Student Name _____ Date of Birth _____
Date of Evaluation _____ Referred By _____
Date of Concussion _____ Next Scheduled Appointment _____

RETURN TO LEARN ACCOMMODATIONS

☐ **No restrictions/accommodations needed**

SCHOOL ATTENDANCE

☐ **Full days as tolerated**

☐ Partial days as tolerated
Frequency _____ Length of day _____

☐ Attendance at school _____ days per week

☐ Excused from school with return date of _____

☐ Withdraw or drop the following class(es) _____

VISUAL STIMULUS

☐ **Full visual stimulus as tolerated**

☐ Screen time (computers, projectors, smartboards, movies, TV screens, other bright screens, phones) limited at school to _____ minutes per _____ time frame

☐ Enlarged font, reduced brightness on monitor/screens, if possible

☐ Change room seating as necessary

☐ Allow student to wear sunglasses/hat in school

☐ No computer or online classes

WORKLOAD

☐ **Full workload as tolerated**

☐ Provide student with a copy of class notes

☐ Reduce overall amount of make-up work, classwork, and homework (recommended by 50% with gradual increase to norm over course of recovery)

☐ Highlight key concepts for student, focusing on most important

☐ Allow extra time to complete classwork and homework

☐ Allow passive participation (may sit and listen in school/classroom)

☐ No standardized or timed tests for □ 1 week □ 2 weeks □ until cleared

☐ Limit number of tests in single day

☐ Allow for scribe, oral testing, open-book, open-note testing

☐ Provide a quiet environment for testing

☐ Reduce testing by 50%

☐ Provide extended time for testing

☐ Shorten length of essays

☐ Reduce detail of projects

BREAKS

- ☐ **Full schedule as tolerated**
- ☐ Allow student to have scheduled 10-15 minute breaks every 60-90 minutes
- ☐ All student to have snacks and drinks in class
- ☐ Allow student to go to Health Office if symptoms worsen
- ☐ Allow student to go home if symptoms do not subside (parent is responsible to update physician daily if student is unable to maintain schedule)

AUDIBLE STIMULUS

- ☐ **Full audible stimulus as tolerated**
- ☐ No band, choir, music classes, or loud assemblies
- ☐ No shop, automotive, or technical education classes
- ☐ No lunchroom – instead allow lunch in quiet classroom or office with friend
- ☐ Allow to wear earplugs or sound reducing headphones as needed
- ☐ Leave class 5 minutes early to avoid hallway noise
- ☐ No listening to music (including individual music devices with headphones)

ACTIVITY

- ☐ **Full academic activity as tolerated**
- ☐ **May start Return to Play Protocol** (*must be at full academic activity*)
- ☐ No physical education class, no recess, no field trips until medically cleared
- ☐ Avoid watching physical education class or assisting teaching – instead use class hour as rest period, study hall, or tutoring time, outside of gymnasium
- ☐ Walking in gym class only
- ☐ Other comments/recommendations _____

CURRENT SYMPTOMS (Student is noting these today)

☐ Headache	☐ Fatigue	☐ Sadness	☐ Feeling slowed down
☐ Nausea	☐ Drowsiness	☐ Nervousness	☐ Feeling like “in a fog”
☐ Dizziness	☐ Sensitivity to light/noise	☐ Numbness/tingling	☐ Difficulty concentrating
☐ Confusion	☐ More emotional	☐ More irritable	☐ Difficulty remembering

STUDENT REPORTING MOST DIFFICULTY WITH/IN

☐ All subjects	☐ Reading/Language Arts	☐ Math
☐ Science	☐ Music	☐ Computers
☐ Focusing	☐ Foreign Language	☐ Other _____
☐ Listening	☐ History	

_____ _____

Physician Signature Date

_____

Physician Phone Number

_____ _____

Parent/Guardian Signature Date

Reference: Snedden, T., (2016, April) Concussion: State of the Science. WASN Spring Conference, Madison, WI Retrieved 4/30/2016