



# Return To Learn

# After Concussion

# Concussion Monitoring: Return to Learn

Each Local Education Agency (LEA) must develop a plan for addressing the needs of students preschool -12<sup>th</sup> grade suffering from concussion

1. Guidelines for removal of a student from physical and mental activity when there is suspicion of concussion
2. A notification procedure to educate staff regarding removal from learn to play
3. Expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion; and
4. Delineation of requirements for safe return-to-learn or play following concussion

# Concussion Monitoring: Return to Learn

In accordance with the LEA or charter school plan each school must appoint a team of people responsible for identifying the return-to-Learn or play needs of a student who has suffered a concussion. This team may include the student, student's parents, the principal, school nurse, school counselor, school psychologist, or other appropriate designated professional

Each LEA must provide information and staff development on annual basis to all teachers and other school personnel in order to support and assist students who have sustained a concussion in accordance with their learning and behavioral needs. This training should include information on concussion and other brain injuries with particular focus on return- to-learn issues and concerns.

What is a Concussion?  
(video-press play below)





# What is a concussion?

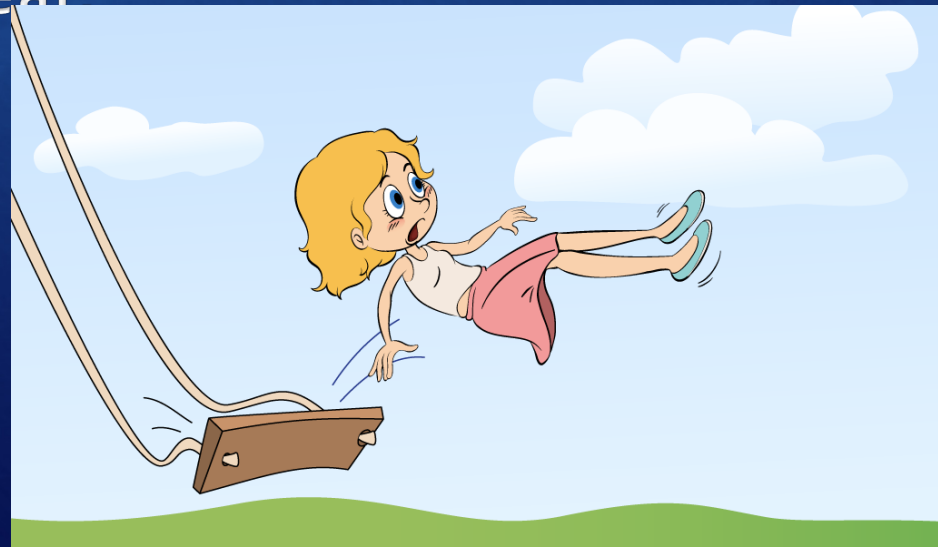
The CDC defines Concussion or mild traumatic brain injury as follows:

Definition of Mild Traumatic Brain Injury (MTBI): The term mild traumatic brain injury (MTBI) is used interchangeably with the term concussion. An MTBI or concussion is defined as a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. MTBI is caused by a blow or jolt to the head that disrupts the function of the brain. This disturbance of brain function is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI).

Click below to Watch Concussions 101

# ANNUAL HEALTH QUESTIONNAIRE

Annually parents/guardians will complete Annual Health Questionnaire. This information will assist the school team in recognizing students who have suffered from medical conditions including head injury/concussion the student may have incurred during the past year



# Annual Health Questionnaire

<b>ANNUAL STUDENT HEALTH HISTORY FORM:</b>	<b>IDEA-E</b>	<b>2/18/93</b>
<b>School:</b> _____		<b>Revised : 06/12, 04/14, 04/15, 02/16</b>
<b>School year: 20_____ - 20_____</b>		

Please complete and return this form to your child's teacher as soon as possible. The information provided will be reviewed annually by the homeroom teacher, the physical education teacher, and the school nurse. The information will assist us in meeting your child's health needs in the classroom, in physical education activities, or for emergency purposes.

