

STUDENT NAME	DATE OF BIRTH	DATE OF EVALUATION
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This patient has not been diagnosed with a concussion. They have been cleared for all physical exertion, and neither return to learn nor return to play protocols are necessary.

This patient has been diagnosed with a concussion (brain injury) and is currently under our care. Please excuse from school during appointment time. Flexibility and support are needed during recovery. To avoid increasing concussion symptoms and delaying recovery, it is suggested that the following recommendations be followed from _____ thru _____.

Current Symptoms

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Sensitivity to Light | <input type="checkbox"/> Trouble Falling Asleep |
| <input type="checkbox"/> Visual Problems | <input type="checkbox"/> Difficulty Remembering | <input type="checkbox"/> Sensitivity to Noise | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Feeling Slowed Down | <input type="checkbox"/> Feeling More Emotional | <input type="checkbox"/> Sleeping less than Usual |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Feeling Mentally Foggy | <input type="checkbox"/> Irritability | <input type="checkbox"/> Sleeping more than Usual |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Balance Problems | | |

Area	Requested Modifications (check applicable boxes)	Comments
Attendance	<u>Standard Recommendations:</u> No school for 24 hours after concussion. Once student <input type="checkbox"/> tolerates a 15 minute walk without symptoms, student can begin school. Start with half-day school and progress to full days as tolerated.	
	<input type="checkbox"/> Allow class transitions before/after bell to avoid crowds.	
Observation	<input type="checkbox"/> School staff to help identify aggravators to reduce exposure (e.g. bright lights, noisy hallways, attention to school work longer than 20 minutes).	
Breaks	<input type="checkbox"/> Anticipate breaks during the school day.	
	<input type="checkbox"/> If symptoms appear/worsen during class, allow rest in the nurse's office. If no improvement after 30 minutes, allow dismissal to home.	
	<input type="checkbox"/> Water bottle in class and snack every 3-4 hours.	
Visual Stimuli	<input type="checkbox"/> Allow sunglasses/hat.	
	<input type="checkbox"/> Larger font for written materials.	
	<input type="checkbox"/> Change classroom seating as needed.	
	<input type="checkbox"/> Pre-printed class notes or note taker.	
	<input type="checkbox"/> Limit time and/or brightness of monitors, screens, and smart boards.	
Auditory Stimuli	<input type="checkbox"/> Audiotapes (vs. books and computers).	
	<input type="checkbox"/> Avoid loud classroom activities: music/band, wood/metal shop, choir, gym.	
	<input type="checkbox"/> Lunch and recess in quiet place (with a friend).	
School Work	<input type="checkbox"/> Allow to wear earplugs as needed.	
	<input type="checkbox"/> Reduce in-class work.	
	<input type="checkbox"/> No homework.	
	<input type="checkbox"/> Limit homework to _____ minutes a night.	
Testing	<input type="checkbox"/> Extend assignment due dates.	
	<input type="checkbox"/> No testing.	
	<input type="checkbox"/> No standardized tests.	
	<input type="checkbox"/> Allow additional time to take tests.	
	<input type="checkbox"/> Provide alternative testing methods (oral delivery, oral response, scribe).	
Physical Activity	<input type="checkbox"/> Maximum of one test per day.	
	<input type="checkbox"/> No exertive physical activity until academically back to normal.	
	<input type="checkbox"/> Aerobic, non-contact non-group activities as tolerated.	
	<input type="checkbox"/> No contact sports or activities.	
<input type="checkbox"/> Cleared for all physical exertion. Begin return to play protocol.		

Additional Recommendations:

The student has been scheduled for a follow-up medical appointment and revision of recommendations on _____

Provider's Signature: _____ Provider's Name: _____