

## RETURN TO SCHOOL GUIDELINES

\_\_\_\_\_ has been diagnosed with a concussion and is currently under our care. Please excuse him/her from school today due to a medical appointment. He/she may/may not return to school on \_\_\_\_\_. Please note the following symptoms and requested adjustments which will need to be renewed by \_\_\_\_\_.

<b>TODAY THE FOLLOWING SYMPTOMS (Circled) ARE PRESENT:</b>				
<b>Physical</b>		<b>Thinking</b>	<b>Emotional</b>	<b>Sleep</b>
Headaches	Sensitivity to Light	Mentally Foggy	Irritability	Drowsiness
Nausea	Sensitivity to Noise	Decreased Concentration	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Memory Problem	Emotionality	Sleeping less than usual
Visual Problems	Vomiting	Feeling slowed down	Nervous/anxious	Trouble falling asleep
Balance Problems	Dizziness			Fatigue

### ATTENDANCE

- No school
- No bus/No student driving
- Partial day school
- Gradual transition to full day
- Full day school
- No after-school lessons
- Tutoring
- Initiate Intervention Plan now

- No or reduced math calculations
- Written plan for required make-up work; ‘graded’ assignments indicated

### BREAKS

- Allow for break in classroom
- Allow 10-15 min break in nurse’s office
- Allow student to go home if symptoms do not subside
- Allow student to carry water bottle

### AUDIBLE STIMULUS

- Audible learning (discussions, listening to reading out loud, audio books)
- Early passage in halls
- Lunch in quiet place
- No auditorium participation
- No music/chorus/band class
- Do not sit in noisy gym
- Soft ear plugs

### TESTING

- No testing or quizzes
- Extra time to complete tests, no timed tests
- Only one test (to study ahead for) every other day
- Allow take-home tests
- Oral testing, ‘cued’ testing

### VISUAL STIMULUS

- Self-Limit Smart Board, computers, or other bright screens; dim screens if possible
- Pre-printed notes for class or assigned note-taker (initiate ahead of student’s re-entry)
- Enlarged font when possible
- Sunglasses/hat w brim worn in school

### PHYSICAL EXERTION

- No PE/gym/sports
- No heavy backpack: leave books at home and share books
- No stairs—use elevator
- May return to aerobic (protected) gym activities (no contact), e.g.:
  - Body-weight exercises
  - Dribble/shoot
  - Soccer footwork
  - Walk/jog track
  - Stationary bike
- May return to full gym activities, cleared for contact sports

### WORKLOAD

- No homework
- Reduced homework load
- Extra time to complete homework (no ‘deadlines’)

\_\_\_\_\_  
*Physician’s Signature*

\_\_\_\_\_  
*(Printed name and date)*

Physician’s Stamp  
 or Contact Info: