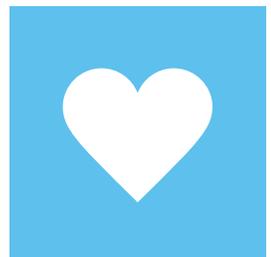
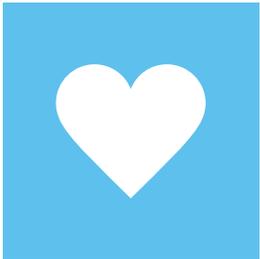


IBRAIN

International Academy for the Brain

Washington, D.C.: Program Description

2023-2024



Washington, D.C.



info@ibraindc.org



646-315-1548



www.ibraindc.org

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About iBRAIN Academy

The International Academy for the Brain (iBRAIN) is one of the largest special education programs in the world focused on students with brain injury or brain-based disorders. With two locations in New York City, iBRAIN is excited to expand its services to the Washington D.C. Metropolitan Area.

Mission Statement:

Our mission is to research, develop and implement special education and related services for students with brain injury and brain-based disorders.

Philosophy:

Things work out best for those who make the best out of the way things work out!

Focus on the Family:

Brain injury and brain-based disorders do not just impact the student but the entire family, and iBRAIN's programs are designed to support the entire family.

Moving Forward:

Today we serve students ranging from 5 years through 21 years of age. We are growing, and welcoming more students each year as we continue to bring strong and vibrant educational opportunities to children with brain injury and brain-based disorders across the D.C. metropolitan region (D.C., MD, VA).

iBRAIN Students and Families

iBRAIN's students have a brain injury or a brain-based disorder, such as

Traumatic Brain Injury: caused by external force, such as car crash, sports concussion, gun-shot, Shaken Baby Syndrome/Abusive Head Trauma, falls

Non-traumatic Brain Injury: caused internally, such as seizures/epilepsy, brain tumor, meningitis, stroke

Brain-based disorder: this can occur during pregnancy (i.e., congenital) or it can be a genetic disorder that impacts the brain like a brain injury

- Our iBRAIN students have significant disabilities (i.e., physical and/or communication), some of whom are non-verbal/non-ambulatory (wheelchair-dependent), and require a full-time 1:1 paraprofessional for support of all Activities of Daily Living (ADLs).
- Some of our students require 1:1 nursing due to more severe medical conditions and accommodations, such as gastrostomy tube, tracheostomy, and ventilators.
- Our families reflect the diversity of Washington, D.C. and the surrounding area of Maryland and Virginia.

Service Area

Our school is easily accessible to families residing 90 minutes from Washington, D.C. in all directions encompassing the metropolitan areas of Maryland and Virginia.



Please note this is an approximate map of our service area.

Our Curriculum

All children deserve an education that prepares them for the future; a future we cannot yet see, but one that will take courage, sensitivity and perseverance. At iBRAIN D.C., our curriculum seamlessly integrates each student's developmental needs with intellectual and physical goals. iBRAIN D.C.'s educational department caters to students of all academic and grade levels.

Academics

iBRAIN D.C.'s educational program focuses on the development of academic, cognitive and social skills aligned with each student's Individualized Education Program (IEP). Teachers meet with each student individually each day on their targeted individual academic goals. Additional activities supporting academic goals take place in pairs and small groups. Our Research Assistants (RAs) / paraprofessionals are trained to reinforce and encourage academic skills throughout the activities of the day to ensure these skills are generalized. Progress on IEP goals are tracked on a consistent, daily basis through individualized data, which is collected, measured, and analyzed on a daily basis. By monitoring and focusing on every student's performance in the classroom, our teachers and paraprofessionals can better evaluate the child's progress and adjust instruction accordingly.

Our teachers utilize the Direct Instruction education model. Direct Instruction is the most carefully developed and thoroughly tested program for teaching reading, math, writing, spelling and thinking skills to children. The approach aims to teach more in less time and control the details of the curriculum by targeting skills in a specific sequence. Skills are modeled exactly and the student's response is isolated to create an errorless learning environment. Direct instruction is highly individualized and looks different for students depending on their level of functioning.

