



Return to Learn: Accommodations Recommended Following Concussion

(To be completed by medical provider)

This form should be brought to the school nurse immediately upon return to school to initiate the health alert process.

Student's name: _____ Date of birth: _____

Date of assessment: _____ Date of injury: _____

The above student has been diagnosed with a concussion (also known as mild traumatic brain injury). Following the concussion individuals need both cognitive and physical rest to allow for proper recovery. Activities that require a lot of thinking or concentration or involve environmental stimulation may exacerbate symptoms. Each student's treatment plan is individualized and may vary day to day. Listed below are suggestions to allow for a smooth transition back to learning. These accommodations will evolve as the student recovers from his/her concussion. Regular meetings between parents and school staff may help in adjustments to the return-to-learn plan as recovery progresses.

It is suggested that the student return to school (date) _____ with the following recommended supports:

To promote cognitive rest we suggest:

Allow for shortened school days.

Allow for shortened classes.

Allow extra time to complete coursework/assignments.

Student may participate in class, but allow breaks during class if headache or other symptoms occur.

Reduce screen time (computer, videos, smartboard, etc.)

Reduce homework

Allow opportunity to audit classes

Consider not requiring classroom or standardized testing at this time as it may not reflect the student's true abilities.

As testing resumes, the student may need extra time to complete a test.

Upon returning to testing, streamline the testing process to prevent "double work," that is, trying to learn the missed work at the same time as learning new material.





To address sensitivity to noise and light, we suggest:

Provide alternative setting during band or music class.

Provide alternative setting during physical education and/or recess to avoid noise/exposure.

Allow early class release for transitions to reduce exposure to hallway noise.

Provide alternative location to eat lunch outside the cafeteria.

Allow to wear sunglasses to reduce light exposure.

To reduce risk of further injury, we recommend:

Allow buddy system to relocation during the school day due to balance issues.

___ No PE/Recess/Participating in any classes or events involving physical activity or on sports teams until re-evaluated.

___ Modified PE/Recess- light walking or cycling but **no contact activity or sports** till cleared by the physician.

Other comments/suggestions:

To be completed by parent/guardian:

I agree with the above recommendations and would like them to be implemented: Yes ___ No ___

The best number to reach me at during the day to discuss my child's plan for school is _____

RELEASE OF INFORMATION: I give permission for the school nurse/school personnel to exchange information regarding my child's care following the concussion with the provider/office listed above. Yes ___

No ___

Parent signature:

Form was received and reviewed by the school nurse (date & signature) _____

Form was returned to healthcare provider (date & signature) _____

Copy given to 504 coordinator per protocol (name & date) _____

