School Accommodations for Students with Concussions

Parents: please take this form to your child's doctor appointment, have the doctor complete it, and return it to the school nurse.

Name of Student				-	Date of Appointment
Activity Restrictions					
Attendance:	no		half-days		full days
	scheduled rest periods				s in nurse's office
Classes: pre-printed cla			ss notes		tutoring
	red	oad		breaks from class as needed	
Homework:	no		limited		regular
Testing:	no		untimed		open-book
	on	e test per da	у		no open-ended questions
	pri	vate locatior	1		regular
Phys. Ed. Class:	no		light cardio		moderate cardio
	we	eight-lifting			non-contact activities with class
	re	gular			
Other Accommodations:					
wear sunglasses/hat			limit computers/audiovisuals		
lunch/recess in quiet area			move seat away from window		
modify lab/tech ed classes			excuse from loud classes (music/tech ed/lab)		
avoid halls between classes			other:		
These recommendations are effective			through		ıh*
Name of Doctor/Practice					
Doctor's Signature					

^{*} Please provide weekly updates.