

Acquired Brain Injury Moderate to Severe Temporary School Accommodations Plan

These are recommendations and over time may need to be adjusted through the school Concussion Management Team. If any questions or concerns, please call your provider.

Student name: _____ Date of Injury: _____ Date: _____

Current symptoms (circle all that apply).

- Headache
- Fatigue
- Dizziness
- Altered sleep patterns
- Seizures
- Feeding/Swallowing
- Hydrocephalus/shunt
- Motor Impairment (gross/fine, balance, coordination, orthopedic, mobility)
- Cognitive Impairment (inattention, decreased memory, slowed processing)
- Communication Impairment (expressive, receptive, pragmatic)
- Sensory impairment (vision, hearing, sensitivity to light/noise/touch)
- Social/Emotional/Behavioral (sadness, depression, adjustment, personality change, withdrawal, irritability, verbal/physical aggression)

Other: _____

Current medications: _____

Physician name: _____ Phone: _____ Signature: _____

The student will be reevaluated for revision of these recommendations in _____ weeks.

Date of follow-up evaluation: _____

These are initial/follow-up (circle one) recommendations dated _____

***Parents** Make sure to show this form to the school nurse/psychologist. Review as needed with them or the designated Concussion Management Team who may consist of the Athletic Trainer, RN, educational supervisor and/or school counselor/psychologist.*

Area	Requested Accommodations	Comments/Clarifications
Attendance	<ul style="list-style-type: none">• No school until _____• Partial school day as tolerated by student• Full school day as tolerated by student	
Breaks	<ul style="list-style-type: none">• If symptoms appear/worsen, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home• Water bottle in class / snack every 3-4 hours as needed• Allow breaks during the day as needed by student or school personnel	

Area	Requested Accommodations	Comments/Clarifications
Visual Stimulus	<ul style="list-style-type: none"> • Limit iPad use • Limit computer, TV, and bright screen use • Allow handwritten assignments or more instructions for homework • Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights • Change classroom seating to front of room if necessary 	
Auditory Stimulus	<ul style="list-style-type: none"> • Avoid loud classroom activities and/or classes (i.e. band, shop, choir) • Lunch in a quiet place with a friend • Allow student to wear earplugs as needed • Allow class transitions before bell 	
School Work	<ul style="list-style-type: none"> • Simplify tasks • Reduce overall amount of in-class work or homework to essentials • No homework • Extra tutoring/assistance requested • May begin make-up of essential work (critical tasks only, consider alternative ways for student to demonstrate knowledge) 	

Area	Requested Accommodations	Comments/Clarifications
Testing	<ul style="list-style-type: none"> • No or limited testing during recovery periods (midterms, finals, standardized, unit tests) until student is cleared • Additional time/untimed testing • No more than one test a day • Provide extended time to take tests in quiet environment (Do not mark if student is deferred from test taking) 	
Emotional Development Plan	<ul style="list-style-type: none"> • Develop an emotional support plan for the student (may include an adult with whom the student can talk, if feeling overwhelmed) 	
Physical Activity	<ul style="list-style-type: none"> • No physical exertion/athletics/gym/recess • Walking in PE/recess only • May begin return to play (see OSAA form) 	
Extracurricular Activities	<ul style="list-style-type: none"> • Okay to participate in school dances • Okay to attend school/sporting events/field trips (Please specify) • Other (Please specify) 	

Area	Requested Accommodations	Comments/Clarifications
Medical Needs: Develop Health Care Plan to Address:	<ul style="list-style-type: none"> • Eating – No food/drink by mouth/Tube feeding • Seizure activity • Shunt • Toileting support • At risk for falls – required safety supports • Medication administration in school • Other (Please specify) 	

- It is recommended that the school hold an immediate Student Study Team (SST) meeting that includes the school nurse to determine the student’s current educational and medical needs for successful transition to school.
- Due to the nature of diagnosis, treatment and the impact on the student’s developing brain/functioning, it is likely that they will require a team determination for one or more of the school intervention services available to students with disabilities.