



Diocese of Wilmington

Post Concussion - Academic and Sports Accommodations:

This student sustained a concussion on ___//___//___ and is currently under my care. The accommodation requests listed below are designed to provide support to the student during recovery. We will be following the 5 Stage DIAA/UPMC Protocol for gradual return to school and sports monitored by the school Athletic Trainer or local Physical Therapy Group. If indicated, vestibular rehabilitation will be done by local Physical Therapists

Student Name: _____ DOB: ___/___/___ Date Evaluated: ___/___/___

To (Nurse or AT) : Nurse FAX #: 410-749-9507

School Name: St. Francis de Sales Grade: _____ Sport: _____

- _____ - Please excuse the patient named above from school today due to a medical appointment.
- _____ - This student is **UNABLE TO PARTICIPATE IN ANY ACADEMICS** at this time. The student will be closely monitored to determine the point at which they can begin to participate in academics.
- _____ - Will return to school on ___//___//___ with the following accommodations.

School Day:

- _____ - This student is able to participate in the school day as tolerated.
- _____ - This student is able to participate in a reduced school day (_____ hours/day) as tolerated.

Physical Education/ Sports/Electives:

- _____ - **NO PHYSICAL EDUCATION** classes and **NO SPORTS**. Please do not add alternative assignments.
- _____ - Restricted physical education class activity. Light aerobic exercise only as tolerated.
- _____ - **May return to physical education class and without restrictions as tolerated.**
- _____ - No band/orchestra/chorus/music lesson. _____ - Allow to eat lunch in a quiet place with friends.
- _____ - Is doing 5-stage UPMC Athletic Recovery Program with a local licensed physical therapist/athletic trainer
- _____ - **May return to sports without restrictions as tolerated.** _____ - Allowed sporting drills, non contact.

Homework and Assignments:

_____ - All graded work (homework, papers, projects, quizzes and tests) missed should receive a medical pass "M" not a "0".
Please have teachers identify and provide critical missed material for the student as they should be expected to review these materials when they are able to return to a full academic load. An effort will be made to do this earlier if the student is well enough to tolerate it.

- _____ - Academic accommodations as specified below:
 - _____ - No major projects _____ - Homework as tolerated
 - _____ - No homework _____ - Homework limited to _____ hours/day
 - _____ - Reduced workload to include only essential learning tasks
 - _____ - Preprinted class notes if available
 - _____ - No reading _____ - Reading limited to several _____ minute sessions/day
- _____ - **May return to full academic workload without restrictions.**

Computer Use:

- _____ - No computer use _____ - Computer use limited to _____ sessions/day and _____ minutes/session

Quizzes/Tests:

- _____ - **NO TESTS OR QUIZZES** _____ - Untimed tests and quizzes
- _____ - Extended time for tests and quizzes _____ - 1 test per day - maximum of 3 per week.
- _____ - No standardized tests _____ - No accommodations necessary for tests and quizzes

Nursing and Counsellor Assistance:

- _____ - Allow rest breaks in nurses office, access to fluids and snacks and leave class 2-3 minutes before bell
- _____ - Counsellor, please reach out to all teachers to carry out these accommodations above.
- _____ - School nurse, please alert parents or our doctor for any symptoms patient is reporting.
- _____ - Medications approved for headaches or concussion are: _____

For Any Questions or Concerns Please Call: _____ I agree to accept these recommendations.

Parent Signature: X _____ Physician's Signature: _____

Re-evaluation with physician is scheduled for (DATE) ___/___/___ Time: _____