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: ________ Date of Concussion Dx: __________

Physician Name/Signature: ____ Exam Date: __________

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