. Most likely, they will eventually make you more efficient, accurate and thorough; although in the beginning they may feel strange, intrusive and time-consuming.

****Give the strategies – and yourself – time****

SITUATIONS that may prove difficult (Fill in the blank lines with tasks that fit your life.)

A. **Sustained Attention Tasks** – Keeping your attention focused on one thing (Fill in the blanks with situations that fit your life.)

1. Reading a magazine, book, etc.
2. Listening to a lecture
3. Listening on the phone
4. Writing a letter, report, checklist, etc.
5. _____
6. _____

B. **Simultaneous/Divided Attention Tasks** – Keeping your attention on 2 or more things at a time.

1. Cooking dinner while watching television
2. Listening to a lecture while taking notes
3. Talking on the phone while writing a message
4. Counting the number of items on a conveyor while simultaneously looking for broken pieces
5. Keeping your eye on your young child while trying to write a letter
6. _____
7. _____

C. **Alternating Attention Tasks** – Needing to switch your attention between two things.

1. Stop typing to answer the phone, then go back to typing
2. Stop doing your work at your desk to answer a question, then go back to work
3. Stop making dinner to clean up a spill, then knowing where you left off
4. Stop paying the bills to ask your spouse where some receipts are, then finishing
5. _____
6. _____

ATTENTION – Very often a significant problem after brain injury.

A. **Increase your Awareness of Distractors** – Try to determine what types of things tend to distract you. Are they:

1. **Internal Distractors** – your own thoughts, emotions, being tired, in pain, sick, etc.
and/or
2. **External Distractors** – things in the environment:
 - a. Auditory – any noise: people talking, machines or air conditioners humming, cars driving by, etc.
 - b. Visual – people walking by, a ceiling fan spinning, miscellaneous papers on your desk, a spider crawling on the wall, etc.
 - c. Tactile/Sensation – an uncomfortable chair, an itchy rash, being too hot or cold, etc.

B. **Anticipate Distractors - Learn what tends to distract you**

1. Minimize these things whenever possible (for example, sit with your back to a distracting environment)
2. Eliminate them whenever possible (see below)

C. **Eliminate Distractors – Take Control**

1. Strategies for **Internal Distractors**
 - a. Try to eliminate the distractor by actually doing the thing that is distracting you (i.e.: check to see if the stove is off, go mail the letter you are afraid you'll forget, etc.)
 - b. Write the distractor down, decide to put it out of your mind for now and come back to it at a more appropriate time
 - c. Overtly tell yourself, "I'm distracted and I need to get back to work"
 - d. Get enough sleep to increase your ability to control your attention
2. Strategies for **External Distractors**
 - a. Turn off the radio, T.V., ceiling fan, air conditioner, etc.
 - b. Go to a quiet room
 - c. Close your door, windows, curtains
 - d. Wear earplugs
 - e. Ask people to quiet down
 - f. Clear your desk of papers before working
 - g. Overtly tell yourself, "I'm distracted and I need to get back to work."
 - h. Get enough sleep to increase your ability to control your attention

USE OLD STRATEGIES to your advantage:

- A. **Make a list of strategies** that you used before you were injured. Everyone uses strategies – they just don’t think of them as strategies because that is the “normal” way they do things.
1. To help you in creating this list, mentally go through all of the things you do during the day
 2. Next, write down all the things you do to make these things easier
Examples:
 - a. Sticking to a routine when getting ready in the morning
 - b. Making a list of chores, assignments, phone calls, etc., for the day
 - c. Reviewing your day over morning coffee
 - d. Planning what you will say during an important meeting or confrontation
 - e. Referring to your desk calendar throughout the day
 - f. Setting a cooking timer to remind you when to check the oven
 - g. Laying out your clothes the day before
 - h. And on and on
- B. Do **NOT** discard these strategies now! Now they will be more important than ever! Do not decide to “test” your memory by not writing something down. You wrote things down before from time to time, didn’t you? There was a reason for it. **Do it!**
- C. **Build on old strategies.** Examples:
1. If you used a checklist to help you remember your chores, see where else in your day you can use a checklist.
 2. If you used a routine to help you get out of the house in the morning, see if you can incorporate one into your workday.
 3. If you used a calendar to keep track of your workday, maybe you can use one to organize your home life.

