



Brain Injury Effects on School-age Students and Impact on Learning

Presenters

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Objectives

- Understand the continuum of care from hospitalization to school re-entry for a patient with a brain injury
- Understand the effects of a brain injury on skills required to be successful in a school setting
- Understand the importance of collaboration between a multi-disciplinary therapy team and school staff for success with re-entry to school
- Understand benefits of partnership in planning for re-entry to the school setting after a brain injury
- Be able to provide recommendations for modifications or adaptations to ensure a successful school re-entry after a brain injury

About Ability KC & Brain Injury Program

- We serve the Adult and Pediatric populations.
- Traditional **outpatient therapy and day program.**
- We offer:
 - Episodic Model
 - Intensive Schedule
 - Interdisciplinary Approach
 - Purposeful Individualized Programming



Collaboration with family and support system throughout services

- Counseling for patients & family members

Day program patients have additional Value-Added Services available upon qualification

Over 20% of our Pediatric patients are BI specific

When the
NEED is **GREAT**,
THE IDEAS need to be
GREATER.



School Aged Students

- Over 60% Ability KC patients are considered school aged (K-12)
- Public, Private and Homeschool
- Families who choose to homeschool are on the rise among the Ability KC pediatric patient population
- 61.6% of our students return to larger KC Metro School Districts
- 38.4% return to Rural/Small Districts



Schools **should** prioritize Least Restrictive Environment and may require justification to move to more restrictive

CONTINUUM OF STUDENT NEEDS

OUT-OF-CLASS SUPPORTS

- Consultation Only
- Accommodations Only

IN-CLASS SUPPORTS

- Support Facilitation
- Co-Teaching

SPECIALIZED PLACEMENTS

- Resource Room
- Self-Contained



Special Education Structure in Kansas

253 districts take part
in shared
cooperatives

33 districts run
independently

- Understanding Rights & Special Education Process
- Can be difficult depending on the level of brain injury acquired and amount of support necessary for success in school.
- Many smaller school districts have limited experiences with Special Education and what it can look like within the school environment.
- It is important to acknowledge it is not always clear what deficits need to be addressed.
- IEP vs 504 Plans

As of April 2026, the **Kansas City, Kansas Public Schools (KCKPS)** is in the final stages of dissolving its long-standing special education cooperative model.

Kansas City, KS: Special Education Transition

- Long-standing cooperative model is dissolving
- Partner districts transitioning to independent SPED programs
- KCKPS moving to a district-only special education structure (2025–2026)

IEP

*required by **IDEA** (education law)

*state receives **additional funding** for eligible students

*eligibility is based on having one or more of the **13 disabilities** (IDEA)

*created by an IEP team, including **specific school staff and parents**

*provides **specialized instruction**

*includes **special education services & related services**

***specific goals** are given that may vary from general curriculum

*reviewed **yearly** with **strict criteria**

*ends with **Post-Secondary Transition** (qualify up to age 21)

504

*required because of **Rehabilitation Act** (a civil rights law)

*states do **not receive additional funding**

*eligibility for person with **any disability**

*created by a **broader category of staff and parents**

does **not specify goals different from the general education curriculum

***broad categories of criteria** that differ from district to district

*can be **presented to post secondary training/schools** for consideration

Both IEP & 504

- require an **evaluation**
- available at **no cost** to the family/student
- work to meet the **needs of the individual**
- Includes **modifications and accommodations** for access to general education curriculum

Discipline specific overview: Learning in relation to motor skill development

- **Physical Therapy**
 - Gross Motor Deficits
 - Strength/Endurance

- **Occupational Therapy**
 - Vision Deficits
 - Fine Motor Control
 - ADLs/IADLs

Discipline specific overview: **Speech and Language Therapy**

Largest area of crossover within educational setting

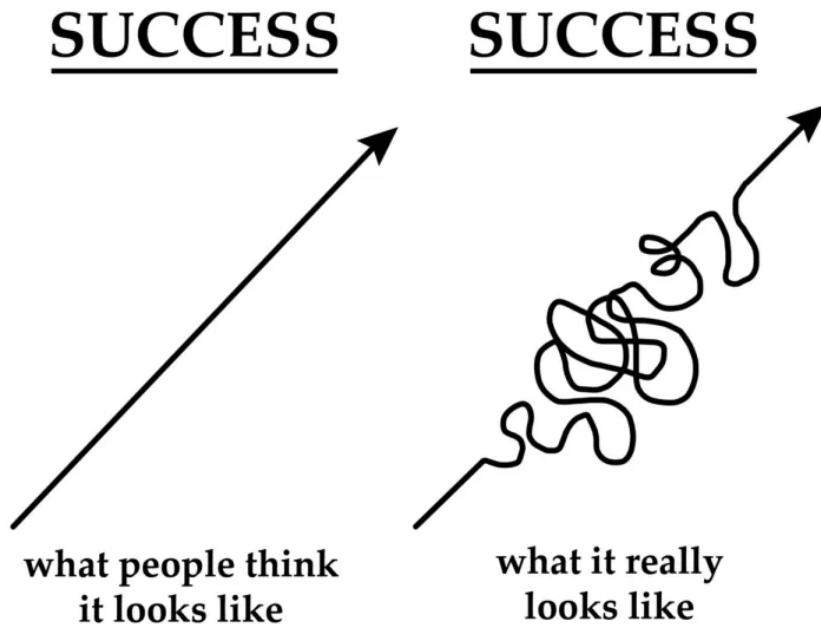
- Overall cognitive skills & memory
 - Short-term, long-term, working memory
 - Social/Emotional Learning at the elementary level (re-teaching in the older grades)
 - Intelligibility- school's general viewpoint of SLP scope
 - Assistive technology involvement (implementation/training for school)

