

DAVIDSON

CHARTER  ACADEMY

A Challenge Foundation Academy

SCHOOL RECOMMENDATIONS FOLLOWING CONCUSSION

Patient Name: _____ Date of Birth: _____

Date of Evaluation: _____ Referred by: _____

Duration of Recommendations: 1 week 2 weeks 4 weeks Until further notice

The patient will be reassessed for revision of these recommendations in _____ weeks.

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Feel free to apply/remove adjustments as needed as the student's symptoms improve/worsen.

Attendance Breaks

- ___ No school for ___ school day(s) ___ Allow the student to go to the nurse's
- ___ Attendance at school ___ days per week office if symptoms increase
- ___ Full school days as tolerated by the student ___ Allow student to go home if symptoms do not subside
- ___ Partial days as tolerated by the student
- ___ Allow other breaks during school day as deemed necessary and appropriate by school personnel

Visual Stimulus Audible Stimulus

- ___ Allow student to wear sunglasses/hat in school
- ___ Pre-printed notes for class material or note taker
- ___ Limited computer, TV screen, bright screen use
- ___ Reduce brightness on monitors/screens
- ___ Change classroom seating as necessary
- ___ Lunch in a quiet place with a friend
- ___ Avoid music or shop classes
- ___ Allow to wear earplugs as needed
- ___ Allow class transitions before bell

Workload/Multi-Tasking Testing

- ___ Reduce overall amount of make-up work, class
- ___ Additional time to complete tests work and homework ___ No more than one test a day
- ___ Prorate workload when possible ___ No standardized testing until _____
- ___ Reduce amount of homework given each night
- ___ Allow for scribe, oral response, and oral delivery of questions, if available

Physical Exertion Additional Recommendations

- ___ No physical exertion/athletics/gym/recess _____
- ___ Walking in gym class only _____
- ___ Begin return to play protocol as outlined by _____

Current Symptoms List (the student is noting these today)

- ___ Headache ___ Visual problems ___ Sensitivity to noise ___ Memory issues
- ___ Nausea ___ Balance problems ___ Feeling foggy ___ Fatigue
- ___ Dizziness ___ Sensitivity to light ___ Difficulty concentrating ___ Irritability

Student is reporting most difficulty with/in

- ___ All subjects ___ Reading/Language arts ___ Foreign Language ___ Math
- ___ Science ___ Music ___ History ___ Using Computers
- ___ Focusing ___ Listening Other: _____

MD Signature _____

Parent Signature _____