Know that in the end, things can go back to feeling “normal” again, even if that new “normal” is different than the old one. **In the meantime, know who you can go to for help and support.**

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GUÍA PERSONAL PARA LA VIDA COTIDIANA DESPUÉS DE UNA CONMOCIÓN CEREBRAL / LESIÓN

Esta guía fue desarrollada para ayudarle a entender lo que usted puede estar experimentando después de su lesión. Mientras mejor entienda las condiciones que pueden tener un impacto en usted, qué situaciones pueden ser difíciles para usted y cuáles estrategias intentar, mejor tendrá éxito en su vida.

“CONDICIONES” que es probable que empeoren sus síntomas:

- A. Estar **CANSADO**
- B. Ser **EMOTIVO**: Triste, frustrado, emocionado, enojado, etc.
- C. Estar **BAJO PRESIÓN, DE PRISA, ESTRESADO o ANSIOSO**
- D. Estar **EBRIO / BAJO LA INFLUENCIA** de medicamentos (recetados o no)
- E. Tener **DOLOR**
- F. Estar **ENFERMO**

ESTRATEGIAS a considerar para cada estado:

- A. **Cansado**: No se permita llegar a estar cansado. **Planee** las cosas que necesita hacer y complételas con tiempo siempre que sea posible **Reduzca su velocidad** y **verifique** su trabajo. Apéguese a un horario de sueño regular y asegúrese de dormir lo suficiente en la noche.
- B. **Emotivo**: Si se pone emotivo, **reduzca su velocidad** y **piense antes** de hablar o actuar. Recuerde que estar cansado puede hacer que se ponga emotivo. Si sabe que va a pasar por una situación potencialmente emocional, **planee** tanto como sea posible de modo que esté preparado.
- C. **Estrés/presión**: Evite estar apresurado, estresado o bajo presión, mediante la **planeación**. Presente las cosas a hacer en un **planeador** (calendario) permitiendo mucho tiempo para cada tarea. Especialmente cuando usted ande de prisa, **reduzca su velocidad** para permitirse tiempo para pensar claramente y mirar detalles pasados por alto. Tómese el tiempo de hacer **listas de comprobación** para que nada falte. **Marque** cada paso cuando es completado.
- D. **Alcohol/medicamentos** No ingiera alcohol ni tome medicamentos. Mucha gente con lesiones cerebrales reportan sentirse fuera de control cuando les añaden alcohol o medicinas. Tome nota que es probable que sus síntomas serán amplificados mientras está bajo la influencia de sustancias. También tome nota que se ha reportado que los medicamentos y el alcohol reducen el umbral a las convulsiones, haciendo que se incremente la posibilidad de una convulsión.
- E. **Dolor**: Evite sentir dolor siempre que sea posible. Cuando evitar el dolor no es posible, intente aliviarlo tan pronto como sea posible. Haga ejercicios de administración del dolor conforme se recomienda. Tome los medicamentos que le recetaron. Tenga en cuenta que los medicamentos para el dolor puede afectar su capacidad de pensar. Use mecánica corporal apropiada. Mantenga sus expectativas realistas cuando tenga dolor. **Permítase más tiempo** para hacer las cosas cuando tenga dolor. **Planee con anticipación y verifique** su trabajo.

- F. **Enfermedad:** Evite enfermarse. Mantenga un horario regular. Duerma lo suficiente. Descanse cuando esté enfermo. Los medicamentos para el resfriado pueden afectar su capacidad para pensar. **Permítase más tiempo** para hacer las cosas cuando esté enfermo. **Planee con anticipación. Verifique** su trabajo.

Note que muchas de las mismas estrategias fueron repetidas una y otra vez. Resumiendo brevemente, las claves para mejorar el desempeño son:

1. **Reducir la velocidad**
2. **Organizarse**
3. **Planear con anticipación, y**
4. **Verificar su trabajo.**

Con el tiempo, todas estas estrategias pueden convertirse en una parte natural de su vida diaria. Lo más probable es que eventualmente le harán más eficiente, exacto y minucioso; aunque al principio quizá pueda sentir que son extrañas e intrusivas y que consumen tiempo.

****Deles tiempo a las estrategias - y a sí mismo****

SITUACIONES que pueden resultar difíciles (llene los espacios en blanco con tareas que puedan ajustarse a su vida).