To be Completed by Parent or Guardian

<b>Part 1</b>			
<b>Student Name:</b>	Last Name	First	Middle
			<b>DOB:</b> Month/day/year
<b>Parent's Name/ Guardian's Name:</b>			<b>Daytime Phone/ Cell phone:</b>
<b>Name of Physician/ Clinic:</b>			<b>Phone:</b>
<b>Emergency Contact in the event parent/guardian can not be reached:</b>			<b>Daytime phone/ Cell phone:</b>
<b>List Allergies</b>			<b>Grade/ Homeroom Teacher:</b>

**Part 2** Does your child have a medical condition currently under treatment? \_\_\_\_\_ **NO** If YES, please check and specify if your child is currently under treatment or experiencing any of the following: (\*Please, check only if your child has required medication and/or treatment within the past 2 years – checking this will require an action plan to be written and implemented.)

Allergies, Severe *	Cardiac Conditions / Heart problems	Hydrocephalus
ADD or ADHD (circle one)	Cerebral Palsy	Hypertension
Autistic Disorder/ Asperger's Syndrome	Convulsions/ Seizure/ Epilepsy	Orthopedic Disability (permanent)
Anemia (include Sickle Cell)	Cystic Fibrosis	Scoliosis
Arthritis, Rheumatoid	Diabetes Type 1 or Type 2 (circle one)	Spina Bifida
Asthma*	Down's Syndrome	Thyroid problems
Bladder / Kidney disease	Eating disorder	Traumatic Brain/Head Injury/ Concussion
Bleeding/ Clotting Disorder/ Hemophilia	Emotional/ Behavior Disorder/ Psychological or Psychiatric Problem	Ulcers / Gastric Reflux
Bowel disorder (Crohn's, Celiac, IBS, gluten intolerance)	Headaches/ Migraines	Vision Problems, specify
Cancer / Leukemia	Hearing Problems / Hearing Aids	Others

Please specify any other health conditions not listed above that relate to your child: \_\_\_\_\_

Questions	Yes	No	Explain/Comment
Has your child had a recent serious illness of more than one week's duration?			
Does your child have to follow a special diet?			
Does your child need to take any medication during school day? If yes, please list			
Does your child take medication at home on a regular or daily basis? If yes, please list			

## Part 3 Statement on Physical Education

Students in Grade 1-9 and advanced physical education will be given a Health Related Fitness test. Items include the mile or half-mile run, sit-ups, flexed arm hang, or modified pull ups, body composition and sit and reach.

Is your child able to participate in the physical fitness test? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Please Note: a Doctor's note is required for Fitness Test Exemption!

I have read and understand the Statement on Physical Education and have completed this Medical History Form as accurately as possible. If there are any medical changes in my child during the school year, I will inform the teacher/ physical education teacher and/or school nurse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





What happens when an injury occurs?



# What should I do if I think a student has sustained a concussion?

If you suspect a student is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel. Complete *Head Injury Report*.

# Head Injury Report

HEAD INJURY REPORT:	JGFGA-E(3)	Revised: May 2016
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## HEAD INJURY REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_

Dear Parents:

This is to inform you that your child \_\_\_\_\_ has suffered a suspected head injury.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

First Responder: \_\_\_\_\_

The following events occurred: \_\_\_\_\_

Area of head affected: \_\_\_\_\_ PERRLA: YES \_\_\_\_\_ NO \_\_\_\_\_

Circle all that apply:

- a. Weakness of either arm or leg
- b. Nausea/ Vomiting
- c. Increasing drowsiness or hyperactivity
- d. Slowing of pulse or rapid and weak
- e. Continued headache
- f. Stiffness of neck
- g. Dizziness
- h. Confusion/disorientation

No symptoms

Symptoms as noted

- i. Blood or clear dripping from ears or nose.
- j. Seizures
- k. Irritability
- l. Difficulty with speech
- m. Fuzzy or blurry vision
- n. Balance problems/ unsteadiness
- o. Difficulty concentrating or thinking clearly
- p. Others: \_\_\_\_\_

Listed above are some of the symptoms that occur requiring immediate medical attention. Please consult your child's usual source of medical care today regarding any instructions or recommendations, if needed. ***If medical care is required, please have the doctor complete the reverse side of this form.***

Describe treatment and disposition: \_\_\_\_\_

Child's condition before leaving school: \_\_\_\_\_

Parents notified by an adult: Time \_\_\_\_\_

Circle all that apply: By phone \_\_\_\_\_ In person \_\_\_\_\_ By Injury Report \_\_\_\_\_

School Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# What are the warning signs that a more significant head injury may have occurred?

