



## Head Injury Medical Management

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnostic testing done and results: \_\_\_\_\_

Recognizing that every student will present differently after a concussive event, the following accommodations serve as a guide in planning for an individualized plan of care for the above student returning to school after sustaining a head injury.

### **EDUCATIONAL ACCOMMODATIONS:**

#### School Re-entry/Attendance:

\_\_\_\_\_ Full days as tolerated \_\_\_\_\_ 1/2 day, may advance as tolerated  
\_\_\_\_\_ No school until \_\_\_\_\_, then attempt half/full days as tolerated

#### Academic Testing:

\_\_\_\_\_ Extra time to complete tests \_\_\_\_\_ Testing in a quiet environment  
\_\_\_\_\_ Allow testing across multiple sessions \_\_\_\_\_ Reduce length if tests  
\_\_\_\_\_ Schedule no more than 1 test per day \_\_\_\_\_ Eliminate tests when possible  
\_\_\_\_\_ Defer standardized or high stakes testing

#### Curriculum Accommodations:

\_\_\_\_\_ Extended time: Allow the student extended time to turn in assignments.  
\_\_\_\_\_ Workload reduction: Reduce overall amount of make-up work, class work and homework.  
\_\_\_\_\_ Make up/Keep up: Develop a plan for balancing the make up/keep up challenge of recovery.  
\_\_\_\_\_ Note taking: Allow student to obtain notes/outlines ahead of time to help with organization.  
\_\_\_\_\_ Breaks: Take breaks as needed. Rest time in the Health Office.

### **PHYSICAL EDUCATION ACCOMMODATIONS:**

\_\_\_\_\_ Non-contact sport , light cardio  
\_\_\_\_\_ No physical education class

Duration of restrictions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_