



Make a BrainSTEPS Referral

The BrainSTEPS Team will accept referrals from school districts, agencies, parents, physicians, early intervention service providers, or any other service providers.

Contact your local BrainSTEPS CO Team:

For general BrainSTEPS CO Program information contact:

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www.brainsteps.net



The BrainSTEPS (Strategies Teaching Educators, Parents, & Students)

Brain Injury Consulting Program assists Colorado schools in supporting students with acquired brain injury.

The BrainSTEPS CO Program is jointly funded through the Colorado Department of Education and the Colorado Brain Injury Program.



BrainSTEPS CO

The BrainSTEPS (Strategies Teaching Educators, Parents, & Students) Brain Injury Consulting Program assists Colorado schools in creating educational plans for students following acquired brain injury. Acquired brain injuries (ABI) are brain injuries that occur after birth and include both traumatic brain injuries (TBI) and non-traumatic brain injuries (nTBI).

After a brain injury, students may return to school with temporary or lifelong impairments that have a significant impact on classroom performance. BrainSTEPS has been designed to consult with school teams and families in the development and delivery of educational services for students who have experienced any type of acquired brain injury. BrainSTEPS assists schools in building their capacity by serving as brain injury consultants to the school districts and teachers of students with brain injury.

- BrainSTEPS works to not only re-enter students from hospital/rehabilitation to school after a new brain injury, but with students previously identified as having a brain injury who may begin to develop or develop different educational impacts over the years as their brains mature and develop.
- Team members are from a variety of disciplines (school psychologists, social workers, nurses, speech language pathologists, administrators, etc.).

BrainSTEPS serves the following types of acquired brain injuries:

Traumatic Brain Injuries – including concussion (mild TBI), moderate and severe caused by an external physical force, i.e., sports/recreational activities, falls, assault, abuse, motor vehicle accidents (includes bicycle), pedestrian accidents, and non-accidental abusive head trauma (“shaken baby syndrome”).

Non-Traumatic Brain Injuries – caused by an internal event, i.e., stroke, brain tumor, aneurysm, lack of oxygen to the brain (near drowning), lightning strikes, chemotherapy or radiation impacts to the brain, seizure disorder, brain infections (encephalitis, meningitis), toxic or metabolic injury, and viruses.

BrainSTEPS supports school districts in the following ways:

- ⇒ Identification of students with traumatic and non-traumatic brain injuries
- ⇒ School re-entry planning
- ⇒ Intervention selection and implementation
- ⇒ Educational plan development
- ⇒ Concussion management for return to academics
- ⇒ Teacher training, peer training, family training
- ⇒ Ongoing, annual monitoring until graduation
- ⇒ Family support and resource sharing
- ⇒ Awareness trainings



Brain injury facts:

Brain injury is a **leading cause** of death and disability in children and adolescents.

Physical recovery is not a sign that the brain has healed. You can't gauge recovery from brain injury based on how a child looks on the outside.

Brain injury severity does not equate with how the student will function academically or socially/emotionally in school.

Students do not need to strike their heads to sustain a brain injury. A sudden jolting motion of the head may be all the force that is necessary.

It is not common to lose consciousness after a concussion. Less than 90 percent of concussions involve loss of consciousness.

Children do not simply “bounce back” after brain injury. In fact, injury to the developing brain can impact future learning.

Effects of brain injury are not always immediately apparent and may not become evident until the child passes through important developmental stages. Over time, difficulties may emerge as the demands are increased on parts of the brain originally injured.