

# WESTTOWN SCHOOL

HEALTH CENTER 610-399-7974

CONFIDENTIAL FAX 610-399-7810

Dear Treatment Provider,

We have received information that \_\_\_\_\_/DOB \_\_\_\_\_ has sustained a concussion. As the treatment of concussion has changed over the last few years, we have generated the following checklist. Please designate the appropriate restrictions for your patient, our student, to help us provide a comprehensive response in the school setting.

Student: \_\_\_\_\_ sustained a concussion on \_\_\_\_/\_\_\_\_/\_\_\_\_ and is currently under my care. The accommodation requests listed below are designed to provide support to the student during recovery.

\_\_\_\_ This student is unable to participate in any academic endeavors at this time. The student will be closely monitored to determine the point at which h/she can begin to participate in academics.

\_\_\_\_ Will return to school on \_\_\_\_/\_\_\_\_/\_\_\_\_ with the following accommodations:

## SCHOOL DAY

\_\_\_\_ The student is able to participate in the school day as tolerated

\_\_\_\_ The student is able to participate in a reduced school day (\_\_\_\_ hrs/day) as tolerated

## PHYSICAL EDUCATION

\_\_\_\_ No physical activity education classes. Please do not add alternative assignments

\_\_\_\_ Restricted physical education class activity. Light aerobic exercise only as tolerated

\_\_\_\_ May return to physical education class without restrictions as tolerated

\_\_\_\_ No band/orchestra/chorus/music lessons      \_\_\_\_ No art/technical education

\_\_\_\_ No recess/gym/PE until cleared

\_\_\_\_ May return to activity except for contact sports

## HOMEWORK

\_\_\_\_ Academic accommodations as specified below:

\_\_\_\_ No major projects

\_\_\_\_ No homework      \_\_\_\_ Homework limited to \_\_\_\_ hrs/day

\_\_\_\_ Extended time to complete homework and projects

\_\_\_\_ Reduced workload to include only essential learning tasks

\_\_\_\_ Preprinted class notes as available

\_\_\_\_ No reading      \_\_\_\_ Reading limited to several \_\_\_\_\_ minute sessions/day

\_\_\_\_ May return to full academic workload without restrictions

## COMPUTER USE

\_\_\_\_ No computer use      \_\_\_\_ computer limited to \_\_\_\_ sessions/day and \_\_\_\_ minutes/session

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## TESTS/QUIZZES

- No tests or quizzes  Extended time for test and quizzes  
 Untimed tests and quizzes  No Standardized tests  
 No accommodations necessary for tests/quizzes

## PHYSICAL NEEDS

- Allow rest breaks in the nurse's office  
 Allow access to fluids and snacks  
 Provide a designated point person to assist the student in problem solving  
 Allow use of the elevator  
 Student may wear sunglasses and a baseball type cap  
 Medications for a headache as specified \_\_\_\_\_

This student will be seen for follow up in \_\_\_\_\_ week(s) and accommodation requirements will be reviewed.

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

AME's Signature: \_\_\_\_\_ MD, DO, PAC, CRNP, OR SNP (CIRCLE ONE)