



Concussion Temporary Academic Modifications

(To be provided to teachers when student has experienced a suspected concussion with a pending medical evaluation.)

Student Name: _____ DOB: _____

Homeroom Teacher: _____ Grade: _____

The above student has been deemed to have signs/symptoms consistent with a concussion. To initiate appropriate cognitive and physical rest, and allow the quickest recovery, the following modifications should be initiated. Parents must be notified.

To Promote Cognitive Recovery:

- Allow extra time to complete homework/assignments.
- No standardized testing. *Must use transitory impairment plan for state testing.*
- Lessen screen time to 90 minutes maximum per day, and no more than 20 minutes continuous.
- Lessen homework load by 50% per class.

To Address Symptoms:

- Provide alternative setting during band/music class.
- Provide alternative setting during PE class to avoid noise exposure and to decrease re-injury risk.
- Allow student to use earplugs when in noisy environment, and to wear sunglasses or a hat with a bill worn forward to reduce light exposure.

If student has increasing or worsening symptoms during class (i.e. headache, nausea, dizziness or difficulty concentrating), he/she should report to the nurse's office (Student Health Center –High School Only). If nurse is not on campus, student should report to a counselor.

Authorized Signature: School Counselor or School Nurse

Signature _____ Position: _____

Date _____

****These restrictions will expire 5 school days after the above date,
unless otherwise changed by a medical provider.****

Notes: _____
