SAFE Student Screening Tool: Grades 6 to 12

Students referred to educators or school nurses for assistance because of academic, behavioral, or physical challenges sometimes have histories of possible brain injuries. The SAFE Student Screening tool provides information to help educators develop and implement appropriate accommodations and services.

Completing this form will not diagnose a brain injury!

If you have concerns about brain injury, contact your physician or an educator.

Student's name:	Student's date of birth:	Today's date :
Your relationship to student:	Student's gender: □ Male □ Female	Student's grade: 6 7 8 9 10 11 12

Student's race: □ African American □ Caucasian □ Asian □ Hispanic □ Native American □ Other___________

Is the student currently receiving special education services? □ Yes □ No

If yes, what is the student's disability verification? ____

Sickness	Has the student ever had a seizure, high fever (greater than 104 degrees), infection of the brain or spinal cord (e.g., meningitis or encephalitis), or other serious illness affecting the brain?	□ Yes □ No If yes, how many times? ______________
Accidents	Has the student ever: been in a car accident? □ Yes □ No experienced a near drowning or suffocation? □ Yes □ No stopped breathing for one minute or longer? □ Yes □ No been exposed to a toxin (e.g., lead, carbon monoxide)? □ Yes □ No suffered a blow to the head (e.g., sports injury or assault)? □ Yes □ No	□ Yes □ No If yes, how many times? ______________
Falls	Has the student ever had a substantial fall resulting in a blow to the head (e.g., down stairs, during a sporting event, or when riding a bicycle/motor bike)?	□ Yes □ No If yes, how many times? ______________
Emergency Room	Has the student ever needed emergency medical attention because of disorientation, a loss of consciousness, or a blow to the head?	□ Yes □ No If yes, how many times? ______________
	What is the total number of possible injuries for the student?	Total _________

Student Behaviors

If you answered **YES** to any of the above questions, have you noticed any of the following behaviors in the student since the incident? Check all that apply:

- □ Sensitivity to light or sound
- □ Frequent headaches, changes in vision, or ringing in ears
- □ Decreased coordination or physical performance
- □ Impulsivity or irresponsibility
- □ Sadness, anxiety, emotional outbursts, or mood swings
- □ Lack of energy or tiring easily
- □ Other ______________________________
- □ Slowed speed of processing
- □ Difficulty with learning new material or a loss of previously-mastered academic skills
- □ Changes in social interactions, immaturity, or egocentricity
- □ Apathy or loss of interest in previously-enjoyed school or leisure activities
- □ Problems with ___attention,___organization, ___concentration, ___memory, ___multi-tasking, ___starting or finishing tasks or ___problem solving (check each that applies)

Development of the ***SAFE Student Screening Tool*** was supported in part by TBI Implementation Partnership Grant #H21MCO6758 from the Department of Health and Human Services (DHHS), Health Resources and Services Administration, Maternal and Child Health Bureau. The contents are the sole responsibility of the authors and do not necessarily represent the official views of DHHS. Authors include members of the Task Force on Children and Youth of the Nebraska Brain Injury Advisory Council. **This is in the public domain. Please duplicate and distribute widely.** **July 2013**