School: _____

Mild TBI/Concussion Temporary 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.

Patient name: _____ DOB: _____

Current symptoms: □ Headaches □ Difficulty remembering □ Difficulty concentrating □ Sensitivity to light □ Fatigue □ Decreased attention
□Other:_____

Physician Name: _____ Phone: _____ Physician Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____

□ These Are Initial Recommendations □ These Are Follow-Up Recommendations

Area	Requested Accommodations	Comments/ Clarifications
Attendance	□ No School until _____ □ Partial School day as tolerated by student □ Full school day as tolerated by student	
Breaks	□ If symptoms appear/worsen, allow student to go to quiet area or nurse's office; if no improvement after 30 min 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	
Visual Stimulus	□ Limit iPad use □ Limited computer, TV screen, 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 as necessary	
Auditory Stimulus	□ 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	□ 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) □ Provide extended time to complete assignments and/or shortened assignments	
Testing	□ 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 a quiet environment (do not mark if student is deferred from test taking)	
Emotional Development Plan	□ Develop an emotional support plan for the student (may include an adult with whom the student can talk, if feeling overwhelmed)	
Physical Activity	□ No physical exertion/athletics/gym/recess □ Walking in PE/recess only □ May begin return to play (see OSAA form)	
Extracurricular Activities	□ Ok to participate in school dances □ Ok to attend school/sporting events/field trips (Please specify) □ Other (Please specify)	

Parents: Make sure to show this form to your concussion management team. Review as needed with RN or concussion management team. Your Concussion Management Team may consist of Athletic trainer, RN, educational supervisor and/or school counselor.