If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.



## CONCUSSION

### INFORMATION FOR TEACHERS/ COACHES/ ATHLETIC TRAINERS/ FIRST RESPONDERS/ SCHOOL NURSES/ SCHOOL VOLUNTEERS

**What is a concussion?** A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

**How do I recognize a concussion?** There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or moods, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/ Mood	Sleep
-Difficulty thinking clearly	-Headache	-Irritability	-Sleeping more than usual
-Feeling slowed down	-Fuzzy or blurry vision	-Sadness	-Sleeping less than usual
-Difficulty concentrating	-Nausea/ Vomiting	-More emotional than normal	-Trouble falling asleep
-Difficulty remembering new information	-Dizziness	-Feeling nervous or anxious	
	-Balance problems	-Crying more	
	-Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

**What should I do if I think a student has sustained a concussion?** If you suspect a student is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel. Complete *Head Injury Report*.

**What are the warning signs that a more significant head injury may have occurred?** If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

**What are some of the long-term or cumulative issues that may result from a concussion?** Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

**How do I know when it's ok for a student to return to participation after a suspected concussion?** Any student experiencing signs and symptoms consistent with a concussion should be immediately removed from class activities, play or practice and referred to appropriate medical personnel. They should not be returned to any class activities, play or practice on the same day. To return to learn, play or practice, they will need clearance from a medical professional trained in concussion management.

**No student should be returned to learn, play or practice while experiencing any concussion-related signs or symptoms following rest or activity.**

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.



# SYMPTOMS.....





Physical	Cognitive	Emotional	Sleep
<ul style="list-style-type: none"> <li>• Headache</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Balance problems</li> <li>• Dizziness</li> <li>• Visual problems</li> <li>• Fatigue</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Numbness/ Tingling</li> <li>• Dazed or stunned</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling mentally “foggy”</li> <li>• Feeling slowed down</li> <li>• Difficulty concentrating</li> <li>• Difficulty remembering</li> <li>• Forgetful of recent information or conversations</li> <li>• Confused about recent events</li> <li>• Answers questions slowly</li> <li>• Repeats questions</li> </ul>	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Sadness</li> <li>• More emotional</li> <li>• Nervousness</li> </ul>	<ul style="list-style-type: none"> <li>• Drowsiness</li> <li>• Sleeping less than usual</li> <li>• Sleeping more than usual</li> <li>• Trouble falling asleep</li> </ul>

## ✓ physical

Do you have more headaches than you used to?

Do you feel more tired than you used to?

Do you feel more dizzy more often than you used to?

P

## ✓ academic

Do you find it harder to concentrate in class?

Do you find it harder to take tests?

Do you have trouble organizing your thoughts when writing papers?

A

## ✓ cognitive

Do you feel slower mentally?

Do you have trouble remembering and following simple instructions?

Do you take longer to learn things?

C

S

## ✓ social

Are you avoiding friends and family more than you used to?

Do you feel that most people don't understand you anymore?

F

## ✓ emotional

Are you more irritable than you used to be?

Do you have more frequent mood swings?

Are you more irritated by others than usual?

Do you feel less smart than you used to?



Post-Concussion syndrome can contribute to learning challenges in the classroom.

If you answered **yes to five or more of the above questions**, you may be at risk for academic adjustment difficulties.

Concussion Occurred AWAY from Campus  
NON-SCHOOL RELATED INCIDENT  
Reported by Parent  
(Rec. Ball, Injury Over-the Weekend, Accident)

Reported on Annual Medical  
History Questionnaire

Received Handwritten Note  
or Note from MD Office

QUESTION????  
Is the student currently  
having symptoms or  
under care of a  
physician for concussion  
management?  
YES or NO?

If YES  
Return to Learn School Recommendation  
Form should be obtained from health care  
provider

If NO-does the student have long  
term deficits that require a 504 plan?

**School Based Team (SST team)  
Discusses Return to Learn or Play Needs  
Appropriate Accommodations Identified**



Injury to Head Occurred During the School Day  
(PE class, classroom, playground, altercation)

Head Injury Report Form Completed  
School Nurse/School Administration Notified

Even if student shows NO or few symptoms or seems fully recovered,  
contact parent or guardian to explain nature of incident .  
**Send Head Injury Report Home with Student!**

Call 911  
IF.....