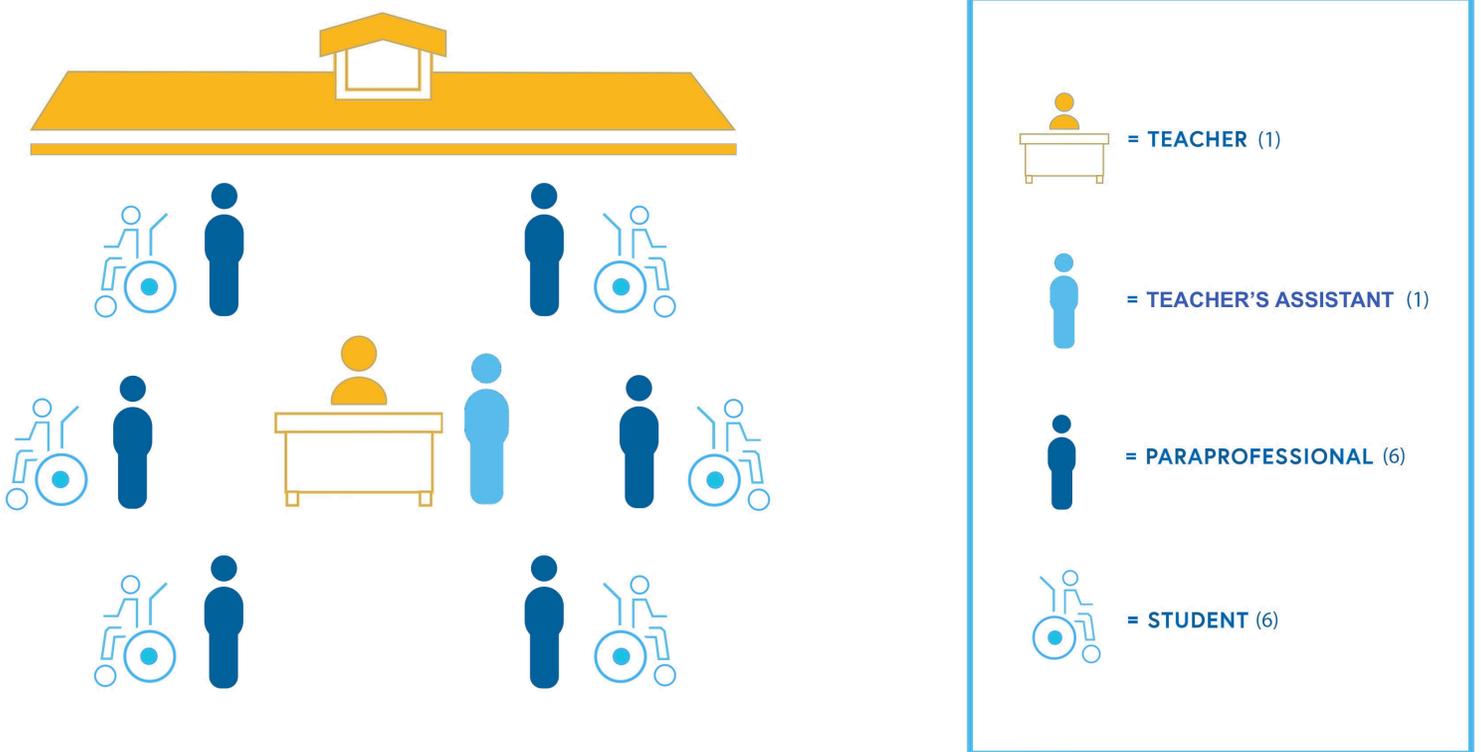


All skills and strategies are taught using a Direct Instruction educational model according to each student's needs. Students receive 30 minutes of 1:1 academic instruction every day in addition to small group work.

Classroom Environment

In our initial launch, two types of classroom sizes will be offered to best accommodate each student's needs: the 6:1:1 classroom (6 students: 1 teacher and TA: 1 paraprofessional) is designed to serve individuals with highly intensive needs (non-verbal, non-ambulatory) and 8:1:1 classroom (8 students: 1 teacher and TA: 1 paraprofessional) is designed for individuals with severe-to-moderate needs.