"Silent Epidemic"

Learning in relation to communication/cognitive deficits that are more difficult for schools to understand and support



Other Considerations



Path to success is not linear

Recovery may be uneven – skills may plateau or regress, depending on academic demands.

Effects following Brain Injury may present immediately, some may only appear when higher-level skills are expected in later grades.

Ongoing monitoring and support is critical to ensure success within the school environment.

Perspective Matters

Perspectives to consider to shape a successful re-entry



Mental Health

BI recovery adds more depth to youth mental health struggles of today



- Differences between peers
- Decreased engagement in extra-curricular and preferred occupations
- Increased risk of isolation and depression

Schools are increasingly recognizing the mental health needs of today's youth and can play a critical role in supporting students as they transition back to school following a brain injury.

sample Timeline of School Re-Entry

EVALUATION DAY

- Parents sign ROI and initial school contact established
- Initial POC decided
 - Add in groups, counseling, VA hours as endurance
- Discussion of homebound services, if available
- Offer school teams to observe therapy sessions
- Coordinate school conference
- Discussion of POC extension adjustments until a full school re-entry is recommended (with supports)

Gradual Re-Entry Begin

- Enter School at 2-3 days per week (half days)
- Adjust POC as needed for school plan
 - parents take lead on school conversations
- Discharge to school full time
 - Potential for outpatient service to continue
- Follow-up evaluations

Transition to Return to School

Plans

- Gradual Re-entry where patients split time between AKC and School
- For our High School/Adolescent patients this process can be tricky for a long-term plan
- Graduation requirements, discussions of credits to be forgiven or waived in specific areas of content cross over under the direction of skilled therapists
 - PT for PE
 - OT for FACS (Home Ec.)
 - Lite Group participation cross over with health
- Post-secondary transitions plan that accompany the IEP
- Guardianship/DPOA discussions

Team Connection is KEY

- A school conference/discussion with school liaison is a way to find the best plan for that patient. The return to school plan and timeline is individualized based on their needs.
- Rural, Charter and smaller districts generally need more education on BI specific needs
 - 38.48% of AKC families live outside of the KC Metro area, where supports are limited
 - Staff Trainings or continued education for school districts may need to occur. This is where some of the “extras” of AKC come in
 - Experienced Special Education Teacher
 - ACCT

Case Study



Meet Ryan

- Previously healthy, 14-year-old male
- Diagnosis: Acquired BI after experiencing polymicrobial sinusitis, subdural empyema, and DOC
- Attended Nexus Children's Hospital in Houston, TX to complete their brain injury program, before returning to CMH and then referred to Ability KC in October 2023
- Received SP, OT, PT, ACCT, FES, Aquatic Therapy, Adaptive gaming



Ryan's Journey continues...

- Intensive Bursts:
 1. 34 Weeks – initial POC
 2. 17 weeks
 - School Conference-
 - Re-Entry at 1 day per week
 3. 31 weeks*
 - Updated school plan
 4. 10 Weeks- early discharge due to hospitalization
 5. Current POC began March 2026
- Education of a K-12 SMALL school district on re-entry and how to write IEP goals to encourage participation
- Family involvement to allow for consistency/continuation of trained supports
- *Current school set up
 - 2 days per week
 - sister is paraprofessional
 - daily peer support from friends, classmates and previous team partner

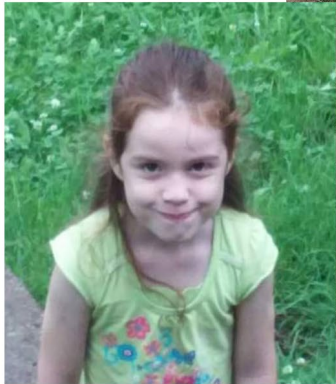
Technology Integration for Ryan



Ryan's OT Recommendations

- Ryan can work on **visual attention in midline**, as well as sustained visual attention on school related tasks.
- He will benefit from **breaks in quiet, distraction-free environments with limited visual clutter** when needing to focus on process complex tasks.
- He also benefits from tasks that are of interest to him to **increase visual attention and participation** in tasks.
- Ryan can also work on any **purposeful reach/grasp** with school-related tasks. He has begun to show more initiation with **purposeful movement using both arms** and can **use his arms to assist** with various school-related tasks as able.
- Any **social engagement with peers** will also be beneficial for Ryan, which will **help with motivation, engagement, and participation** in school-related and age-appropriate tasks/activities.