Any of the following symptoms present:  
Pupils do not appear equal  
Witnessed severe head impact with loss of consciousness  
Headache that is worse over time  
Loss of coordination  
Abnormal body movements  
Repeated nausea or vomiting  
Slurred speech

If medical care is required,  
Return to Learn or Play  
Paperwork may be needed.

URGE parent to monitor for delayed symptoms noted on Injury Report Form

Parent should consult the child's usual source of medical care for instructions or recommendations, if needed.

Evaluation and Care of Athlete Following  
Suspected Concussion Injury  
During Practice or Game

Refer Student to Appropriate Medical Personnel  
Gfeller-Waller Concussion Clearance Protocol  
NCHSAA Return to Play Form Must Be Done

Emergency Room or  
Urgent Care Physicians  
typically DO NOT make  
clearance decisions at  
the time of the first visit

More than 1 MD evaluation may be necessary for medical clearance for concussion.  
BECAUSE..... Symptoms may not fully present for several days  
Return to Play should occur in GRADUAL steps-moving only to the next level of physical  
activity  
if NO symptoms are experienced at the current level.  
**\* USE CAUTION TO INSURE RECOVERY\***

All high school and middle school athletes must have written  
clearance from a medical professional trained in concussion  
management to return to play or practice.



# Physicians Recommendations...

## How do I know when it's ok for a student to return to participation after a suspected concussion?

Any student experiencing signs and symptoms consistent with a concussion should be immediately removed from class activities, play or practice and referred to appropriate medical personnel. They should not be returned to any class activities, play or practice on the same day. To return to learn, play or practice, they will need clearance from a medical professional trained in concussion management.



**Please complete the recommendation form and return it to the school nurse.**  
**(RETURN TO LEARN FORM) SCHOOL RECOMMENDATIONS FOLLOWING CONCUSSION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date of Evaluation: \_\_\_\_\_ Referred by: \_\_\_\_\_

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

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. 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.

<b>Attendance</b> <input type="checkbox"/> No school for ____ school day(s) <input type="checkbox"/> Attendance at school ____ per week <input type="checkbox"/> Full school days as tolerated by the student <input type="checkbox"/> Partial days as tolerated by the student	<b>Breaks</b> <input type="checkbox"/> Allow the student to go to the nurse's office if symptoms increase <input type="checkbox"/> Allow student to go home if symptoms do not subside <input type="checkbox"/> Allow other breaks during school days as deemed necessary and appropriate by school personnel
<b>Visual Stimulus</b> <input type="checkbox"/> Allow student to wear sunglasses/hat in school <input type="checkbox"/> Pre-printed notes for class material or note taker <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom setting as necessary	<b>Audible Stimulus</b> <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid music or shop classes <input type="checkbox"/> Allow to wear earplugs as needed <input type="checkbox"/> Allow class transitions before bell
<b>Workload/ Multi-Tasking</b> <input type="checkbox"/> Reduce overall amount of make-up work, class work and homework <input type="checkbox"/> Prorate workload when possible <input type="checkbox"/> Reduce amount of homework given each night	<b>Testing</b> <input type="checkbox"/> Additional time to complete tests <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No standardized testing until _____ <input type="checkbox"/> Allow for scribe, oral response, and oral delivery of questions, if available
<b>Physical Exertion</b> <input type="checkbox"/> No physical exertion/ athletics/gym/ recess <input type="checkbox"/> Walking in gym class only <input type="checkbox"/> Begin return to play protocol as outlined by return to play form	<b>Additional Recommendations</b>

**Current Symptoms List** (the student is complaining of these today)

<input type="checkbox"/> Headache	<input type="checkbox"/> Visual Problems	<input type="checkbox"/> Sensitivity to Noise	<input type="checkbox"/> Memory issues
<input type="checkbox"/> Nausea	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Feeling foggy	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Irritability	<input type="checkbox"/> Difficulty concentrating

**Student is reporting most difficulty with/in:**

<input type="checkbox"/> All subjects	<input type="checkbox"/> Reading/Language Arts	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Math
<input type="checkbox"/> Science	<input type="checkbox"/> Music	<input type="checkbox"/> History	<input type="checkbox"/> Focusing
<input type="checkbox"/> Listening	<input type="checkbox"/> Using computers	<input type="checkbox"/> Others: _____	

