

# Concussion Recovery Plan

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

## Returning to School

1. If you (or your child) are still having symptoms of a concussion, you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or support can be gradually removed.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. **School personnel should be instructed to watch for:**
  - \*Increased difficulty paying attention or concentrating
  - \*Increased difficulty remembering or learning new information
  - \*Longer time needed to complete tasks or assignments
  - \*Greater irritability, less able to cope with stress
  - \*Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

**Until you (or your child) have fully recovered, the following supports are recommended:** *(check all that apply)*

- No return to school.       Return to school on (date) \_\_\_\_\_
- Return to school with the following supports: \_\_\_\_\_ Review on (date) \_\_\_\_\_
- Do not return to PE class or recess at this time     May return to PE class or recess
- Shortened day. Recommend \_\_\_\_\_ hours per day until (date) \_\_\_\_\_
- Shortened classes (i.e., rest breaks during classes). Maximum class length: \_\_\_\_\_ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by \_\_\_\_\_%. Maximum length of nightly homework: \_\_\_\_\_ minutes.
- No iPad uses     iPad for reading only with a dimmed screen and no other distractions. (no games or fast movements)
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use chart below) when doing activities that require a lot of concentration.
- Has been cleared to return to school and course work without restrictions.**

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems Balance Problems	Vomiting Dizziness	Feeling more slowed down	Nervousness	Trouble falling asleep

Take rest breaks during the day as needed.

**Follow-up appointment scheduled for (date)** \_\_\_\_\_

- \* I give permission for the school nurse to communicate with teachers/staff about this condition.
- \* I give permission for the school nurse to consult with the physician (named below) with any questions or concerns regarding the condition being treated.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_