Each classroom has a Teacher's Assistant (TA) to organize and support classroom activities across all academic and related service disciplines. Their support is critical to ensure the infusion of academic skills throughout the school day, and to generalize learnt skills within their environment.



Sample classroom ratio of 6:1:1
6 students: 1 Teacher/1 Teacher's Assistant per Teacher: 1 Paraprofessional Per Child

Small Class sizes ensure each student receives the individualized care and attention necessary to remain engaged in the learning process. With a smaller class size, our teachers can get to know each student as an individual, working with them to enhance their strengths and improve their weaknesses.



Related Services

Related Services at iBRAIN D.C. are the supportive services and adjunct activities we offer that is necessary for our students who have acquired a brain injury or brain-based disorder to better maximize their educational outcomes. All related services set out in a student's IEP is provided by iBRAIN's licensed Related Services personnel. Related services are operated in our push-in/pull-out model.

PULL-OUT: With this approach, services take place outside the classroom setting with our licensed therapists. The purpose is to work on a specific task or skill in a controlled environment with very limited distractions in a private setting.

PUSH-IN: Once the student has made enough progress with the targeted task or skill, the therapists will work in the classroom or other settings with the special education teacher to generalize the task or skill the student was working on independently in an inclusive setting.

Teachers collaborate with each student's therapists across all domains offered at iBRAIN D.C. throughout the day. This helps students generalize their academic and therapeutic skills across all areas of life.

TYPES OF RELATED SERVICES OFFERED AT IBRAIN

Physical Therapy

Occupational Therapy

Speech and Language Therapy

Vision Education

Hearing Education

Assistive Technology

Music Therapy

Aquatic Therapy

Physical Therapy

The mission of the Physical Therapy Department is to provide quality and coordinated physical therapy services with evidence-based practices specific to each child's goals in order to maximize functional independence. Each student will be regularly assessed in order to provide quantitative measures of their quality of life, functional capabilities, and clinical measurement. This level of accountability and excellence provides your child with a baseline to reach objective IEP goals and create opportunities to address other underlying functional needs.

The Physical Therapy Department utilizes push-in/pull-out services and strives to make gains in these areas throughout the year.

Clinical objective measures include (but are not limited to) range of motion, strength, flexibility, spasticity, sensation, quality of movement and skin integrity. Formal testing such as the Gross Motor Function Measure and Mobility Domains in the Pediatric Evaluation of Disability Inventory (PEDI) may be conducted as well to provide standardized values and a benchmark for comparison with future assessments of the student's functional progress.

Intervention occurs in and out of the classroom, gym, hallways, neighboring community, playgrounds and streets. The gym has mirrors, mats, therapeutic balls, and alternate supportive equipment to be utilized within the sessions. Intervention is individualized and guided by the goals set by the IEP and the child's current physical therapist based on evaluations and assessments.

Adjunct Programs are additional therapeutic interventions to aide with stretching, strengthening, weightbearing for improved endurance and function. Adjunct programs include (but are not limited to) Aquatic Therapy, stander program, positioning, biking, vibration and gait/balance training. Along with other clinical team members, physical therapists play a role in assessing and assisting with acquiring appropriate bracing, seating and adaptive equipment to help our students maintain proper health, alignment and physical function within the program and home environment. Adaptive equipment needs for bracing and equipment for a student is assessed in our in-house evaluations during iBRAIN D.C.'s Equipment and Brace Clinic.



Occupational Therapy



The Occupational Therapy Department at iBRAIN D.C. places engagement at the core of all interventions, program design, evaluation, and interactions with students. Based on existing literature, neuroplasticity occurs at the greatest rate and frequency while individuals are engaged in meaningful occupations and interventions.



Our students' limitations in vision, hearing, speech, and motor skills are factors that prevent them from engaging fully in desired occupations. The Occupational Therapy Department works to remediate these client factors through evidence-based interventions as well as the use of adaptive methods and equipment. Individualized care begins by assessing students' occupational needs during initial interviews with students and parents to determine student preferences and preferred occupations. This creates a well-rounded, strength-based occupational profile. The Occupational Therapy Department currently uses strength-based standardized measures such as School Function Assessment, Caregiver and Self Care scales on the PEDI to capitalize on students' strengths while also addressing deficits, thus creating goals to help improve the student's functionality and thus generalize the skill.