I, \_\_\_\_\_ give permission to share the following information with my child's school and for communication to occur between the school and Dr. \_\_\_\_\_ for changes to this plan.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Physician's Signature

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

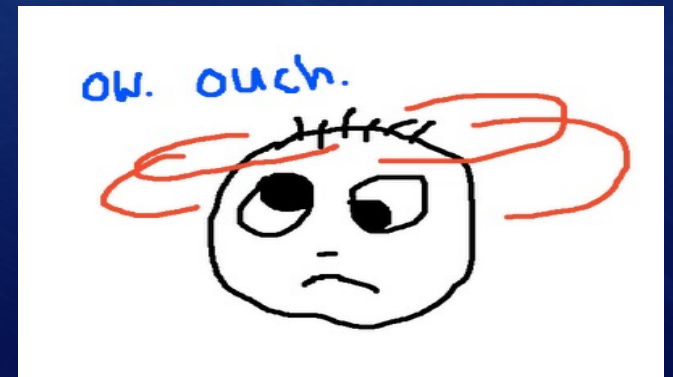
Duplin County Schools

P.O. Box 128 Kenansville, NC 28349



What are some of the long-term or cumulative issues that may result from a concussion?

Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.



# What is Return-to-Learn?

- Just like a Return-to-Play (RTP) protocol, current recommendations include a graduated Return-to-Learn (RTL) plan.

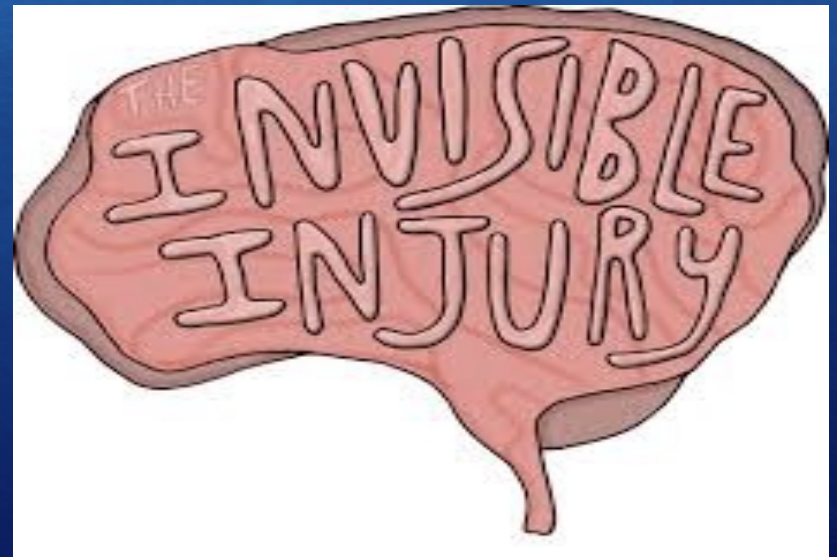
No one approach will work for everyone; must be tailored.

They are NOT parallel processes.

- Step-wise increase in cognitive activity.
- What might it look like? Who is involved?



A team of individuals including the student, student's parents, the principal, and school professions which may include school nurse, school counselor, and school social worker will work together to identify the return-to-learn or play needs of a student who has suffered a concussion.

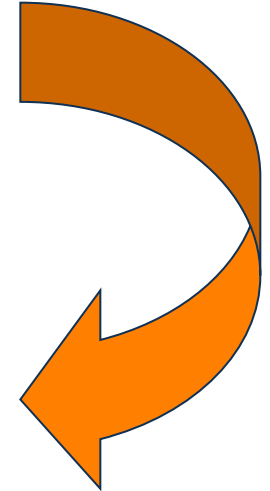






Effect of Concussion on School  
Learning & Performance

**Effect of School  
Learning & Performance  
on Concussion Recovery**



# The Role of the Medical Team

Educate the child or adolescent and family on the nature and typical course of concussion, and the importance of rest, cognitive and physical, during recovery.

Designate an office staff member as the contact person who can serve as the liaison between the medical home, the family, and the school, and communicate concerns back to the pediatrician.

