



Physician (MD/DO) Recommended School Accommodations Following Concussion



Patient Name: _____ Date: _____

I, _____, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date of Injury: _____

Physician Name (Print & Sign): _____ Date: _____ Date of Concussion Diagnosis: _____

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. Accommodations can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Accommodations	Comments
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Allow water bottle in class and a snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear or worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30-60 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments / pre-printed notes <input type="checkbox"/> Notetaker for in-class material <input type="checkbox"/> Limited computer, TV screen, bright screen use (reduce brightness on monitors/screens) <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school; seat student away from windows and bright lights <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities and loud classes/places (i.e. music class, shop class, gym, cafeteria) <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Allow student to wear earplugs or unplugged earbuds as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of a formal site-based academic support plan <input type="checkbox"/> Consider evaluation of a 504 plan if prolonged symptoms (usually > months) are interfering with academic performance	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Untimed walking in PE class/recess only <input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	