



Post-Concussion Care Plan

Name of Student: _____

DOB: _____

School: _____

Grade: _____

Dear Parent:

We understand that your child has experienced a head injury. Following a head injury many symptoms may be experienced which *may* affect and interfere with your child's academic work. The goal of this temporary care plan is aimed at keeping your child in school continuing to be academically successful. Please have this form completed and returned to school.

Temporary Academic Recommendations

(To Be Completed by Medical Provider)

Date of Concussion _____

Academic Recommendations are effective on (date): _____ and are valid until (date): _____.

_____ Out of School until follow-up visit.

_____ May Return to school on (date): _____.

_____ Shortened day. Recommended _____ hours per day until (date): _____.

_____ Shortened classes. Maximum class length _____ minutes.

_____ Take rest breaks during the day as needed. _____ Allow extra time to complete coursework/assignments and tests.

_____ Allow student to show they understand a concept orally, instead of a writing response.

_____ Avoid long essay test response. Consider alternate test methods such as multiple choices.

_____ Lessen homework to maximum nightly _____ minutes, no more than _____ minutes continuous.

_____ Lessen computer time to maximum _____ minutes per day, no more than _____ minutes continuous.

(This includes texting, television, video games and computer homework)

_____ No significant classroom or standardized testing at this time, as this does not reflect the patient's true ability.

_____ We advise no driving of any type of motor vehicle. If student drives, student and parent assume responsibility.

_____ Do NOT participate in physical activity during PE class until (date): _____.

_____ Other _____

Student has follow up appointment for re-evaluation on (date): _____

Medical Provider Signature & Credentials

Date

Phone

School Nurse Signature

Date

The school nurse may communicate with the student's health care provider regarding concerns related to this condition.

Parent Signature

Date

Phone (home)

(work)

School staff members are responsible for establishing a means of immediately notifying the Intervention Support Team (IST) coordinator that this plan exists. The information in this plan will be shared with the IST Coordinator, who also coordinates the Concussion Support Team process.