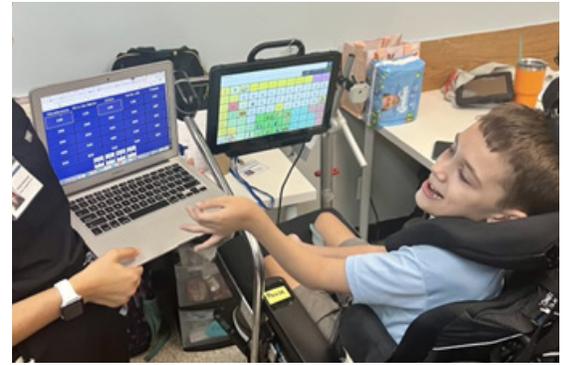
Our sessions often include preparatory strategies such as range of motion, weight bearing, sensory preparation, and environmental set-up, followed by the completion of therapeutic exercise and functional activity. We utilize various assessment tools to measure progress. Intervention occurs in and out of the classroom, OT gym, school hallways, and neighboring community playgrounds, streets, and stores. The gym has swings, switches, and alternate play equipment for the students. Intervention is individualized and guided by the goals set by the IEP and the child's current occupational therapist based on evaluation. The mission of the Occupational Therapy Department is to facilitate each child's independence and participation in all aspects of their education, including self-care and everyday activities using a holistic family-centered approach here at iBRAIN D.C.

Speech and Language Therapy

When a child is unable to communicate by speech, he/she must develop alternative ways to communicate so others will understand and respond. Augmentative and Alternative Communication (AAC) uses all forms of communication other than oral speech, allowing a child with speech impairments to express themselves and communicate with those around him/her. The Speech and Language Therapy Department will work to help our students by improving and accessing overall communication skills via a multi-modality approach. Our mission is also to ensure feeding safety by assessing and addressing feeding issues using an interdisciplinary approach.

Speech-Language Pathologists (SLPs) at iBRAIN D.C. work to assess, diagnose, and treat language, cognitive-communication, feeding and swallowing disorders for multi-handicapped children with brain injury and brain-based disorders. Most of the children are non-verbal and non-ambulatory and require astute observations by our Speech-Language Pathologists to hone in on the abilities they have which may simply be an eye blink, a tiny movement of a thumb to answer a question, or perhaps a consistent head movement. SLPs utilize the best intervention-assistive devices to enable students to express their needs and wants, answer yes-no questions, make choices, interactive play, and use apps.

Sessions are intensive and coupled with the intentionality model. Sessions are tailored to meet the cultural and linguistic needs of the child. SLPs strive to get the voice of each child known to their families, friends, caregivers, and medical providers and use every context to facilitate language. There is a range of AAC systems for each level of development: from the Tobii Eye Gaze to a single message switch, to a basic picture.



Vision Education



The Vision Education Program at iBRAIN D.C. focuses on each student's individual needs. Research shows that even though visual processing centers of the brain are damaged, new areas of the brain that are normally not responsible for visual processing can take over that function. The vision education team trains the entire staff in how to work with students with Cortical Visual Impairment (CVI). They also collaborate with ophthalmologists and parents on a regular and consistent basis. When appropriate visual accommodations are consistently implemented in daily routines and activities, the area of the brain that is processing vision is more consistently utilized and developed.

Since vision is potentially embedded in all daily routines, it is important for all team members, therapists, educators and parents to collaborate when designing and implementing modifications and interventions. Students' individualized programs are based on their interests, functional tasks that they engage in daily, and personal visual preferences (color, visual field, processing time, maximum distance etc). Students receive direct instruction which combines push-in (provided in the classroom) and pull-out (in a more private setting) services.