Verify symptoms that might interfere with learning and communicate with the school, and reassess the student as indicated based on family and school feedback.



# The Role of the School Teams

Allow a student to rest and return to learning at a pace consistent with recommendations from the medical home, based on verified signs and symptoms.

Designate a staff member as the contact person who can serve as the liaison between the medical home, the family, and the school, and communicate concerns back to the pediatrician and parent.

Report back to family and pediatrician on how the child or adolescent is managing, and work as a team to advance, regress, or hold the student steady in his/her return efforts.





# The Role of the Family Team

Enforce rest and reduce stimulation as prescribed by the pediatrician.

Work with the school to develop a plan for return to learning and sign essential releases to allow communication between the school and the medical homes.

Monitor the child for readiness to begin a return to learning process and keep the medical and school homes updated.



# Guidance for Determining Student Readiness to Return to Learning

Student tolerance of cognitive stimulation or concentration.

SYMPTOM ONSET  
<30-45 minutes

**REST AT HOME**  
Encourage sleep

Light mental activity  
Light reading or light TV  
Light interaction with family

No driving, no employment, no malls,  
decreased screen time/social  
networks/video games/computer work.

SYMPTOM ONSET  
>30-45 minutes

School Attendance

ADJUSTMENTS AS NEEDED FOR  
SYMPTOM EXACERBATION  
30-34 min. of instruction  
15 min. rest period  
Additional instruction as tolerated

Late start/early dismissal, planned/as needed rests,  
increase activity as tolerated, no extracurricular until back  
to full curricular program. For missed instruction consider  
class notes, easing assignments, reduced course load,  
etc.

# Sample Six Step “Return to Learning” Model Based on Six Step “Return to Play” Model

- Step 1** Rest and recovery at home without any academics
- Step 2** Light mental activity in quiet environment (30-45 min.)
- Step 3** More sustained mental activity in more stimulating environments for longer periods and shorter breaks
- Step 4** Increased mental activity in regular school setting with continued adjustments only as needed
- Step 5** Full day in all academic classes with adjustments as needed
- Step 6** Regular school attendance full time with no restrictions

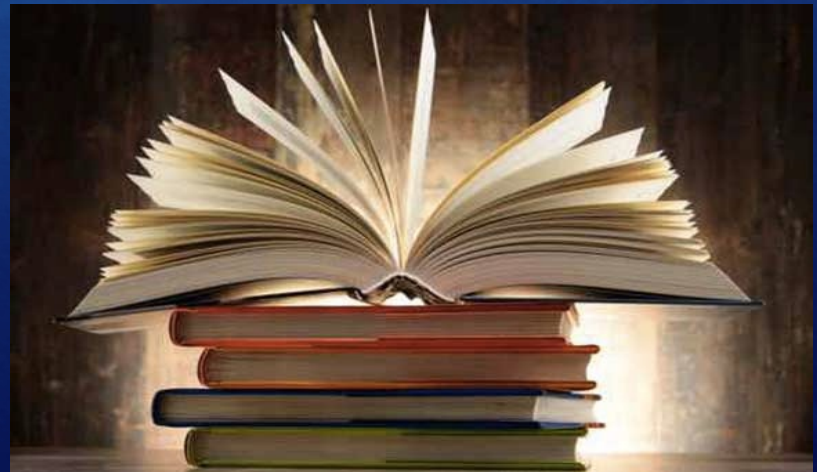


# Strategies to Help in the School Setting based on Symptoms

**Adjustments**

**Accommodations**

**Modifications**



# Academic Adjustments

Can be implemented immediately

Are temporary, for up to usually 3 weeks or less

Are easily adjusted and changed based on need

Are done at building level by principal and teaching team

Can address all aspects of instruction except standardized testing

Involves General Education



Sign/Symptom	Potential Adjustments in School Setting
Headache	<ul style="list-style-type: none"> <li>• Frequent breaks</li> <li>• Identifying aggravators and reducing exposure to them</li> <li>• Rests, planned or as needed, in nurse’ s office or quiet area</li> </ul>
Dizziness	<ul style="list-style-type: none"> <li>• Allow student to put head down if symptoms worsen</li> <li>• Give student early dismissal from class and extra time to get from class to class to avoid crowded hallways</li> </ul>
Light sensitivity	<ul style="list-style-type: none"> <li>• Reduce exposure to computers, smart boards, videos</li> <li>• Reduce brightness on the screens</li> <li>• Allow the student to wear a hat or sunglasses in school</li> <li>• Consider use of audio tapes of books</li> <li>• Turn off fluorescent lights as needed</li> </ul>



