



Physician: _____
 Practice Name: _____
 Address: _____
 City, State Zip: _____

**Medical Opinion
 Traumatic Brain Injury**

Student: _____ Date of Birth: _____
 District: _____ Parent(s): _____

In my opinion, this student meets does not meet the definition of traumatic brain injury.

R 340.1716 Traumatic brain injury defined; determination.

Rule 16. (1) "Traumatic brain injury" means an acquired injury to the brain which is caused by an external physical force and which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairment in 1 or more of the following areas:

- _____ (a) Cognition.
- _____ (b) Language.
- _____ (c) Memory.
- _____ (d) Attention.
- _____ (e) Reasoning.
- _____ (f) Behavior.
- _____ (g) Physical functions.
- _____ (h) Information processing.
- _____ (i) Speech.

(2) The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.

PHYSICIAN'S COMMENTS: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

- _____ (a) A family physician.
- _____ (b) Other approved physician.