Meet Janey



Previously healthy, 15-year-old female

Diagnosis: TBI after being struck by an Amtrak train

Received care at CMH before admission to Ability KC in August 2023

Received OT, SP, PT, ACCT, Adaptive Gaming, Lite Group, Transitions Program



Return to School & Life

- August 2023
 - began day program at Ability KC for a total LOS 6 months
- November 2023
 - Initial school contact established
- December 2023 - observations
 - ACCT/Classroom partnership to support school re-entry, new school placement recommendations from AKC
- January 2024
 - SCHOOL CONFERENCE
- February:
 - School Re-entry began two half days per week at school in functional programming
- AKC reminded school of ELOS and let them know to work with family on when to transition to full days upon discharge 2/29/2024
- Summer 2024- Returned for Adolescent TRANSITIONS Program



- Previously healthy, 8 year-old male
- Diagnosis: Crush injury with severe TBI after being struck by debris from a tornado while seeking shelter under a bus depot. Initial GCS score of 3.
- Received OT, PT, SP, ACCT, Groups, Independent Programming (IP), School/Edu hours & Re-integration Support

Bentley



Bentley's School Recommendations

- SP recommends assistive technology for (individualized with writing/reading/communicating. Etc).
- SP recommends additional time for cognitive processing and task completion. This includes additional response time for in-class questions.
- PT recommends assistance be provided when moving from class to class to ensure a safe and timely transition. PT recommends use of a gait belt and CGA for safety.
- Program Educator recommends to assess knowledge using multiple-choice instead of open-ended questions
- Program Educator recommends to reduce quantity of work required, in favor of quality.
- Program Educator recommends regular routines, along with clear & concise directions/expectations (with visual support, when possible) to help minimize avoidance of classroom escape behaviors.
- OT recommends reducing visual clutter on work sheets. He has difficulty with figure ground, form constancy, and visual motor speed

Caden

- Previously healthy, 17-year-old male
- Diagnosis: severe TBI after MVC at high speeds
- Received care at CMH before admission to Ability KC in May 2024
- Received OT, PT, SP, Adolescent Groups, Lite Group

School Conference Note

Patient Name: Caden Heany **Date:** 8/20/2024
Date of Birth: 03/09/2007 (17 years old)

School Info

Attendees: Piper HS Team:

Jake Hanson (School Psychologist)
 Laura Arenas - nurse
 Diane Fleming - SPED coordinator
 Jake Hanson - Psych
 Anne Holt - Counselor
 Heidi Cruz - Para
 Susan Yetter - SPED Teacher and case manager
 Keelin Althoff - SLP
 Lauren Docman - OT

Ability KC Team:

Kelli Pope, School Liaison
 Nicholas Guess, OT
 Skylar Brusa, SLP
 Michele Ahern, PT


parent: Keegan McColley (mom)

School Contact

Reintegration Plan: Caden will be attending Piper High School 2 days per week through the remainder of his POC with Ability KC. He will be enrolled in one core subject, one elective and possibly one online course. School is working on a plan for helping Caden into an 18-21 year program for post-secondary transition.

Recommendations:

- PT- Allow Caden to arrive to class early or late to avoid class period change crowds. Have a responsible peer guide Caden to each class, cafeteria, and to exit/entrance. Provide assist to Caden during Fire, Tornado, and active shooter drills. When overstimulated, provide options to calm. Those options can include a quiet room, active listening, and taking a walk. Caden must follow Traumatic Brain Injury precautions for up to 12 months post injury. Those precautions include not participating in any activity that could cause a blow to the head.
- OT- reduce visual clutter to decrease double vision and improve visual attention/perception, provide structured breaks and breaks PRN to reduce sensory overstimulation for regulation, provide increased time for all assignments and expectations, reduce unnecessary auditory and visual stimuli as able to increase attention to task
- ST- A school-based speech therapy assessment is recommended. A study/testing area that is free of distractions or reduced distractions recommended to improve his attention, processing, and understanding of information. Recommend a copy of class notes be available as well as recording of lectures. Caden would greatly benefit from a planner (he seems to be more motivated to use electronic version on computer). Recommend additional time for cognitive processing and task completion. Provide assignments/instructions with concrete language when possible.