Noise sensitivity	<ul style="list-style-type: none"> <li>• Limit or avoid band, choir, or shop classes</li> <li>• Avoid noisy gyms and organized sports practices/games</li> <li>• Consideration of the use of ear plugs</li> <li>• Give student early dismissal from class and extra time to get from class to class to avoid crowded hallways during pass time</li> </ul>
Difficulty with memory	<ul style="list-style-type: none"> <li>• Avoid testing or completion of major projects during recovery when possible</li> <li>• Provide extra time to complete non-standardized tests</li> <li>• Postpone standardized testing (may require that a 504 Plan is in place)</li> <li>• Consider one test per day during exam periods</li> <li>• Consider the use of preprinted notes, note taker, scribe, or reader for oral test taking</li> </ul>
Sleep problems	<ul style="list-style-type: none"> <li>• Allow for late start or shortened school day to catch up on sleep</li> <li>• Allow rest breaks</li> </ul>

# Academic Adjustments vs. Accommodations vs. Modifications

Interventions:	Provided in:	Affects:
<p><b>Adjustments</b> – Informal, flexible day-to-day interventions. Can be applied immediately and lifted easily when no longer needed.</p>	<p>General Education classroom.</p> <p>Student still required to progress through General Education curriculum.</p>	<p>80% to 90% of students with a concussion for the typical 3 week recovery.</p> <p>Apply for days to weeks.</p>
<p><b>Accommodations</b> – More formal process for longer interventions; often called a 504 Plan. Requires a meeting to enter and exit.</p>	<p>General Education classroom; occasional extra support/targeted interventions outside of General Education.</p> <p>Student still required to progress through General Education curriculum with accommodations to the environment (i.e., extra time, large print, rest).</p>	<p>5% to 15% of students with prolonged symptoms from a concussion.</p> <p>Apply for weeks to months.</p>
<p><b>Modifications</b> – Very formal process to document a chronic and permanent disability of brain injury; referred to as Special Education or Individuals with Disabilities Education Act (IDEA).</p> <p>Disability makes it so that student cannot benefit from General Education alone.</p>	<p>Primary services provided in Special Education classroom; student in General Education classroom as much as possible.</p> <p>Allows for modification of the General Education curriculum. Often requires specialized instruction and specialized placement.</p>	<p>1% to 5% of students with permanent brain damage; brain damage sustained as a concussion.</p> <p>Apply for months to years.</p>

## SYMPTOM WHEEL

### Suggested Academic Adjustments

McAvoy, 2011

#### PHYSICAL:

"Strategic Rest"- scheduled 15 to 20 minute "head on desk" breaks (mid-morning; mid-afternoon and/or as needed)

Sunglasses (inside and outside)

Quiet room/environment, quiet lunch, quiet recess

More frequent breaks in classroom and/or in clinic

Allow quiet passing in halls

Remove from PE, physical recess, & dance classes without penalty

Sit out of music, orchestra and computer classes if symptoms are provoked

#### EMOTIONAL:

Allow student to have "signal" to leave room

Help staff understand that mental fatigue can manifest in "emotional meltdowns"

Allow student to remove him/herself to de-escalate

Allow student to visit with supportive adult (counselor, nurse, advisor)

#### COGNITIVE:

Workload reduction in the classroom/homework

Remove non-essential work

Reduce repetition of work

Adjust "due" dates; allow for extra time

Allow student to "audit" classwork

Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing)

