

JOINT SCHOOL DISTRICT NO. 2
1303 E. CENTRAL DR. MERIDIAN, IDAHO . PHONE (208) 888-6701

Dear Parent/Guardian,

The Meridian School District recently formed an Acquired Brain Injury team to identify students who have suffered a brain/head injury at some point in their life. Research shows that academic difficulties often do not show up immediately with some brain injuries. By identifying and gathering information on these students we will be better able to assist them if necessary. Your child was identified as having suffered a head/brain injury from information provided on a health history or from school records. In order to better serve the students of the district, we are asking you to complete the following questionnaire and return it to your school nurse.

Sincerely,

School Nurse

Student Name: _____

Date or age of injury: _____

Type of injury: _____

Following the injury was your child seen by a physician? _____

What medical care was provided? _____

Was your child hospitalized due to the injury? _____

How long was the hospitalization? _____

Did your child receive any rehabilitation after the injury? _____

Where did the rehabilitation occur? _____

Did your child receive any academic or neuropsychological testing? _____

Who performed the testing? _____

Date of testing? _____

Do you have any questions or concerns? _____

Parent/Guardian Signature

Date