

CONCUSSION/MILD TBI LEARNING ACCOMMODATIONS PLAN

Student's Name: _____ Date: _____

The student named above has recently suffered a concussion and is under a physician's care. He/She may have the following symptoms from the injury: headaches, nausea, fatigue, visual problems, balance problems, sensitivity to light or noise, dizziness, feeling mentally foggy, problems concentrating or remembering, irritability, sadness, nervousness, drowsiness and feeling easily overwhelmed. The signs and symptoms of a concussion can persist for days to weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. We ask you to please make the following accommodations to aid in the recovery process:

General Recommendations

- No School until specified, to be reviewed on _____
- Abbreviated daily class schedule (every other day, shortened day)
- No physical education classes (Including weight training, aerobics, yoga)
- Consider reducing make-up work
- No Tests (e.g., midterms, finals, standardized exams) during recovery period, until physician provides written medical clearance.

Recommendations for Cognitive Issues

- Provide extended time to complete assignments and/or shortened assignments
- Provide extended time to take tests in a quiet environment
- Provide a quiet environment to take tests
- Provide written instructions for homework
- Provide class notes by teacher or peer
- Consider using tape recorder for note taking

Recommendations for Fatigue/Physical Issues

- Allow time to visit school nurse for treatment of headaches or other symptoms, if needed
- Allow rest breaks during the day, if needed
- Allow "hall passing time" before or after the crowds have cleared
- Allow student to wear sunglasses indoors to control for light sensitivity
- Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity

Recommendations for Emotional Issues

- Share progress and difficulties with parents, school nurse, counselor, physician, and ATC
- Develop an emotional support plan for the student. This may include an adult with whom he/she can talk if feeling overwhelmed.

Thank you for your assistance and cooperation!

Signed: _____ Date: _____
School Nurse/Physician/Certified Athletic Trainer