Allow demonstration of learning in alternative fashion

Provide written instructions

Allow for "buddy notes" or teacher notes, study guides, word banks

Allow for technology (tape recorder, smart pen) if tolerated

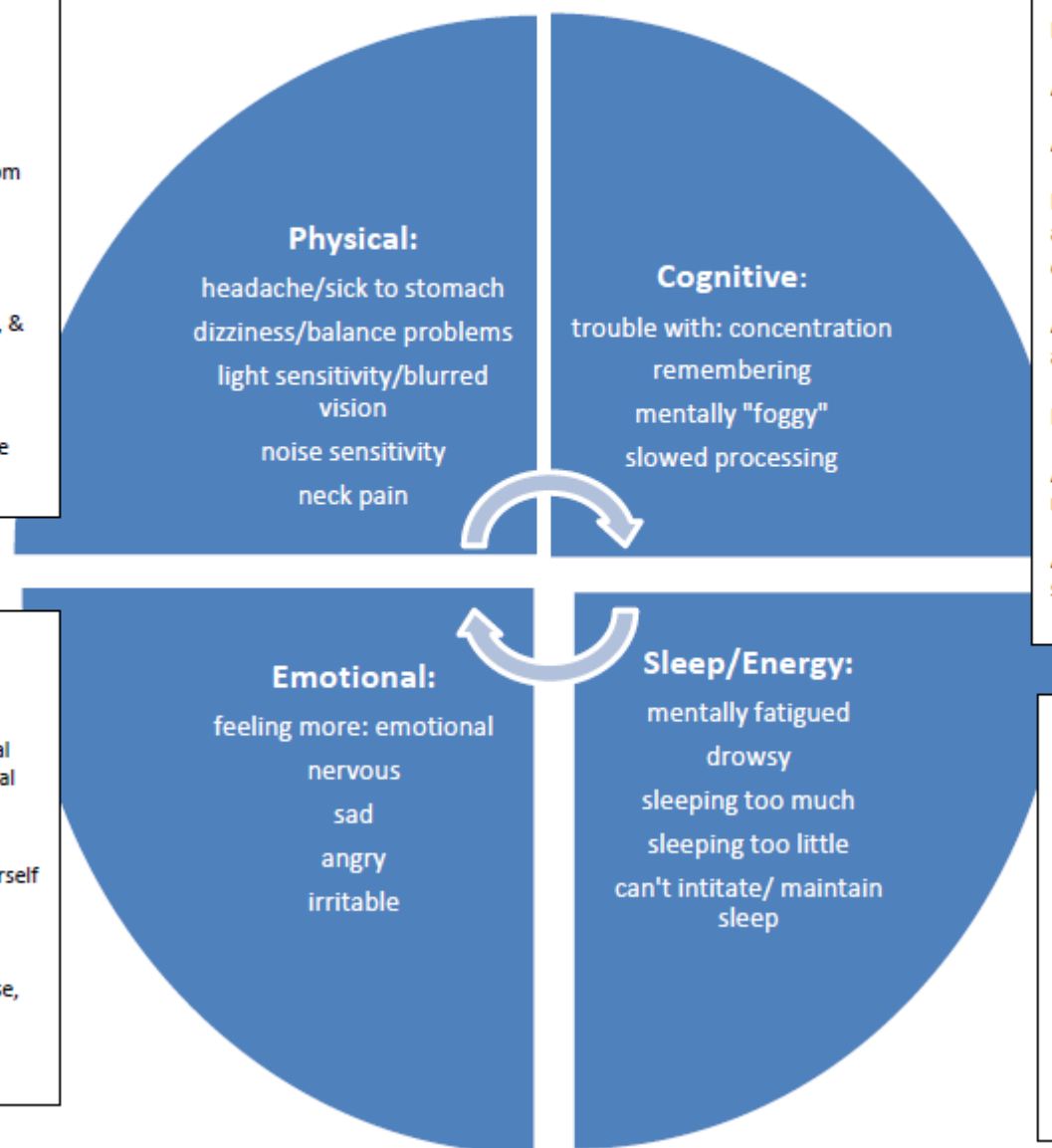
#### SLEEP/ENERGY:

Allow for rest breaks

Allow student to start school later in the day

Allow student to leave school early

Alternate "mental challenge" with "mental rest"





# QUESTIONS?



Contact your school nurse for questions.

# References

- + American Acadamey of Pediatrics
- + CDC.Cnter for Disease Control
- + <http://www.cdc.gov/traumaticbraininjury/basics.html>
- + <http://www2.aap.org/pcorss/webinars/pco/PCOWebConcussionReturntoLearn.ppt>
- + <https://www.youtube.com/channel/UCiMgo6DjcUk5FRiM3g5sqoQ>
- + <https://www.youtube.com/watch?v=zCCD52Pty4A>