The BrainSTEPS (Strategies Teaching Educators, Parents, & Students) Brain Injury School Re-Entry Consulting Program assists Pennsylvania 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 nontraumatic 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 these students.

- 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 educational impacts over the years as their brains mature and develop.

- Thirty BrainSTEPS teams are based out of the educational intermediate units and three large school districts.

- Education professionals, medical rehabilitation professionals, and family members comprise the BrainSTEPS teams.
BrainSTEPS serves the following types of acquired brain injuries:

**Concussions (mild TBI), moderate and severe Traumatic Brain Injuries** caused by sports/recreational activities, falls, assault, abuse, motor vehicle accidents (includes bicycle), pedestrian accidents, and shaken baby syndrome.

**Non-Traumatic Brain Injuries** caused by stroke, brain tumor, aneurysm, lack of oxygen to the brain, lightning strikes, chemotherapy/radiation impacts to the brain, near drowning, 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 nontraumatic 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 training to medical, rehabilitation, and community facilities

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.
• A concussion is a mild traumatic brain injury and can have lifelong effects.

• 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 to cause a brain injury.

• It is not common to lose consciousness after a concussion. Less than 10 percent of concussions involve a 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.

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**How to 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.

Go to [www.brainsteps.net](http://www.brainsteps.net)

Click on Make a Student Referral to make an electronic referral or

Contact your local BrainSTEPS team directly:
For general BrainSTEPS Program information contact:

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www.brainsteps.net

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