- A. **Tareas de atención sostenida** – Mantener su atención enfocada en una cosa (llene los espacios en blanco con situaciones que puedan ajustarse a su vida).
1. Leer una revista, libro, etc.
 2. Escuchar una cátedra
 3. Escuchar el teléfono
 4. Escribir una carta, informe, lista de comprobación, etc.
 5. _____
 6. _____
- B. **Tareas Simultáneas/Atención Dividida** – Mantener su atención en 2 o más cosas a la vez.
1. Cocinar la cena mientras ve la televisión
 2. Escuchar una cátedra mientras toma notas
 3. Tomar un teléfono mientras escribe un mensaje
 4. Contar el número de objetos de un transportador mientras observa piezas rotas
 5. Mantenerse vigilando a su niño pequeño mientras trata de escribir una carta
 6. _____
 7. _____
- C. **Tareas de atención alterna** – Necesitar intercambio de atención entre dos cosas.
1. Dejar de escribir la respuesta en el teléfono, luego regresar a escribir
 2. Dejar de hacer su trabajo en un escritorio para responder una pregunta, luego regresar a trabajar
 3. Dejar de preparar la cena para limpiar un derrame, luego saber dónde se quedó
 4. Dejar de pagar las facturas para preguntarle a su cónyuge dónde están algunos recibos, luego terminar

5. _____
6. _____

ATENCIÓN – Muy a menudo un problema muy significativo después de lesión cerebral.

A. **Incremente su conciencia sobre los distractores** – Trate de determinar qué tipos de cosas tienden a distraerle. Estos son:

1. **Distractores internos** – sus propios pensamientos, emociones, estar cansado, con dolor, etc.
Y/o
2. **Distractores externos** – cosas en el ambiente:
 - a. Auditivas - cualquier ruido: personas hablando, máquina o aires acondicionados zumbando, automóviles circulando, etc.
 - b. Visuales - personas pasando, un ventilador de techo girando, papeles varios en su escritorio, una araña trepando la pared, etc.
 - c. Táctil/sensación - una silla incómoda, una erupción con escozor, tener mucho calor o frío, etc.

B. **Anticipe los distractores - aprenda lo que tiende a distraerle**

1. Minimice estas cosas siempre que le sea posible (por ejemplo, siéntese de espaldas a un ambiente con distracciones)
2. Elimínelos siempre que sea posible (vea abajo)

C. **Elimine distractores - tome el control**

1. Estrategias para **distractores internos**
 - a. Trate de eliminar el distractor al realizar la cosa que le está distrayendo (por ej. verificar si la estufa está apagada, enviar el correo que teme olvidar, etc.).
 - b. Escriba el distractor, decida ponerlo fuera de su mente por ahora y regrese al mismo en un momento más adecuado
 - c. Dígase a sí mismo abiertamente “Estoy distraído y necesito regresar a trabajar”
 - d. Duerma lo suficiente para incrementar su capacidad para controlar su atención
2. Estrategias para **distractores externos**
 - a. Apague el radio, el televisor, el ventilador de techo, el aire acondicionado, etc.
 - b. Vaya a una habitación silenciosa
 - c. Cierre la puerta, ventanas y cortinas
 - d. Póngase tapones auditivos
 - e. Pídale a las personas que no hagan ruido
 - f. Limpie su escritorio de papeles antes de trabajar
 - g. Dígase a sí mismo abiertamente “Estoy distraído y necesito regresar a trab
 - h. Duerma lo suficiente para incrementar su capacidad para controlar su atención

USE ESTRATEGIAS ANTIGUAS para obtener ventaja:

A. **Haga una lista de estrategias** que usted usó antes de lesionarse. Cada personas usa estrategias - sólo que no piensan en ello como estrategias porque esa es la manera “normal” en que hacen las cosas.

1. Para ayudarle a crear esta lista, repase mentalmente todas las cosas que hace durante el día
2. Luego, escriba todas las cosas que hace para lograr que las cosas sean sencillas.

Ejemplos:

- a. Apegarse a una rutina cuando se aliste en la mañana
- b. Hacer una lista de faenas, asignaciones, llamadas telefónicas, etc. para el día
- c. Revisar su día durante su taza de café en las mañanas
- d. Planear lo que dirá durante una reunión importante o confrontación
- e. Consultar su calendario de escritorio durante el día
- f. Establecer un temporizador de cocina para acordarle de revisar el horno
- g. Preparando su ropa desde un día antes
- h. Y la lista sigue y sigue

B. ¡**NO** descarte estas estrategias ahora! ¡Ahora serán más importantes que nunca! No decida “probar” su memoria al no escribir algo. Usted escribió cosas antes de vez en cuando, ¿no es así? Hubo una razón para eso. ¡**Hágalo!**

C. **Construya sobre estrategias antiguas.** Ejemplos:

1. Si usted usó una lista de comprobación para ayudarle a recordar sus tareas, vea en qué otro lugar de su día puede usar una lista de comprobación.
2. Si usó una rutina para ayudarle a salir de la casa en la mañana, vea si puede incorporar una en su día de trabajo.
3. Si usó un calendario para llevar registro de su día de trabajo, quizá pueda usarlo para organizar su vida en la casa.

