



To Whom It May Concern:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>INJURY STATUS</b>	<b>Date of Concussion Diagnosis by MD/DO:</b> _____
	<b>Date of Injury:</b> _____
<input type="checkbox"/> Has been diagnosed by a MD/DO with a concussion and is currently under our care. <input type="checkbox"/> Medical follow-up evaluation is scheduled for (date): _____ <input type="checkbox"/> Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

<b>ACADEMIC ACTIVITY STATUS</b> <small>(Please mark all that apply)</small>	
<input type="checkbox"/>	<b>This student is not to return to school.</b>
<input type="checkbox"/>	This student may begin to return to school based on graduated progression through the <b>CIF Concussion Return to Learn Protocol</b> .
<input type="checkbox"/>	This student requires the necessary school accommodations set forth on the <b>Physician (MD/DO) Recommended School Accommodations Following Concussion</b> form.
<input type="checkbox"/>	This student may be released to full academic participation.
<u>Comments:</u> _____	
<b>PHYSICAL ACTIVITY STATUS</b> <small>(Please mark all that apply)</small>	
<input type="checkbox"/>	<b>This student is not to participate in physical activity of any kind.</b>
<input type="checkbox"/>	This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
<input type="checkbox"/>	This student may begin a graduated return to play progression (see <b>CIF Concussion RTP Protocol</b> form).
<input type="checkbox"/>	This student has medical clearance for unrestricted athletic participation (Has completed the <b>CIF Concussion RTP Protocol</b> ).
<u>Comments:</u> _____	

**Physician (MD/DO) Signature:** \_\_\_\_\_

**Exam Date:** \_\_\_\_\_

**Physician Stamp and Contact Info:**

**Parent/Guardian Acknowledgement Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





Physician (MD/DO) Recommended School Accommodations Following Concussion



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: \_\_\_\_\_

The patient will be reevaluated for revision of these recommendations in \_\_\_\_\_ weeks. Date of Injury: \_\_\_\_\_ Date of Concussion Dx: \_\_\_\_\_

Physician Name/Signature: \_\_\_\_\_ Exam Date: \_\_\_\_\_

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional support are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. *Accommodations can be modified as the student's symptoms improve/worsen.*  
Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/ Clarifications
<b>Attendance</b>	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
<b>Breaks</b>	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
<b>Testing</b>	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
<b>Educational Plan</b>	<input type="checkbox"/> Student is in need of a formal site-based academic support plan	
<b>Physical Activity</b>	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Untimed walking in PE class/recess only <input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	