



Brain Check Survey: Scoring Instructions

The injuries and illness section of the Brain Check Survey (BCS) is there to assist in determining whether there is a credible history of TBI. The four sections of the BCS in which behaviors or symptoms are numerically rated is used to obtain a score. Using the BCS as completed by the parents,

- Total the scores for each of the four sections
- Determine averages for each section (page 2 of this scoring guide), and sum the averages for a total score

The cut-off score for a positive screen is 8.0. If the total score is equal to or greater than 8.0, initiation of the school district’s TBI assessment process is appropriate.

The following serves as an example of a scored BCS as well as a filled out score sheet:

Behaviors that can affect learning						
<i>Please tell us about your child’s learning styles and behaviors</i>						
Learning Style or Behavior	Circle the number on the scale which best describes your child:					
	No Problem	↔		Extreme Problem		
Coping with change or transitions	1	2	3	4	5	6
Maintaining family and friend relationships	1	2	3	4	5	6
Letting go of one activity to attend to another	1	2	3	4	5	6
Reaction to simple problems	1	2	3	4	5	6
Waiting for his or her turn in a game	1	2	3	4	5	6
Learns from past mistakes or behavior	1	2	3	4	5	6
Thinks before speaking or acting	1	2	3	4	5	6
Listens without interrupting others often	1	2	3	4	5	6
Handles a change in plans	1	2	3	4	5	6
Demonstrates good judgment	1	2	3	4	5	6
Learning Style/Behavior Total: 33						

Cognitive Processes that can affect learning						
<i>Please tell us about your child’s learning styles</i>						
Learning Style or Cognitive Processes	Circle the number on the scale which best describes your child:					
	No Problem	↔		Extreme Problem		
Focusing and maintaining attention	1	2	3	4	5	6
Getting started on activities, tasks, chores, homework and the like, on his or her own	1	2	3	4	5	6
Monitoring own progress on homework, assignments, chores, and the like	1	2	3	4	5	6
Solving everyday problems (example: thinking of different options when something is not working for him/her.)	1	2	3	4	5	6
Learns new things easily	1	2	3	4	5	6
Remembers lists	1	2	3	4	5	6
Remembers day-to-day events	1	2	3	4	5	6
Learning Style/Cognitive Processes Total: 21						

Symptoms- Part 1 (Sensory)

If your child has experienced any of the following symptoms, rank the severity of those symptoms.

Symptom	Circle the number on the scale which best describes your child:					
	No Problem ←			↔	→ Extreme Problem	
Headaches and/or Migraines (sudden, not responsive to medications, can last for more than a day)	1	2	3	4	5	6
Blank staring/Day dreaming	1	2	3	4	5	6
Dizziness	1	2	3	4	5	6
Change in vision (blurred vision, double vision, depth perception)	1	2	3	4	5	6
Fatigue (tires easily, is often tired)	1	2	3	4	5	6
Light sensitivity (can be easily upset by bright or strobe lights)	1	2	3	4	5	6

Symptoms Part 1 Total: 23

Symptoms- Part 2 (Motor)

If your child has experienced any of the following symptoms, rank the severity of those symptoms.

Symptom	Circle the number on the scale which best describes your child:					
	No Problem ←			↔	→ Extreme Problem	
Loss of muscle coordination (can look like awkward movements, problems with balance, slowed reactions, uncoordinated running and catching)	1	2	3	4	5	6
Blackouts/ Fainting	1	2	3	4	5	6
Confusion	1	2	3	4	5	6
Seizures	1	2	3	4	5	6
Slurred speech	1	2	3	4	5	6
Has trouble finding the "right" word when talking	1	2	3	4	5	6

Symptoms Part 2 Total: 17



Brain Check Survey: Score Sheet



Calculation of Total Score

	Subtotal		Section Average
Behaviors that can affect learning	33	÷ 10 =	3.3
Cognitive processes that can affect learning	21	÷ 7 =	3
Symptoms - Part 1	23	÷ 6 =	3.8
Symptoms - Part 2	17	÷ 6 =	2.8
Sum of Section averages = TOTAL SCORE			12.9