

To be completed by Physician

Elkhorn Area School District Concussion - Return to Learn

Student Name: _____ Date of Birth: _____
Date of Evaluation _____ Referred by _____
Date of Concussion: _____ Next Scheduled Appointment: _____

Return to Learn Accommodations

School Attendance

- Excused from school with return date of: _____.
- Partial days as tolerated:
Frequency: _____ Length of day: _____.
- Attendance at school _____ days per week
- Full days as tolerated.
- Withdraw or drop the following class(es): _____.

Visual Stimulus

- Screen time (computers, projectors, Smartboards, movies, TV screens, other bright screens, phones) limited at school to _____ minutes per _____ time frame.
- Enlarged font, reduce brightness on monitor/screens, if possible.
- Change room seating as necessary
- Allow student to wear sunglasses/hat in school
- No computer or online classes.

Workload

- Provide student with a copy of class notes
- Reduce overall amount of make-up work, class work and homework (recommended by 50% with gradual increase to norm over course of recovery.)
- Highlight key concepts for student, focusing on most important
- Allow extra time to complete classwork and homework
- Allow passive participation (may sit and listen in school/classroom)
- No standardized or timed tests for _____ 1 week _____ 2 weeks _____ until cleared
- No tests or quizzes for _____ 1 week _____ 2 weeks _____ until cleared
- Limit number of tests in 1 day
- Allow for scribe, oral testing, open book, open note testing
- Provide a quiet environment for testing
- Reduce testing by 50%, having student answer every other question
- Provide extended time for testing
- Shorten length of essays
- Reduce detail of projects



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Breaks

- Allow student to have scheduled 10 - 15 minute breaks every 60 - 90 minutes.
- Allow student to have snacks and drinks in class.
- Allow student to go to healthcare office if symptoms worsen.
- Allow student to go home if symptoms do not subside (parent is responsible to update physician daily if student unable to maintain schedule).

Audible Stimulus

- No band, choir, music classes, or loud assemblies.
- No shop, automotive, or technical education classes.
- No lunchroom. Instead allow eating lunch in quiet classroom or office with a friend.
- Allow to wear earplugs or sound reducing headphones as needed
- Leave class 5 minutes early to avoid hallway noise.
- No listening to music (including individual music devices with headphones).

Activity

- No physical education class, no recess, no field trips until medically cleared.
- Avoid watching physical education class or assisting teacher, but instead use class hour as a rest period, study hall or tutoring time out or gym room.
- Walking in gym class only
- Other Comments/Recommendations

Current Symptoms List (The student is noting these today)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> Memory issues | <input type="checkbox"/> Balance problems |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Feeling foggy | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vision problems | | | |

Student is reporting most difficulty with/in

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> All subjects | <input type="checkbox"/> Reading/Language arts | <input type="checkbox"/> Math |
| <input type="checkbox"/> Science | <input type="checkbox"/> Music | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Listening | <input type="checkbox"/> History | |

Doctor Signature: _____

Date: _____ **Physician's Phone Number:** _____

Date: _____ **Parent's Signature:** _____