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 Kansas City, MO 64108
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School Contact Log

Patient Name: Caden A Heany **Date:** 8/3/2024
Date of Birth: 03/09/2007 (18 years old)

School Info

District Name: North Kansas City Schools
School Name: Oak Park HS
School Number: Address: 825 NE 79th Terrace, Kansas City, MO 64118
 Phone: (816) 321-5320
 ** Patient will re-enter in a different school district**
 New contact:
 Piper High School
 Address: 13021 Leavenworth Rd, Kansas City, KS 66109
 Enrollment: 817 (202384*2024)

Point of Contact: Jake Hanson, Psychologist

Date	Contact Info	AKC Staff	Details
5/22/2024	parent	Kelli Pope	ROI received
6/3/2024	main phone number	Kelli Pope	requested contact information for transcript- was given contact info for registrar
6/3/2024	Shelly Sayre, registrar	Kelli Pope	emailed ROI and requested transcript- ROI states 9-11th grade took place at OPHS
6/3/2024	Shelly Sayre, registrar	Kelli Pope	Transcript received. NO IEP or 504.
7/25/2024	mom	Kelli Pope	phone conversation about POC in conjunction with what school will look like for him at Piper HS in a different district
8/12/2024	school psych, sped teacher and slp, Piper HS	Skylar Brusa	observation of SLP
8/19/2024	all Piper HS school team	all akc team	see school conference note

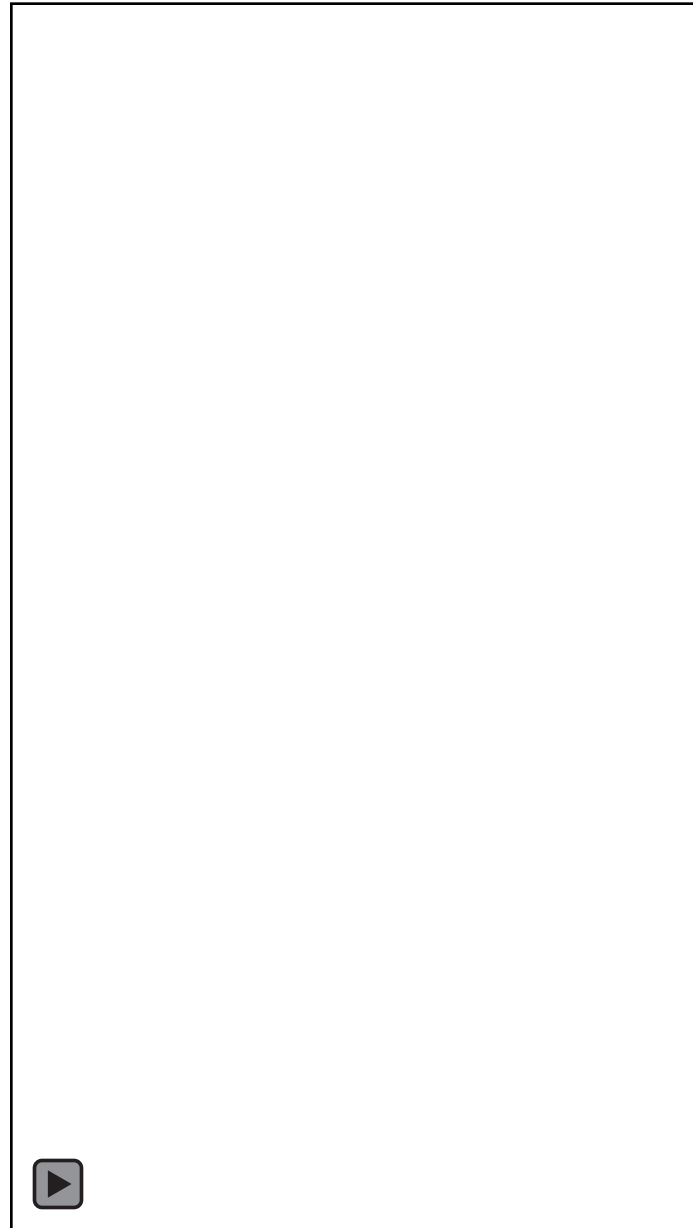
*future conversations that will affect patient POC or progress with AKC will be added to updated during patients next admission

Caden's Spirit

Ability KC's partnership with Caden's Family and High School team has meant so much to Caden's person journey.

Although Caden still has some struggles with vision, memory, and some cognitive skills, Caden is currently enrolled in a Post-Secondary (18–21-year-old) program through Piper School District & Johnson County Community College. His goal is to earn his Associate's Degree.

He is currently active on the program's bowling league and is pursuing assistant coaching positions for little league baseball in Spring 2026.



QUESTIONS?