During pull-out sessions, students work on specific visual skills. Some students with more significant manifestations of CVI work on building visual attention. They work on consistently looking at objects of a specific size, color, or visual appearance. These students often bring in their favorite items from home since familiar items are generally more visually engaging. Newcomb et al (2009) supports the reliability of the CVI Range, the strategies and interventions based on the range, and an interdisciplinary collaborative approach that is utilized at a private special education program when visual accommodations, modifications, and techniques are integrated throughout the student's day.

Cortical Vision Impairment (CVI)

- CVI is the leading cause of visual impairment in children
- CVI requires a different approach than other visual impairments
- CVI often gets undiagnosed or misdiagnosed until later in childhood

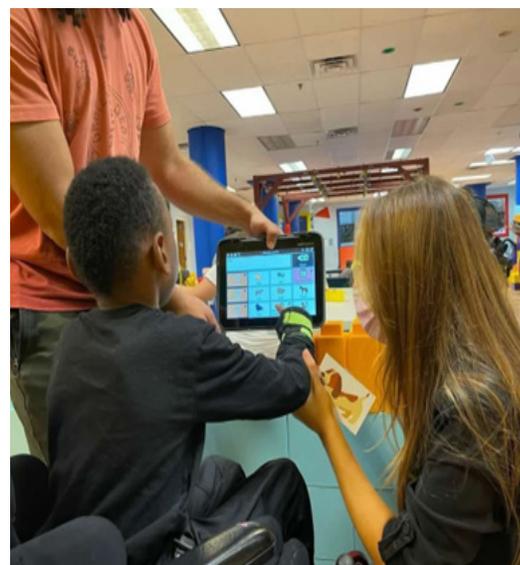
Hearing Education

iBRAIN D.C.'s Hearing Education department incorporates many forms of sign language (from American Sign Language (ASL) to Signed Exact English as well as Tactile Sign Language) specifically to meet the needs of our students who are deaf, have hearing challenges (wear hearing aids or have a cochlear implant) as well as those who are "hearing" or have difficulty processing and understanding spoken language.

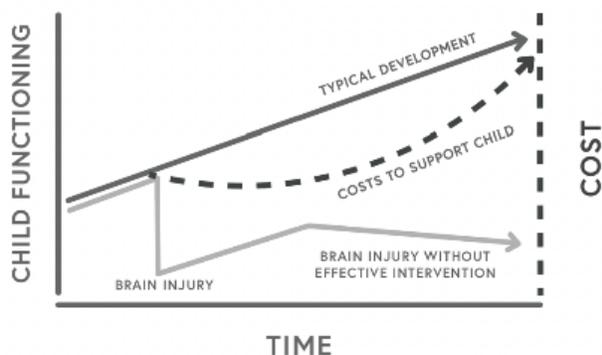
When sign language is incorporated with spoken language, it gives the child the ability to "see" what is being taught. Sign language in conjunction with the spoken word helps the child to process information more effectively. This helps the student comprehend, retain, retrieve and demonstrate what they have learned.

We utilize sign language to help our students develop language skills, communicate, use their assistive technology devices, socialize, and achieve their educational goals. It helps give our students who are non-verbal and have severe multiple challenges a voice and a pathway to learn through. As an example, some of our students have progress from knowing only three words or signs (such as "eat", "more" and "all done") to being able to read. The Hearing Education department believes that all students have the ability to learn!

What is most important is finding what motivates and interests each child, how they communicate (in many cases which parts of their bodies can they move) and incorporating the best techniques and tools, such as "sign language," to help our children achieve their best!



Effects on Child/Youth Functioning and Related Costs of Inadequate Treatment



Effects on child functioning and related costs associated with intervention and support



Assistive Technology

As defined by the U.S. Department of Education, Assistive Technology (AT) is everything that assists a child with special needs with a functional, educational, and self-care task. AT includes utilization of adaptive equipment, technology and communication systems to help students achieve their personal and educational goals. Assistive Technology at iBRAIN strives to meet the student where they are in the hopes of improving their ability to express themselves and interact with the world around them. Participation may require our students to utilize various access methods (i.e. a way to physically activate an item, switch or stimulus) indicating a child's ability to select a preferred item or complete a task. One example may include one's ability to activate a switch with one's thumb to turn on a blender to assist in pureeing food for intake or to create smoothies for a class party. Another example includes the use of head array on a power seated device to select direction of turn when learning how to drive a wheelchair towards their favorite classroom.

