

Accommodations for Students

(Instructions from the Health Care Provider)

Patient Name: _____

Date of Evaluation: _____

Restrictions should be applied from ___/___/___ until ___/___/___

This patient had been diagnosed with a concussion and is currently under our care. It is recommended that the below accommodations be implemented to avoid increasing concussion symptoms and delaying recovery.

Physical Exertion (check all that apply)

- No physical exertion/athletics/gym class
- Begin return to play protocol as indicated below
 - _____ Low levels of physical activity (only if symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weight lifting (lower weight, higher reps, no bench, and no squat)
 - _____ Moderate levels of physical activity with some non-rapid body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weight lifting (reduced time and/or reduced weight from your typical routine)
 - _____ Heavy, non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weight lifting routine, non-contact sport-specific drills (in 3 planes of movement)
 - _____ Full contact in controlled practice
 - _____ Full contact in game play

Brain Exertion (check all that apply)

- No school, homework, or other after-school academic activities
- No reading or texting
- No computer time or video games
- Limit television time
- Avoid loud noise and bright lights
- Allow listening to low-volume music (i.e. iPod, book on tape)
- Allow light reading for _____ minutes at a time, for a total of _____ minutes per day
- Allow homework for _____ minutes at a time, for a total of _____ minutes per day
- Allow computer work for _____ minutes at a time, for a total of _____ minutes per day
- Allow texting for _____ minutes at a time, for a total of _____ minutes per day

Academic Accommodations (check all that apply)

Attendance

- No school for _____ day(s)
- Part time attendance for _____ day(s), as tolerated
- Full school days, only as tolerated
- Tutoring homebound/in school, as tolerated
- No school until symptom free or significant decrease in symptoms
- Initiate homebound education

Academic Accommodations (continued)

Visual Stimulus

- Allow student to wear sunglasses in school (including in class)
- Permit pre-printed notes for class material or note taker
- Limit smart boards, projectors, computers, TV screens or other bright screens
- Enlarge font when possible
- Allow student to sit near the front of the classroom

Workload/Multi-tasking

- Reduce overall amount of make-up work, class work and homework when possible
- No homework
- Limit homework to _____ minutes a night
- Prorate workload when possible
- Limit backpack weight
- Limit stair use

Breaks

- Allow student to go to the nurse's office, if symptoms increase
- Allow student to go home, if symptoms do not subside

Audible Stimulus

- Allow student to leave class 5 minutes early to avoid noisy hallways
- Provide opportunity to have lunch in a quiet place
- Use audible learning (discussions, reading out loud, or if possible, text-to-speech programs or Kindle)

Testing

- No testing
- Extra time to complete tests
- No more than one test a day
- Oral testing only
- Open book testing
- Testing in a quiet environment

Work Restrictions

- No work at this time
- Limit work to _____ hours per day

Additional Instructions:

Provider Signature: _____