Following a suspected head injury of a student, schools may choose to use this data collection tool. While not mandatory, collecting this information will allow the district to monitor the incidence, characteristics, and follow-up assessments of concussion injuries at school.

1. School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Type of School: 🞏 Public 🞏 BOCES 🞏 Nonpublic/Private

 🞏 Charter 🞏 4201 (NYS Operated Schools) 🞏 Other­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Level: 🞏 PreK/K 🞏 Middle School 🞏 PreK – 12

 🞏 Elementary 🞏 High School 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Injury: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_am / pm

5. Injury occurred:

 🞏 Before school 🞏 During school 🞏After school 🞏 Activity not related to school

 🞏 If before or after school, incident occurred during: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Individual injured was a: 🞏 Student 🞏 Staff member

7. Did this individual have a previous diagnosis of traumatic brain injury or concussion?

🞏 Yes 🞏 No 🞏 Unknown

8. Location of individual when injury occurred:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other\_\_\_\_\_\_\_\_

9. Injury was caused from contact with:

🞏 Another person 🞏 Equipment 🞏 Floor/ground 🞏 Wall/post 🞏 Other\_\_\_\_\_\_\_

10. If injury occurred during a sporting event, please indicate sport:

 🞏 Baseball/softball 🞏 Football 🞏 Skiing 🞏 Track

 🞏 Basketball 🞏 Golf 🞏 Soccer 🞏 Volleyball

 🞏 Cheerleading 🞏Gymnastics 🞏 Swimming/diving 🞏 Wrestling

 🞏 Field hockey 🞏 Lacrosse 🞏 Tennis 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Was a Concussion Sideline Assessment performed?

🞏 Yes 🞏 No 🞏 Unknown

12. If a Concussion Sideline Assessment was performed, who did the assessment?

🞏 Coach 🞏 School Medical Director 🞏 Certified Athletic Trainer

 🞏 School Nurse 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Sideline Assessment not performed

13. If a Concussion Sideline Assessment was performed, which tool was used?

 🞏 Standardized Assessment of Concussion (SAC) 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞏 Sport Concussion Assessment Tool 2 (SCAT2) 🞏 Sideline assessment not performed

14. Was the person seen by a medical provider (private provider/ER/Urgent Care)?

🞏 Yes 🞏 No 🞏 Unknown

15. The medical provider is a New York State licensed:

 🞏 MD/DO 🞏 NP 🞏 PA

16. Was the diagnosis of concussion confirmed by the medical provider?

🞏 Yes 🞏 No 🞏 Unknown

17. Was the Initial Concussion Sideline Assessment shared with the School Nurse?

🞏 Yes 🞏 No

18. Did this student have a baseline neurocognitive assessment?

🞏 Yes 🞏 No 🞏 Unknown

19. What neurocognitive assessment tool was utilized for the baseline assessment?

🞏 Acute Concussion Evaluation (ACE)

🞏 Immediate Post-Concussion Assessment & Cognitive Testing (ImPACT)

 🞏 N/A

 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Who performed the neurocognitive assessment?

 🞏 School Nurse 🞏 School Medical Director 🞏 Neuropsychologist 🞏 N/A

 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Does your school have a Concussion Management Plan?

 🞏 Yes 🞏 No

22. Does your school have a Concussion Management Policy?

 🞏 Yes 🞏 No

23. Was the School Medical Director notified of the incident?

 🞏 Yes 🞏 No

24. Was a debriefing (follow-up) meeting held concerning this incident?

 🞏 Yes 🞏 No