

Student Name _____ DOB _____
Date of Concussion _____ Date of Evaluation _____

The key intervention in the concussed student/athlete is to place him or her at brain and body rest to lessen energy demands. This rest period prohibits any mental or physical activities that load the brain with increased energy requirements, which might in turn result in persistent or worsening symptoms and signs.

Please report the occurrence or worsening of any symptoms/signs to the concussion care advocate or attending health care professional.

Current Symptoms/Signs:

| | |
|-------------------------------|----------------------------|
| Confusion | Thinking difficulties |
| Memory Loss | Concentrating difficulties |
| Forgetful | Memorizing difficulties |
| Not “feeling right” | Foggy |
| Headache | Emotional |
| Nausea/vomiting | Anxious/nervous |
| Balance/coordination problems | Irritable |
| Fatigue | Behavior difficulties |
| Vision difficulties | Frustration |
| Sensitivity to light or noise | |

Medical Recommendations

Initially, the concussed student/athlete may need to stay home from school in a controlled environment with no reading, no homework, no loud music or sounds (no head phones), no bright lights, no TV, no cell phone or other mobile device, and no computers.

There are no specific schedules for “mental rehabilitation” in the concussed student/athlete. Activities to gradually reintroduce include reading for 15 minutes then to 30 minutes, playing a board game like checkers or chess, playing the memory game, and finally playing video games. These activities should not cause or worsen any symptoms/signs. If the concussed student/athlete can progress to the point that he or she can perform these mental activities for 30 minutes or more without symptoms/signs, usually they have returned to a mental state that permits their return to academic duties.

Attendance and Activities Accommodations

No School Attendance

Limited School Attendance with Academic Accommodations

No Sports Participation

Full School Attendance with Academic Accommodations

No Physical Education Classes

Academic Accommodations

Workload reduction

- Adjust schedule to focus on essential classes.
- Prioritize work for student with written instructions.
- Reduce make-up work, class work, and homework by ____%.
- Reduce computer work by _____%.
- Reduce media-based work.
- Reduce reading assignments.
- Reduce visual learning (note taking, board reading) demands by providing class notes and audio-based assignments.
- Permit a fellow student to provide tutorial help.
- Extend assignments and projects.
- Assign smaller, more manageable work load.
- Avoid selecting student in classroom.

Testing

- Reduce and postpone testing.
- Modify testing techniques; offer oral testing, multiple choice, or open book testing.
- Extend test times.
- Test in controlled environment, quiet, separate room.

Seating arrangements

- Provide classroom seating in a more controlled, less distracting environment

Breaks/Hydration/Nutrition

- Provide rest breaks for 15-30 minutes when symptoms/signs occur.
- Provide a quiet rest area.
- Offer drinks and snacks as appropriate.

Quiet environments

- Avoid noisy, busy, or chaotic areas such as band, assemblies/pep rallies, hallways between classes, and course work that is noisy.

The attending healthcare provider and the school's *concussion care advocate* guide the rehabilitation of the injured student/athlete's academic activities. The desired goal is that the academic demands do not provoke symptoms/signs and the concussed student/athlete returns to their pre-injury performance in the classroom. If the student does not improve over the period of 4-6 weeks post injury with the accommodations, then a formal 504 plan should be considered.

Follow up evaluation with revised academic recommendations on: _____

Physician Signature: _____

Concussion Care Advocate Signature: _____