Sepa que al final, las cosas pueden regresar a sentirse “normales” otra vez, incluso si ese nuevo “normal” es diferente al antiguo. **Mientras tanto, tome en cuenta que puede acudir por ayuda y apoyo.**

Wendy Ellmo MS CCC/SLP, BCNCDs
Especialista en lesiones cerebrales, Brain Links,
revisado Mar/2020



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504/IEP Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury

Student: _____ Teacher: _____ Grade: _____ Date: _____ Birth Date: _____

Presenting Concerns: _____

Persons Responsible for Providing Selected Items: _____

Directions: Circle the challenges that affect your child or student. Check the accommodations that may be helpful.

Environment

- ☐ Post class rules
- ☐ Post daily schedule
- ☐ Give preferential seating
- ☐ Change to another class
- ☐ Change schedule (most difficult in morning)
- ☐ Eliminate distractions (visual, auditory & olfactory)
- ☐ Modify length of school day
- ☐ Provide frequent breaks
- ☐ Provide a quiet work place
- ☐ Maintain consistent schedule
- ☐ Provide system for transition

Transitions

- ☐ Specified person to oversee transition between classes or end of day
- ☐ Advanced planning for transition between grades/schools
- ☐ Modified graduation requirements
- ☐ Assistance with identifying post-secondary supports
- ☐ Identification of community resources for persons with brain injury

Method of Instruction

- ☐ Repeat directions
- ☐ Circulate teacher around room
- ☐ Provide visual prompts
- ☐ Provide immediate feedback
- ☐ Point out similarities to previous learning & work
- ☐ Use manipulative materials
- ☐ Teach to current level of ability (use easier materials)
- ☐ Speak clearly
- ☐ Pre-teach or reteach
- ☐ Use peer tutor or partner
- ☐ Use small group instruction
- ☐ Use simple sentences
- ☐ Use individualized instruction
- ☐ Pause frequently
- ☐ Use cooperative learning
- ☐ Encourage requests for clarification, repetition, etc.
- ☐ Use examples relevant to student's life
- ☐ Demonstrate & encourage use of technology

Behavioral Needs

- ☐ Early interventions for situations that may escalate
- ☐ Teach expected behavior
- ☐ Increase student academic success rate
- ☐ Learn to recognize signs of stress
- ☐ Give non-verbal cues to discontinue behavior
- ☐ Reinforce positive behavior
- ☐ Set goals with student
- ☐ Use social opportunities as rewards
- ☐ Teach student to use advance organizers at beginning of lesson
- ☐ Role play opportunities
- ☐ Use proactive behavior management strategies
- ☐ Daily/weekly communication with parents
- ☐ Modification of non-academic tasks (e.g., lunch or recess)
- ☐ Time & place to regroup when upset
- ☐ Additional structure in daily routine
- ☐ Frequent specific feedback about behavior

Assistive Technology

- ☐ Multimedia software
- ☐ Electronic organizers
- ☐ Shortcuts on computers
- ☐ Concept mapping software
- ☐ Accessibility options on computer
- ☐ Proofreading programs
- ☐ Alternative keyboards
- ☐ Voice output communication devices and reminders
- ☐ Enlarged text or magnifiers
- ☐ Recorded text & books
- ☐ Specialized calculators
- ☐ Picture & symbol supported software
- ☐ Talking spell checker & dictionary
- ☐ Computer for responding & homework
- ☐ Use of communication devices
- ☐ Word predicting programs
- ☐ iPad/tablet
- ☐ Smart Phone

504/IEP Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain Injury**Memory Deficits**

- Monitoring planner (check-off system)
- Written & verbal directions for tasks
- Posted directions
- Frequent review of information
- Strategy for note taking during long reading assignment
- Provide a copy of notes
- Open book or note tests
- Reminders for completing & turning in work
- Repetition of instructions by student to check for comprehension

