

Student Name _____ **Date of Birth** (dd / mm /yyyy) ____/____/____

School _____ **Grade** _____ **ID No.** _____

Referring Physician _____ **Phone** _____

The aforementioned student has been clinically diagnosed with a concussion and will require accommodations as part of their Return To School program. Based on the symptoms presented, the following accommodations are recommended in order to ensure a successful return and recovery. Please note that these accommodations may be adjusted at the discretion of school staff based on presentations of symptoms and effectiveness in situ.

Duration of Accommodations 1 Week 2 Weeks 4 Weeks Until Advised

These recommendation will be reviewed in: _____ weeks

Attendance

- No school for [] day(s)
- Reduced attendance to [] day(s)/wk
- Full days as tolerated by student
- Partial days as tolerated by student
- Permit student to go home if required

Breaks / Rest

- Permit student to visit school nurse as required
- Permit head-down rest in class
- Permit other breaks as necessary

Visual Stimuli

- Limit screen time
- Provide print material of screen presentations
- Permit sunglasses or hat if required
- Permit seat change as required

Physical Activity

- Excuse from gym / recess / athletics
- Limit gym class to walking or spectating
- Permit activity per their Return To Play program

Current Symptoms

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Noise sensitivity | <input type="checkbox"/> Impaired memory |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Cloudy / foggy | <input type="checkbox"/> Impaired balance |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irritability | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Light sensitivity |

Taskload

- Reduce amount of homework assigned
- Prorate workload when possible
- Allow extensions on assignments
- Adapt requirements for assignments

Examination & Evaluation

- Limit the number of tests per day
- Allow additional time to complete tests
- Adapt evaluation modality
- Refrain from examinations during accommodation

Auditory Stimuli

- Permit use of earplugs as needed
- Permit class changes before bell
- Permit absence from assemblies if required
- Limit exposure to audio-visual presentations

Additional Accommodations

I hereby consent to the exchange of information pertaining to these accommodations between the school and physician.

Physician Signature

Date (dd/mm/yyyy)

Parent / Guardian Signature

Date (dd/mm/yyyy)