

Unionville-Chadds Ford School District
740 Unionville Road
Kennett Square, PA 19348

Dear Physician,

We have received information that _____/ date of birth _____
has sustained a concussion. Please designate the appropriate restrictions for this student to assist us in providing a
comprehensive response in the school setting. Thank you for your input. *The Concussion Management Team*

This 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.

SCHOOL DAY/ATTENDANCE

- This student is unable to participate in any academic endeavors at this time.
- Will return to school on ____/____/____ with the accommodations indicated below:
- The student is able to participate in the full school day as tolerated.
- The student is able to participate in a reduced school day (____ hours/day) as tolerated.

PHYSICAL EDUCATION/ELECTIVES

- No physical education classes.
- May return to physical education class
without restrictions as tolerated.
- No recess.
- No band/orchestra/chorus/music lessons.
- No art
- No technical education.

HOMEWORK/ACADEMICS

- No major projects.
- No homework
- Homework limited to ____ hours/day.
- 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.
- Reduce brightness on computer screen.
- Computer limited to ____ sessions/day and
____ minutes/session.

QUIZZES/TESTS

- No tests or quizzes.
- No more than one test/quiz per day
- Untimed tests and quizzes.
- No accommodations necessary for tests/quizzes.
- Extended time for tests and quizzes.
- No standardized tests until _____.

PHYSICAL NEEDS

- Allow rest breaks in the nurse's office.
- Allow use of the elevator.
- Student may wear sunglasses & a baseball-
type cap.
- Allow lunch in a quiet place.
- Student may wear earplugs.
- Allow class transitions before bell to avoid
crowded hallways.
- Change classroom seating as necessary to
minimize distractions.

Medications for headache as specified _____

EXTRACURRICULAR ACTIVITIES

- No field trips
- No driving of motor vehicles
- No school dances/social events
- No school assemblies

Duration of Recommendations: 1 week 2 weeks 4 weeks
This student will be reassessed for revision of these recommendations in ____ week(s) on _____

Physician Signature _____ Date _____

I give permission for Dr. _____ to share the above information with my child's school and for
communication to occur between the school and doctor for changes to this plan.

Parent Signature _____ Date _____