



Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome.
 - Do not try to rush through these stages.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest/ Restful Home Activity	<ul style="list-style-type: none"> • Initially sleep as much as needed (allow at least 8-10 hours of sleep) • Allow short naps during day (less than 1 hour at a time) • Move towards setting a regular bedtime/wake up schedule as symptoms improve • Avoid bright light if bothersome • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • Limit "screen time" (phone, computer, video games) as symptoms tolerate; use large font 	<ul style="list-style-type: none"> • No school • No homework or take-home tests • May begin easy tasks at home (drawing, baking, cooking) • Soft music and 'books on tape' okay • Limit reading of hard-copy books as symptoms tolerate (e.g., short intervals of 10-15 min) • Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to the next step 	<ul style="list-style-type: none"> • Walking short distances initially to get around is okay • As symptoms improve, progress physical activity, like vigorous walking • No strenuous exercise or contact sports • No driving
	<p><i>Progress to the next stage when your child starts to improve, but may still have some symptoms</i></p>		
Return to School - PARTIAL DAY	<ul style="list-style-type: none"> • Set a regular bedtime/wake up schedule • Allow 8-10 hours of sleep per night • Limit napping to allow for full sleep at night • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • Limit "screen time" and social activities outside of school as symptoms tolerate 	<ul style="list-style-type: none"> • Gradually return to school • Sit in front of class • Start with a few hours/half-day • Take breaks in the nurse's office or a quiet room every 2 hours or as needed • Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym) • Use brimmed hat/earplugs as needed • Use preprinted large font (18) class notes • Complete necessary assignments only • Limit homework time • No tests or quizzes • Multiple choice or verbal assignments better than long writing assignments • Tutoring or help as needed • Stop work if symptoms increase 	<ul style="list-style-type: none"> • Progress physical activity and as instructed by physician • No strenuous physical activity or contact sports • No driving
	<p><i>Progress to the next stage as symptoms continue to improve and your child can complete the activities listed above</i></p>		
Return to School - FULL DAY	<ul style="list-style-type: none"> • Allow 8-10 hours of sleep per night • Avoid napping • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • "Screen time" and social activities outside of school as symptoms tolerate 	<ul style="list-style-type: none"> • Progress to attending core classes for full days of school • Add in electives when tolerated • No more than 1 test or quiz per day • Give extra time or untimed homework/tests • Tutoring or help as needed • Stop work if symptoms increase 	<ul style="list-style-type: none"> • Progress physical activity and as instructed by physician • No strenuous physical activity or contact sports • Okay to drive
	<p><i>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms</i></p>		
Full Recovery	<ul style="list-style-type: none"> • Return to normal home and social activities 	<ul style="list-style-type: none"> • Return to normal school schedule and course load 	<ul style="list-style-type: none"> • Start CIF Return to Play Protocol



Physician (MD/DO) Recommended School Accommodations Following Concussion



Patient Name: _____ Date: _____

I, _____, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date of Injury: _____ Date of Concussion Dx: _____

Physician Name/Signature: _____ Exam Date: _____

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional support are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. *Accommodations can be modified as the student's symptoms improve/worsen.*

Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/Clarifications
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of a formal site-based academic support plan	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Untimed walking in PE class/recess only <input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	