Visual Spatial Deficits

- Large print materials
- Distraction free work area
- Modified materials (e.g., limit amount of material presented on single page, extraneous picture)
- Graphs & tables provided to student
- Use of math & reading template or guide

Gross Motor/Mobility Difficulties

- Priority in movement (e.g., going first or last)
- Adaptive physical education
- Modified activity level for recess
- Special transportation
- Use of ramps or elevators
- Restroom adaptations
- Early release from class
- Assistance with carrying lunch tray, books, etc.
- Escort between classes
- Alternative evacuation plan
- Simple route finding maps & cues

Attention

- Visual prompts
- Positive reinforcement
- Higher rate of task change
- Verbal prompts to check work

Organizational Skills

- Study guide or timeline
- Daily calendar for assignments & tasks (digital or written)
- Instructions in using a planner or app
- Provide color-coded materials
- High-lighted materials to emphasize important or urgent information

Academic Progress

- Assigned person to monitor student's progress
- Contact person (home & school)
- Weekly progress report (home & school)

Fine Motor Difficulties

- Copy of notes provided
- Oral examinations
- Note-taker for lectures
- Scribe for test taking
- Recorded lectures

Curriculum

- Reduce length of assignments
- Change skill or task
- Modify testing type or setting
- Allow extra time
- Teach study skills
- Teach sequencing skills
- Teach memory strategies
- Write assignments in daily log
- Teach peers how to be helpful

Fatigue

- Reduced schedule
- Planned rest breaks
- Schedule arranged for high cognitive demand tasks to be followed by less stressful coursework

Processing Delays

- Complex direction broken into steps
- Repetition of pertinent information
- Cueing student to question prior to asking
- Use of precise language

Other Considerations*Home/School Relations*

- School counseling
 - Scripts about the injury & hospitalization
 - Schedule regular meetings for all staff to review progress & maintain consistency
 - Schedule parent conferences every
-
- Parent visits/contact
 - Home visits

Disability Awareness

- Explain disabilities to other students
- Teach peers how to be helpful
- Training for school staff

This checklist serves as a starting point for identifying student needs and developing appropriate accommodations. Because rapid changes take place after a brain injury, the plan must be frequently reviewed and updated to meet the changing needs of the student. Be sure to review and change the plan as frequently as needed.

Concussion and Brain Injury in Students

Who needs to know?



Concussion is a mild Traumatic Brain Injury (TBI). A TBI during childhood may affect brain development. Children may experience changes in their health, thinking, and behavior that affect

- learning,
- self-regulation, and
- social participation, all of which are important to becoming a productive adult.

Proactive teamwork, quick response and effective communication are essential to help a child after brain injury to Return to Learn and Return to Play.