Assistive Technology is woven into every department at iBRAIN D.C. to incorporate the goal of inclusion and communication of our students. Communication provides a voice to our students in a culture that attempts to assume their desires. All communication systems are utilized at iBRAIND.C. to build a bridge between the student's participation between the program and home environment.



Aided communication systems range from no-tech to low-tech to high-tech. There is no hierarchy to these communication systems. The choice depends on what is most efficient and appropriate for the situation and your child.

NO TECH:

No-tech communication includes objects, people, or items occurring naturally in the immediate environment. These are used as words, key concepts, referents, or symbols to communicate.

LOW TECH:

Low-tech communication can involve photos, line drawings, picture symbols, representational objects, words, alphabet boards, sentence boards, eye-gaze boards, and simple speech-generating devices.

HIGH TECH:

High-tech speech-generating devices include digitized voice output switches with single or multiple messages, digitized voice output devices with overlays allowing for an array of choices ranging from 2 to 32 or more, and digitized voice output devices with interactive screens.

High-tech communication refers to dedicated devices and computers adapted to be speech-generating devices. High-tech communication devices have text-to-speech features. Training is likely needed to program and adapt for use. High-tech communication devices often require coordination with a team of professionals and experts for ongoing technical support, maintenance, programming, upgrading, and repair.

Music Therapy

The mission of the Music Therapy department at iBRAIN D.C. is to use evidence-based music therapy interventions to support our students in sensorimotor, cognitive and speech/language goals, while providing individualized services for our students within the interdisciplinary team. According to the American Music Therapy Association (AMTA), Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a board-certified music therapist (MT-BC).

Music Therapy uses music within a therapeutic setting to address physical, emotional, cognitive and social needs of our students at iBRAIN D.C. After assessing the strengths and needs of each student, the music therapist provides appropriate musical experiences including creating, singing, moving to, and/or listening to music; various techniques are utilized to support the students in reaching their goals.

Through musical involvement in the therapeutic context, students' abilities are strengthened and transferred to other areas of their lives. Music Therapy also provides avenues for communication that can be beneficial to support our students.



Research in Music Therapy supports:

- Overall physical rehabilitation and facilitating movement
- Increasing people's motivation to become engaged in their treatment
- Emotional support for students and their families

Aquatic Therapy



Aquatic Therapy involves utilizing water to achieve therapy goals. Water can be an excellent environment for students who have difficulty with weight bearing activities due to physical disability. The hydrostatic pressure exerted by water is another reason aquatic therapy can be beneficial. When patients are almost completely submerged in water, blood circulation improves drastically. This can facilitate decreased swelling in the lower extremities of the body.

All iBRAIN D.C. students are accompanied by a licensed and CPR certified Therapist and an additional Staff Personnel for safety (2 adults to 1 student). A lifeguard is on duty during all aquatic activity as well.



Benefits of Water Therapy include but are not limited to:

- Increased range of motion
- Improved balance and coordination
- Normalization of muscle tone
- Protection of joints during exercise
- Reduction of stress



Students at iBRAIN spend time generalizing their skills in the community.

Sample Student Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30AM - 9:00AM	ADLS	ADLS	ADLS	ADLS	ADLS
9:00AM - 9:30AM	VISION	Math	AT	Math	VISION
9:30AM - 10:00AM					
10:00AM - 10:30AM	Morning Meeting				
10:30AM - 11:00AM	1:1 Academics				
11:00AM - 11:30AM	PT	PT	PT	PT	PT
11:30AM - 12:00PM					
12:00PM - 12:30PM	Lunch	Lunch	Lunch	Lunch	Lunch
12:30PM - 1:00PM					
1:00PM - 1:30PM	SPEECH	SPEECH	SPEECH	SPEECH	SPEECH (GROUP)
1:30PM - 2:00PM					
2:00PM - 2:30PM	OT	OT	OT	OT	OT
2:30PM - 3:00PM					
3:00PM - 3:30PM	Literacy	Music Therapy	Literacy	Music Therapy	Literacy
3:30PM - 4:00PM					
4:00PM - 4:30PM	ADLS	ADLS	ADLS	ADLS	ADLS
4:30PM - 5:00PM	Dismissal	Dismissal	Dismissal	Dismissal	Dismissal

Schedules will vary based on student IEP and service recommendations.

