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| Traumatic Brain Injury and Employment |
| Outreach and Education Training |
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Includes:

Training Summary and Objectives

Presentation Information

Evaluation Form

Sign-In Sheet

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| Supported in part by AL H21MC06738 from the Department of Health and Human Services 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. |

**Training Title:**

Traumatic Brain Injury and Employment

**Training Summary:**

This presentation introduces information related to employment and traumatic brain injury. A general overview introduces the audience to basic definitions, levels of severity, incidence rates, causes, risk factors, and effects of traumatic brain injury. Factors of unemployment and barriers to successful employment are included. An introduction to job accommodation and examples are provided to the audience. Audience will receive state-wide and national resources for traumatic brain injury, as well as specific resources related to employment.

**Training Objectives:**

1. Participants will be provided with an explanation of traumatic brain injury, as well as causes, effects, and prevalence.
2. Participants will be familiarized with factors in unemployment and barriers to successful employment for people with traumatic brain injury.
3. Participants will receive information on assisting someone with a traumatic brain injury who is returning to work.
4. Participants will be provided suggestions of job accommodations for individuals with traumatic brain injuries.
5. Participants will be provided with resources specific to employment and people with traumatic brain injury/disabilities.
6. Participants will be given information on accessing the resources available in Alabama for persons surviving brain injury and their caregivers.

**Training Credit:**

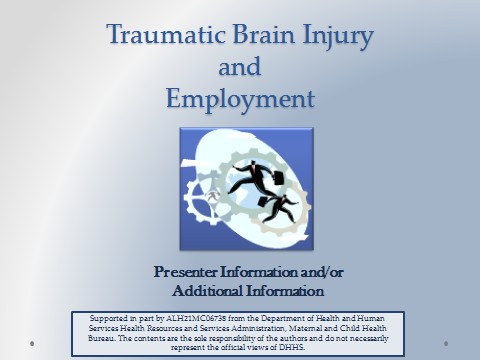
Continuing Education Units, or CEUs, are required by many professional licensing or certifying bodies. Therefore they are a valuable commodity to professionals who may be attending this Outreach and Education training. The application and approval of CEUs varies for each professional group and can require a great deal of documentation. For additional information on **CEUs** and **Certificates of Attendance** in connection with this training module, contact Maria Crowley at maria.crowley@rehab.alabama.gov or (205) 290-4590.

**Power Point Presentation:**

35 slides

Approximate presentation time: 30-35 minutes

Presentation contains: Visual only with notes throughout.



**Suggested Materials and Resources:**

-Handouts for AHIF, ADRS, Outreach and Education Brochure, VRS

-Job Accommodation Network (JAN): Flyer on job accommodations and brain injury

askjan.org/media/employmentbrainfact.doc

-CDC Traumatic Brain Injury Materials: cdc.gov/TraumaticBrainInjury

-Fact Sheets for Model Systems Translation Center : msktc.org/tbi/factsheets

-ICBM/VR compiled publications related to work

**Date(s) of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Strongly Strongly  **A. RATING OF THE MEETING:** Agree Disagree | | | | | | |
| 1. Participants had opportunity to participate. | 5 | 4 | 3 | 2 | | 1 |
| 2. Presentations were well organized. | 5 | 4 | 3 | 2 | | 1 |
| 3. Program content was relevant to my job. | 5 | 4 | 3 | 2 | | 1 |
| 4. Length and pace were appropriate. | 5 | 4 | 3 | 2 | | 1 |
| Considerable Not  **B. PERCEIVED IMPACT OF TRAINING:** Impact Relevant | | | | | | |
| 1. Positive effect of the meeting on my professional skills, knowledge, abilities. | 5 | 4 | 3 | 2 | 1 | |
| 2. Positive effect of the meeting on people served in the rehabilitation service system. | 5 | 4 | 3 | 2 | 1 | |

**COMMENTS ON THIS TRAINING EVENT:**

1. What were the special strengths of the meeting?
2. What were the weaknesses of the meeting?
3. What changes and other topics would you recommend?

**Additional Comments:**

Strengthening the System of Care for Alabamians with TBI Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sign-In Continued

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