cdc.gov/traumatic-brain-injury

Immediately



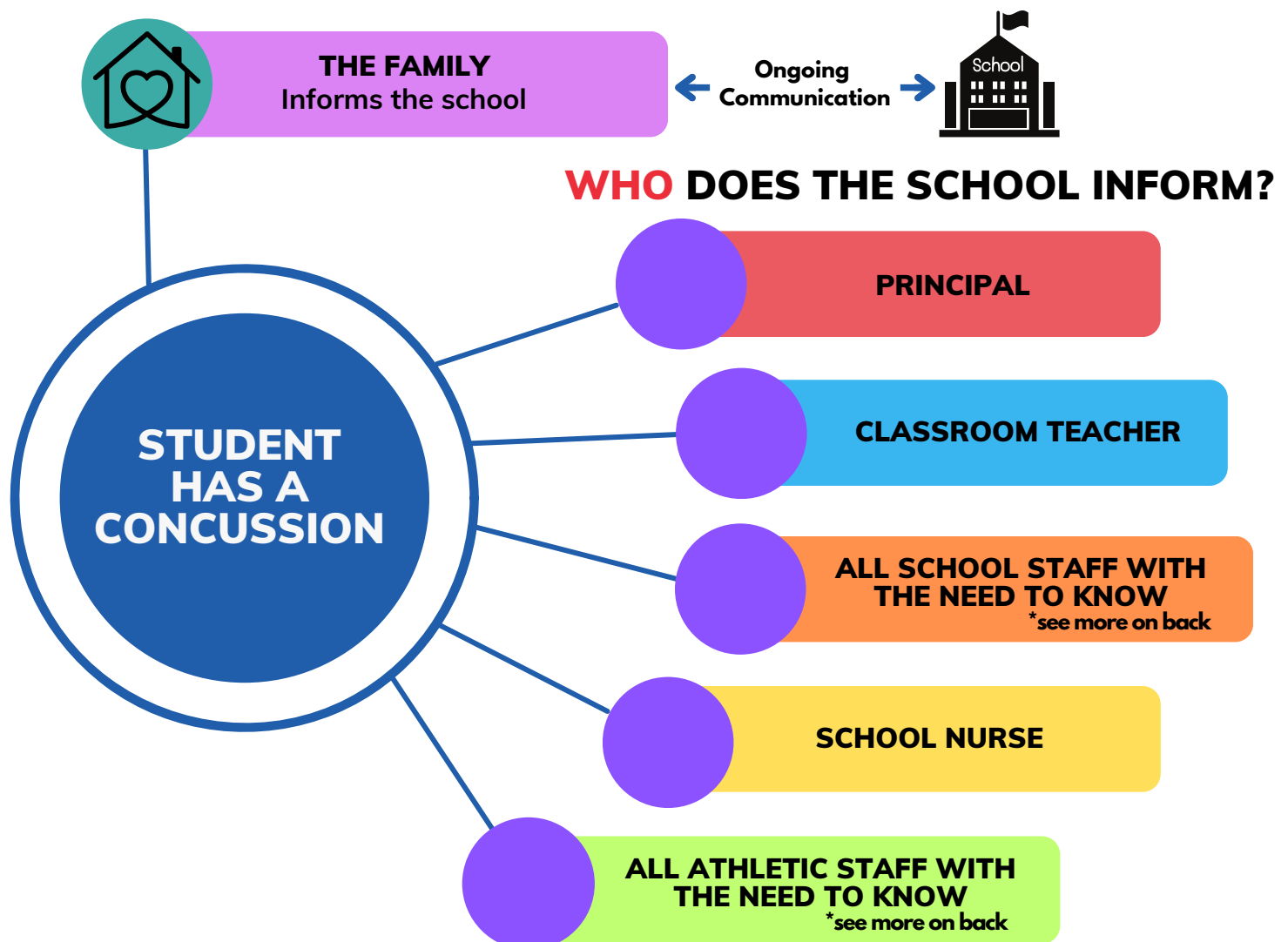
Injury Occurred **OUTSIDE** of school hours & activities

→ **Family** takes the lead

Injury Occurred **DURING** school hours & activities

→ **School** takes the lead

Ongoing communication is vital between family, school and medical team after an injury.



Ongoing communication remains vital between family, school and medical team until symptoms subside.

Injury occurred **OUTSIDE** of School Hours & Activities



The Family:

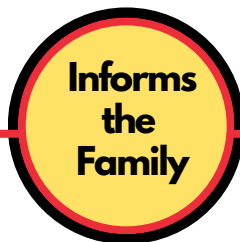
- seeks medical attention **IMMEDIATELY**
- follows care plan and watches carefully for changes
- **informs school** (principal, teachers, school nurse, counselors, etc.)
- for student athletes, informs **coaching staff** (school & community based)
- if symptoms persist, follows up for symptom-specific treatment



Complete updated concussion training. Know who to inform. Know your school's point person.

Injury occurred **DURING** School Hours & Activities

The School:



1

Seeks medical attention **ASAP** if needed

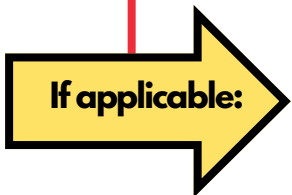
2

Identify a point person to lead the school team to follow concussion management plan



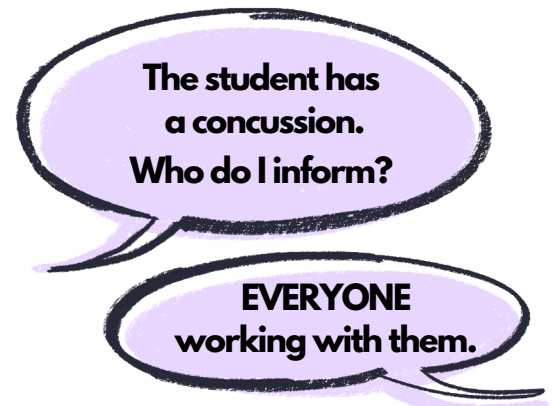
* School Staff with the need to know

- Principal
- Classroom Teachers
- School Nurse
- Staff working with student
 - Therapist (SLP, OT, PT)
 - Counselor