Admissions Information

How to Enroll:

We invite you to consider our program and join other families who are committed to giving their children with brain injuries or brain-based disorders a personalized, meaningful curriculum that meets their child's needs while incorporating the best practices from the medical, clinical, and educational fields.

Enrollment Steps:

STEP 1: Please visit our website at <https://www.ibraindc.org> and fill out our enrollment form and call us at 917-549-5925 to schedule an intake and screening with an iBRAIN administrator and schedule an evaluation date.

STEP 2: Submit any previous educational and medical records including IEP. It is critical that the iBRAIN D.C. staff receive detailed information about your child's educational and medical history. Upon review of these records, iBRAIN D.C. staff will determine initial eligibility and help our teams prepare for your child's evaluation.

STEP 3: Your child will participate in an evaluation covering all disciplines (OT, PT, Speech, Vision, AT, Hearing, Music and Academics). After these assessments are completed, the iBRAIN team will meet to determine whether your child is a good fit for the program and provide service recommendations including developing an iBRAIN IEP.

STEP 4: Upon acceptance, you will be asked to fill out and return our Enrollment Agreement with a \$100 refundable tuition deposit. Our team will work with you to create your child's schedule and prepare for your child's first day. All other costs are suspended while you seek funding from your local school district.



Initial Screening

Students are initially screened via conversation or virtual meeting with the student's parents/guardians to determine whether the student meets most or all of the typical criteria for an iBRAIN D.C. student. Generally, this includes sharing information with parents/guardians regarding the iBRAIN D.C. program, services and typical student profile. iBRAIN D.C.'s offerings are described in more detail and if both parties feel it is an appropriate fit, a tour and intake evaluations are scheduled. iBRAIN D.C. obtains educational and medical documentation prior to evaluations so that the evaluating team will have background information to plan their evaluations.

Intake Evaluations

The student comes for about four hours of interdisciplinary evaluations. These include evaluations by Academics, Vision and Hearing Education Services, Speech Therapy, Occupational Therapy, Physical Therapy, Music Therapy and Assistive Technology. During the evaluations, clinicians gather information from the family regarding their child's performance of skills, progress over time, and additional relevant medical information. If more evaluations are needed, they will be scheduled.

Following the completion of evaluations, the evaluating team meets to discuss their overall findings and service recommendations. Given the results of these evaluations and discussions, the team determines whether iBRAIN D.C. will be an appropriate placement for the success of the student. In the event that it is found to be, iBRAIN D.C. extends an offer of enrollment which explains the service and program recommendations for the student.



Post Acceptance: Program Placement

After a family officially enrolls their child at iBRAIN D.C., the iBRAIN D.C. team determines the most appropriate class for the student. The first consideration is class ratio. iBRAIN D.C. offers two class ratios, 6:1:1 and 8:1:1. During the intake evaluation, an initial program recommendation is made that includes the class size recommendation. This determination is made based on the student's current functioning. Students who show interest and ability to communicate independently are typically recommended for the 8:1:1 class. Students who require consistent assistance with communication and who are highly distracted by their environment are recommended for a 6:1:1 program.

After a program recommendation is determined, the team determines which classroom would be most appropriate. This decision is made based on age and similarity of student profile (communication device, vision and physical needs). There is considerable overlap in both age and student profile across classrooms at iBRAIN D.C., which allows for movement between classrooms as needed or beneficial to the student. Students may also be recommended for a change in class program ratio. Typically, this looks like a student moving from a 6:1:1 class to the less restrictive 8:1:1 class setting as they advance in their communication, social and attention skills.

