BEND LA PINE SCHOOLS

Immediate And Temporary Accommodations Plan (ITAP) Following Traumatic Brain Injury / Concussion

ITAP Version: ☐ Initial ☐ First Review ☐ Second Review ☐ Other

See ODE's Required Procedures for Student Concussion or other Brain Injury for key timelines and step-by-step process

Form completed by: _____ Date: _____

Members of Concussion Management Team Consulted: _____

_____

Student Name:	Birth Date:	School:	Perm ID:
Injury Date:	Notification Date:	Return to School Date:	
Parent/Guadian:		Phone:	
Parent/Guardian Consultation Date:	Medication provided? ☐ Yes ☐ No		

Medical Documentation Received? ☐ Yes ☐ No (If yes, attach documentation to ITAP)

Activity Modification Recommended by Medical Provider / Athletic Trainer? ☐ Yes ☐ No
If yes, describe: _____

If no, has the student been medically cleared for a full return to physical activity without restriction?
☐ Yes – Date received: _____ (Attach medical documentation to ITAP, inform school staff who work with student, resolve condition in Synergy, and place ITAP in student's cumulative file.)
☐ No – Proceed to next section.

The student reports the following signs and symptoms:

PHYSICAL:

☐ Headache or head pressure
☐ Numbness or tingling
☐ Blurry or double vision
☐ Sensitivity to: ☐ Light ☐ Sound ☐ Smell
☐ Dizziness
☐ Ringing in ears
☐ Trauma associated seizures
☐ Balance problems
☐ Impaired sleep
☐ Fatigue
☐ Nausea/Vomiting
☐ Other: _____

COGNITIVE: (Difficulty with)

☐ Attention
☐ Concentration
☐ Memory
☐ Other: _____
☐ Tracking conversations
☐ Following instructions
☐ Learning/retaining new information
☐ Information processing (slowed)
☐ Organization/multi-tasking
☐ Feeling "slowed down"
☐ Brain fog

SOCIAL-EMOTIONAL:

☐ Poor emotional regulation
☐ Irritability or quick to anger
☐ Unusual sadness
☐ Other: _____
☐ Decreased motivation
☐ Anxiety or depression
☐ Loss of social skills
☐ Grief
☐ Post-traumatic stress disorder
☐ Withdrawal from family and friends

☐ **Student reports no symptoms for at least 5 school days.**

RECOMMENDED ACCOMMODATIONS

Student Name: _____ Birth Date: _____

Accommodations recommended by medical provider?
☐ Yes – Attach medical documentation to ITAP.
☐ No – Complete the following sections based on ODE's Symptom-Based Accommodation Guide.

PHYSICAL

☐ Allow rest breaks with low light and noise at the following locations:

_____

☐ Wear sunglasses/hat in class, seating in dimmed lighting away from sunlight.
☐ Allow hearing protection or unplugged, noise-reducing headphones during class.
☐ Limit screen time by providing paper copies instead of digital materials.
☐ Provide a lunchtime space away from crowded areas.
☐ Leave class 5 minutes early or late to avoid crowded hallways.
☐ Avoid loud classroom activities (band, choir, assemblies).
☐ Other: _____

COGNITIVE

☐ Preferential seating and provide immediate feedback.
☐ Break down assignments and tests into shorter segments.
☐ Shorten in-class and homework assignments to key concepts and critical tasks.
    ☐ No homework until: _____
☐ Provide alternatives to written output for demonstrating understanding.
☐ Reduce or slow down verbal information and check for comprehension.
☐ Provide teacher generated class notes and/or recorded lecture.
☐ Allow extended time to complete assignments and tests, if requested.
☐ Stagger testing so student must only prepare for one exam/quiz per day.
☐ Limited testing/assessments
    ☐ No testing until: _____
☐ Other: _____

SOCIAL-EMOTIONAL

☐ Provide reassurance about accommodations and workload reduction.
☐ Permit lunchtime in a quiet space with 1-2 friends.
☐ Allow student to work with a peer or peer group for selected assignments.
☐ Give non-verbal cues to stay on task or change behavior.
☐ Pass to health room or counseling office to regroup when upset.
☐ Utilize an emotional and behavioral support plan.
☐ Other: _____

☐ **Student reports no symptoms for at least 5 school days.**

If the student has been symptom-free without accommodations for at least 5 school days and the parent/guardian declines follow-up with a medical provider, the CMT may consider expiring the student's ITAP. Inform school staff who work with the student, resolve the condition in Synergy, and place the ITAP in the student's cumulative file.