

## Health Care Provider Recommended School Accommodations Following Concussion

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student will be reevaluated for revisions of these recommendations in \_\_\_\_\_ weeks.

Student has been reevaluated and can be released from these recommendations on \_\_\_\_\_ (date).

This student has been diagnosed with a concussion and is currently under our care. Please excuse the student from school today. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. These recommendations will be revised by the provider as the student's symptoms improve/worsen.

| Area                     | Requested Modifications   | Comments |
|--------------------------|---|----------|
| <b>Attendance</b>        | <ul style="list-style-type: none"> <li>○ No school</li> <li>○ Partial school day as tolerated by student – emphasis on core subject work</li> <li>○ Encouraged classes: _____; Discouraged classes: _____</li> <li>○ Full school as tolerated by student</li> </ul>   |          |
| <b>Breaks</b>            | <ul style="list-style-type: none"> <li>○ If symptoms appear/worsen during class, allow student to go to quiet area or nurse's office, if no improvement after 30 minutes, allow dismissal to home</li> <li>○ Mandatory breaks at: _____</li> <li>○ Allow breaks during day as deemed necessary by student or teachers/school personnel</li> <li>○ Water bottle in class/snack every 3-4 hours</li> </ul>  |          |
| <b>Visual Stimulus</b>   | <ul style="list-style-type: none"> <li>○ Enlarged print (18 font) copies of textbook material/assignments</li> <li>○ Pre-printed notes (18 font) or note taker for class</li> <li>○ Limited computer, TV screen, bright screen use</li> <li>○ Allow handwritten assignments (as opposed to typed on a computer)</li> <li>○ Allow student to wear sunglasses/hat in school; seat away from windows and bright lights</li> <li>○ Reduce brightness on monitors/screens</li> <li>○ Change classroom seating to front of room as necessary</li> </ul>   |          |
| <b>Auditory Stimulus</b> | <ul style="list-style-type: none"> <li>○ Avoid loud classroom activities</li> <li>○ Lunch in a quiet place with a friend</li> <li>○ Avoid loud classes/places (i.e. – music, band, choir, shop class, gym, and cafeteria)</li> <li>○ Allow student to wear earplugs/headphones as needed</li> <li>○ Allow class transitions before the bell</li> </ul>  |          |
| <b>School Work</b>       | <ul style="list-style-type: none"> <li>○ Simplify tasks (i.e. – 3 step instructions)</li> <li>○ Short breaks (5 minutes) between tasks</li> <li>○ Reduce overall amount of in-class work</li> <li>○ Prorate workload (only core or important tasks)/eliminate non-essential work</li> <li>○ No homework</li> <li>○ Reduce amount of nightly homework to _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes</li> <li>○ Will attempt homework, but will stop if symptoms occur</li> <li>○ Extra tutoring/assistance requested</li> <li>○ May begin make-up of essential work</li> </ul> |          |
| <b>Testing</b>           | <ul style="list-style-type: none"> <li>○ No testing</li> <li>○ Testing allowed, but with the following accommodations – please circle<br/>                     Additional time for testing      Oral deliver/response      Large font/print<br/>                     No more than 1-2 test per day      Scribe      Paper test      Quiet room<br/>                     Other: _____</li> </ul>   |          |
| <b>Education Plan</b>    | <ul style="list-style-type: none"> <li>○ Student is in need of a 504 Plan and/or IEP (if prolonged symptoms are interfering with academic performance)</li> </ul>   |          |
| <b>Physical Activity</b> | <ul style="list-style-type: none"> <li>○ No physical exertion/athletics/gym/recess</li> <li>○ May walk in PE class or recess</li> </ul>   |          |
| <b>Current Symptoms</b>  | <ul style="list-style-type: none"> <li>○ Include the following (list): _____</li> </ul>   |          |

Parent: I give permission for communication to occur between the school and this provider regarding questions or changes to this plan and for the school to share this information with appropriate school personnel.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name/Contact Information (Printed): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_