

**Warren Hills Regional School District
Recommended Accommodations for Students Recovering from Concussion**

Students recovering from concussion often have difficulty performing academic work and in the classroom setting. The following are recommendations to aid the student during his or her recovery.

EVALUATING PHYSICIAN

Please mark the following accommodations you deem necessary for this student.

Student Name: _____

_____ Excuse absence from school. Provide dates _____

_____ May attend school partial day. Provide dates _____

_____ Allow the student to rest in the Nurse's Office as needed.

_____ Allow postponement or staggering of tests and extended testing times.

_____ Allow extension of assignment deadlines.

_____ Allow the use of sunglasses in the classroom.

_____ Excuse from physical education class and team sports.

_____ Excuse from band, chorus or industrial art classes wherein power tools are in use.

_____ Provide copy of classroom notes.

_____ Preferential classroom seating to limit distraction.

Additional recommendations: _____

I recommend these accommodations remain in effect until:

_____ Student completes the Zurich Protocol

_____ Student is seen by me. Updates will be provided to the school.

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Warren Hills Regional School District
High School Health Office 908-689-3050 x2
Middle School Health Office: 908-689-3050 x2020
Athletic Trainer: 908-689-3050 x3062**