Student's IEP, Ongoing Assessment, and Reporting

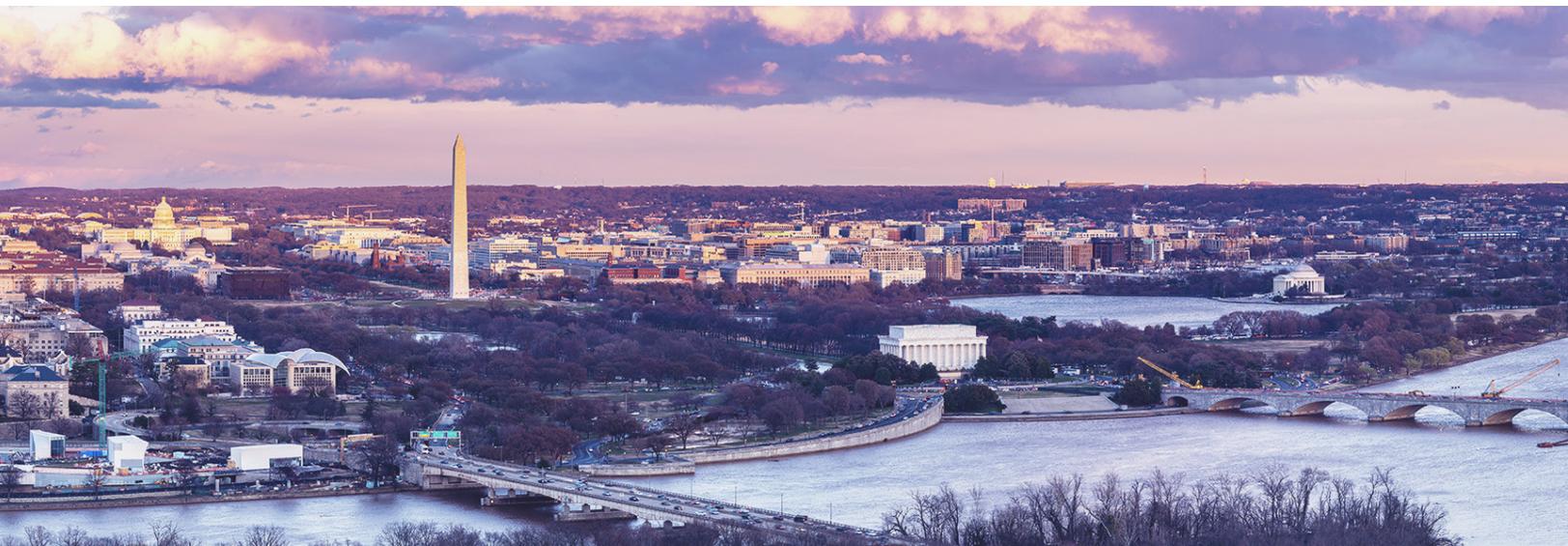
iBRAIN's Individual Education Plan (IEP) is a comprehensive and collaborative blueprint for your child's curriculum. Goals are initially developed during a student's evaluation based on provider assessment and parent input. IEP goals in general consist of 2-3 goals per discipline with 3 target benchmarks for each goal.

Each student will receive a Quarterly Progress Report through discipline specific standardized assessments and qualitative observations. Based on the student's quarterly progress, annual IEP goals may be adjusted to best meet the students at their current level of performance. For instance, if a student is meeting or exceeding all their benchmarks and/or goals, additional benchmarks and/or goals may be added. Conversely, if a student has a major surgery or illness that causes a setback in their performance, goals will be adjusted to match the student's current abilities. Parents will have the opportunity to discuss and review student goals if changes are recommended. Additionally, team meetings may be requested at any time.

Thank you for taking the time to learn more about iBRAIN Academy and our special education program. We are excited to expand our services to families in the Washington D.C. Metropolitan Area and are committed to providing exceptional education and support to every student who comes through our doors.

We invite you to see our program in action via a virtual tour. Contact us to schedule a tour and meet our staff. We look forward to answering any questions you may have and helping you make an informed decision about your child's education.

Thank you for considering iBRAIN Academy as your partner in your child's educational journey. Together, we can help your child reach their full potential and thrive in the classroom and beyond.





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