



CONFIDENTIAL
HILLSBORO SCHOOL DISTRICT FORM
IMMEDIATE TEMPORARY ACCOMMODATIONS PLAN (ITAP)
FOR TRAUMATIC BRAIN INJURY

Student: _____ ID# _____ School _____ Gr. _____

TBI sustained on: _____ Return to School Anticipated: _____

Date ITAP completed on: _____ by _____

As an educator, you play an important role in helping your student in the management and recovery of their concussion. A concussion is a mild traumatic brain injury and should be taken seriously. Some students may be advised to stay home immediately following concussion, but only a few days of school should be missed.

Each concussion is unique and recovery is unpredictable. A student may experience different signs/symptoms depending on the environment and exhibit gains in skills one day and losses of skills the next. You can help by monitoring the student and reporting changes to symptoms to the TBI management team.

Abbreviated Day Recommended? Y / N MD Order Date: _____

Medication in the Health Room Y / N _____ for _____

Provider: _____ Date of next appt. _____ ROI Y / N

Concussion Specialist: _____ Date of next appt. _____ ROI Y / N

The student reports the following signs and symptoms:

Physical:

- ☐ Headache or head pressure ☐ Light sensitivity ☐ Sound sensitivity ☐ Smell sensitivity ☐ Fatigue
☐ Dizziness ☐ Balance problems ☐ Nausea and vomiting ☐ Numbness or Tingling ☐ Ringing in ears
☐ Impaired sleep (more, less, or fragmented) ☐ Blurry or double vision ☐ Trauma associated seizures
☐ Other: _____

Cognitive:

- ☐ Slowed information processing ☐ Attention and concentration problems ☐ "Brain fog"
☐ Difficulty with memory ☐ Trouble learning new information or retaining it ☐ Unable to follow instruction
☐ Inability to multitask or organize ☐ Difficulty tracking conversations ☐ Feeling "slowed down"
☐ Other: _____

Socioemotional:

- ☐ Poor emotional regulation ☐ Irritability or quick to anger ☐ Unusual sadness ☐ Decreased motivation
☐ Anxiety or depression ☐ Post-traumatic stress disorder ☐ Grief ☐ Loss of social skills ☐ Withdrawal from friends and family ☐ Other: _____

Activity Restrictions:

Medical instructions from Provider or Athletic Trainer for Activity Modification Y / N Date: _____

Authorization (from Provider) for Return to Full Activity Date: _____

ACCOMMODATIONS

☐ **Student/Family declined accommodations/modifications** **Date:** _____

PHYSICAL

- ☐ Allow rest breaks with low light and noise at _____
- ☐ Wear sunglasses and/or hat in class, seating away from bright sunlight
- ☐ Allow hearing protection or unplugged, noise-reducing headphones during class
- ☐ Limit screen time by offering assignments by book and paper, when possible.
- ☐ Provide a lunchtime space away from crowded areas.
- ☐ Elevator key for student experiencing dizziness, balance concerns
- ☐ Leave class 5 minutes early or late to avoid crowding in halls
- ☐ Other: _____

COGNITIVE

- ☐ Preferential seating and provide immediate feedback
- ☐ Break down assignments and tests into shorter segments
- ☐ Shorten in-class and homework assignments to key concepts and critical tasks only
- ☐ Reduce or slow down verbal information and check for comprehension
- ☐ Teacher generated class notes and/or recorded lecture
- ☐ Waive previously missed work
- ☐ Weekly progress report shared with student and parents/guardians
- ☐ Allow extended time to complete coursework, assignments, and tests if requested
- ☐ Stagger testing so that the student only needs to prepare for one exam/quiz per day
- ☐ Alternatives to written output for demonstrating understanding: _____
- ☐ Other: _____

SOCIOEMOTIONAL

- ☐ Post class rules, a daily schedule, and follow routines
- ☐ Teacher/staff to provide reassurance about accommodations and workload reduction
- ☐ Permit lunchtime in a quiet space with 1-2 friends
- ☐ Allow student to work with a peer or peer group for selected assignments
- ☐ Give non-verbal cues to stay on task or change behavior
- ☐ Pass to wellness room or counseling center to regroup when upset
- ☐ Utilize an emotional and behavioral support plan
- ☐ Other: _____

Next student check-in: _____

Notes: _____

Date Temporary Accommodations Plan Discontinued: _____