**SAMPLE SCHOOL RECOMMENDATIONS FOLLOWING CONCUSSION**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_ Date of Evaluation: \_\_\_\_\_\_\_\_\_**

This patient has been diagnosed with a concussion and is currently under our care. The following are suggestions for adjustments requested to support the student’s recovery.

**Duration of Recommendations: 🞎 1 week 🞎 2 weeks 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Until further notice**

**The patient will be reassessed for revision of these recommendations in \_\_\_\_\_\_\_\_\_\_\_ weeks.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Attendance/Breaks

|  |  |
| --- | --- |
| * Full school days as tolerated by the student | * Allow to go to the nurse’s office if sx increase |
| * No school for \_\_\_\_\_\_\_\_\_\_\_\_ school day(s) | * Allow to go home if symptoms do not subside |
| * Attendance at school \_\_\_\_\_days per week | * Allow breaks during school day as needed |
| * Partial days as tolerated by the student | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Visual Stimulus/Audible Stimulus**

* Allow student to wear sunglasses/hat in school
* Excuse from music or shop classes
* Pre‐printed notes for class material/note taker
* Limited computer, TV screen, bright screen use
* Reduce brightness on monitors/screens
* Allow lunch in a quiet place with a friend
* Allow to wear earplugs as needed
* Allow class transitions before bell
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Workload/Multi‐Tasking/Testing**

* Reduce overall amount of make‐up work, classwork and homework
* Additional time to complete tests
* Prorate workload when possible
* No more than one test a day
* Reduce amount of daily homework given
* Allow for scribe, oral response, and oral delivery of questions, if available
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Physical Exertion/Activity

* No physical exertion/athletics/gym/recess
* Walking in gym class only
* Begin return to play protocol as outlined by the return to activity form
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Symptoms List (the student is noting these today)**

|  |  |  |  |
| --- | --- | --- | --- |
| * Balance Problems | * Fatigue | * Memory Issues | * Sensitivity to noise |
| * Difficulty Concentrating | * Headache | * Nausea | * Sensitivity to light |
| * Dizziness | * Irritability | * Sensitivity to light | * Visual Issues |

Provider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Role: 🞎 MD/DO 🞎 PA 🞎 NP

Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Permission to Share Information**I give permission for my health care provider(s) above to share information/communicate with the school nurse and/or medical director or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at my child's school.  
Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# Adapted from [AAP Return to Learning After Concussion Note](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Return-to-Learning-Sample-Note.aspx) This form may be duplicated/changed to suit your needs.

# Reviewed by Dr. Ron Marino NYS Center for School Health Medical Director Consultant [www.schoolhealthny.com](http://www.schoolhealthny.com) 12/21/19