* Athletic Staff with the need to know

- Athletic Director
- Athletic Trainer
- Coach & Assistant Coach
- Physical Education Teacher
- Before & After School Program staff
- Preschool, Early Intervention



Return to Learn & Return to Play Concussion Resources

- [CBIRT Post Concussion Academic Accommodation Protocol](#)
- [REAP Community-based Concussion Management](#)
- [CDC HEADS UP concussion training & resources](#)
- [BrainSTEPS Brain Injury School Re-entry Consulting Program](#)
- [Concussion Awareness Now awareness & education](#)
- [Strategy for Return to School After Concussion flowchart](#)

[Tennessee Return to Learn/Return to Play: Concussion Management Guidelines](#)

[TSSAA Concussion Policy, Training & Forms](#)

[Brain Links](#)

[Brain Injury Toolkits](#)



Download & customize this PDF with your state resources



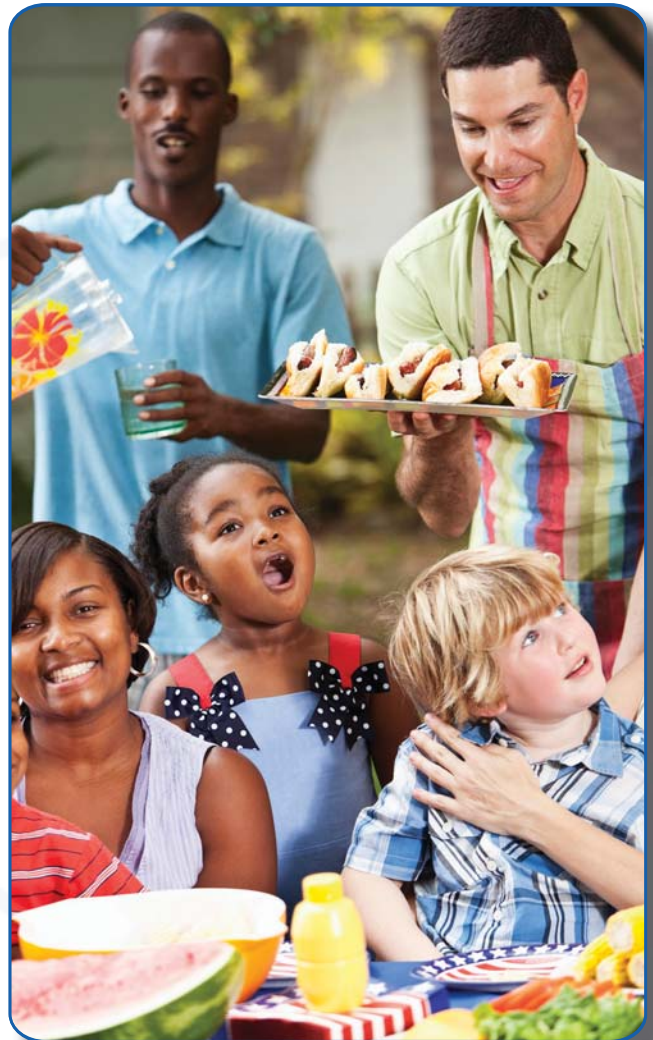
<https://www.tndisability.org/brain>
@BrainLinksTN



TRAUMATIC BRAIN INJURY/ CONCUSSION

THINGS TO WATCH FOR OVER TIME:

- ☐ Headaches
- ☐ Changes in sleep patterns
- ☐ Fatigue
- ☐ Changes in vision
- ☐ Balance, coordination changes, dizziness
- ☐ Mood swings, gets mad easily
- ☐ Changes in personality
- ☐ Not feeling like themselves
- ☐ Trouble with attention and thinking
- ☐ Memory problems, especially short term
- ☐ Depression/Anxiety
- ☐ Difficulty handling stress
- ☐ Innapropriate behavior
- ☐ Grades dropping, falling behind in class
- ☐ Changes in work performance



Thank You!

We're here to help

Our mission is to bring together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors. If we can help you, please feel free to reach out!



Contact us:

tbi@tndisability.org

Check out our website:

www.tndisability.org/brain

Follow us on social media:



We want to hear from you!



Complete our short survey to let us know how we're doing.

