



## 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: \_\_\_\_\_

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

**Current symptoms:**  Headaches  Difficulty remembering  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
<b>Attendance</b>	<input type="checkbox"/> No School until _____ <input type="checkbox"/> Partial School day as tolerated by student <input type="checkbox"/> Full school day as tolerated by student	
<b>Breaks</b>	<input type="checkbox"/> 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 <input type="checkbox"/> Water bottle in class / snack every 3-4 hours as needed <input type="checkbox"/> Allow breaks during the day as needed by student or school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Limit iPad use <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments or more instructions for homework <input type="checkbox"/> Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights <input type="checkbox"/> Change classroom seating to front of room as necessary	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid loud classroom activities and/or classes (i.e. band, shop, choir) <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before bell	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks <input type="checkbox"/> Reduce overall amount of in-class work or homework to essentials. <input type="checkbox"/> No homework <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work (critical tasks only, consider alternative ways for student to demonstrate knowledge) <input type="checkbox"/> Provide extended time to complete assignments and/or shortened assignments	
<b>Testing</b>	<input type="checkbox"/> No or limited testing during recovery periods (midterms, finals, standardized, unit tests) until student is cleared. <input type="checkbox"/> Additional time/untimed testing <input type="checkbox"/> No more than one test a day <input type="checkbox"/> Provide extended time to take tests in a quiet environment (do not mark if student is deferred from test taking)	
<b>Emotional Development Plan</b>	<input type="checkbox"/> Develop an emotional support plan for the student (may include an adult with whom the student can talk, if feeling overwhelmed)	
<b>Physical Activity</b>	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Walking in PE/recess only <input type="checkbox"/> May begin return to play (see OSAA form)	
<b>Extracurricular Activities</b>	<input type="checkbox"/> Ok to participate in school dances <input type="checkbox"/> Ok to attend school/sporting events/field trips (Please specify) <input type="checkbox"/> Other (Please specify)	

**Parents: Make sure to show this form to your concussion management team. Review with RN or concussion management team. Your Concussion Management Team may consist of ATC, RN and/or school counselor.**