

Student Name: _____ **Date :** _____ **Healthcare Signature:** _____

The student named above has suffered a concussion. Concussion symptoms tend to slowly and steadily resolve over 3 to 4 weeks. Use this as a guide, consider all suggestions below, not just those checked by the healthcare professional and *apply the ones that are appropriate to your class and this student*. Be flexible and adjust frequently and lift academic adjustments whenever you no longer feel they are necessary!

Teachers, please consider categorizing work into:

Work REMOVED – Consider removing at least 25% of the workload.	NEGOTIABLE – Consider either “adjusting” workload (i.e. collage instead of written paper) OR “delaying” workload but delay no more than 25% of the work.	Work REQUIRED –Consider requiring no more than 25% of the workload.
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PHYSICAL:
 "Strategic Rest"- scheduled 15 to 20 minute breaks in clinic/quiet space (mid-morning; mid-afternoon and/or as needed).

 Sunglasses (inside and outside).

 Quiet room/environment, quiet lunch, quiet recess.

 More frequent breaks in classroom and/or in clinic.

 Allow quiet passing in halls.

REMOVE from PE, physical recess, & dance classes without penalty
 Sit out of music, orchestra and computer classes if symptoms are provoked.

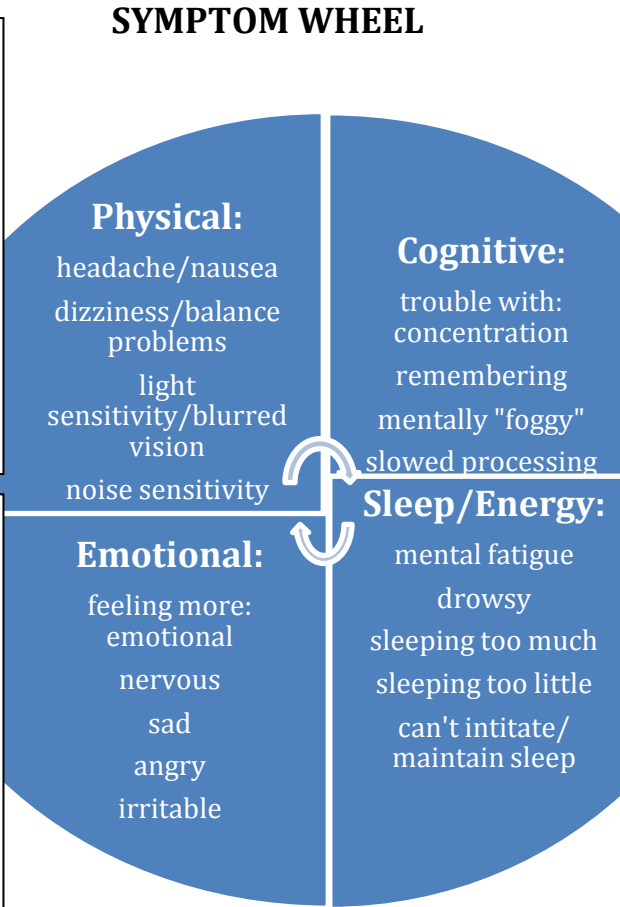
EMOTIONAL:
 Allow student to have "signal" to leave room.

 Help staff understand that mental fatigue can manifest in "emotional meltdowns".

 Allow student to remove him/herself to de-escalate.

 Allow student to visit with supportive adult (counselor, nurse, advisor).

 Watch for secondary symptoms of depression and anxiety usually due to social isolation and concern over “make-up work” and slipping grades. These extra emotional factors can delay recovery.



COGNITIVE:
REDUCE workload in the classroom/homework.

REMOVE non-essential work.

REDUCE repetition of work (ie. only do even problems, go for quality not quantity).

 Adjust "due" dates; allow for extra time.

 Allow student to "audit" classwork.

 Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing).

 Allow demonstration of learning in alternative fashion
 Provide written instructions.

 Allow for "buddy notes" or teacher notes, study guides, word banks.

 Allow for technology (tape recorder, smart pen) if tolerated.

SLEEP/ENERGY:
 Allow for rest breaks –in classroom or clinic (ie.“brain rest breaks = head on desk; eyes closed for 5 to 10 minutes).

 Allow student to start school later in the day or leave school early.

 Alternate "mental challenge" with "mental rest".

If student symptoms persist or are severe (symptoms compromise attendance or quality of work compromises grades), consider a 504 plan and/or consider a Response-to-Intervention (RTI) Plan or Health Plan. If prolonged recovery requires specialized instruction or modified curriculum, school is obligated to consider an IDEA referral.