## Returning to School After a Concussion



## **DEAR SCHOOL STAFF:**

This letter offers input from a healthcare provider with experience in treating concussion, a type of traumatic brain injury. This letter was created to help school professionals and parents support students returning to school after a concussion. You can use these recommendations to make decisions about support for your student based on his or her specific needs. This letter is not intended to create a 504 Plan or an IEP unless school professionals determine that one is needed. Most students will only need short-term support as they recover from a concussion. A strong relationship between the healthcare provider, the school, and the parents will help your student recover and return to school.				
	was seen for a concussion on			
Student Name	Date			
in	office or clinic.			
Healthcare Provider's Nam	ne			

## The student is currently reporting the following symptoms:

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PHYSICAL	- THINKING OR REMEMBERING	SOCIAL OR EMOTIONAL	SLEEP
☐ Bothered by light or noise	<ul><li>Attention or concentration problems</li></ul>	☐ Anxiety or nervousness	☐ Sleeping less than usual
☐ Dizziness or balance problems	<ul><li>☐ Feeling slowed down</li><li>☐ Foggy or groggy</li></ul>	☐ Irritability or easily angered	☐ Sleeping more than usual
<ul><li>☐ Feeling tired, no energy</li><li>☐ Headaches</li></ul>	☐ Problems with short- or long-term memory	☐ Feeling more emotional	☐ Trouble falling asleep
<ul><li>☐ Nausea or vomiting</li><li>☐ Vision problems</li></ul>	☐ Trouble thinking clearly	☐ Sadness	
The student also reporte	ed these symptoms:		



## **RETURNING TO SCHOOL**

Based on the student's current symptoms, I recom	mend that the stude	ent:	
☐ Be permitted to return to school and active professionals should observe and check in worsen. If symptoms do not worsen durin worsen, the student should cut back on the support at school. Tell the student to update	n with the student for g an activity, then th me spent engaging i	the first two weeks, and note is activity is OK for the student a that activity, and may need so	f symptoms . If symptoms ome short-term
☐ Is excused from school for	_ days.		
☐ Return to school with the following chang	es until his or her syı	nptoms improve.	
( <b>NOTE:</b> Making short-term changes to a sregular routine more quickly. As the stude			
Based on the student's symptoms, pleas	e make the short-te	m changes checked below:	
<ul><li>☐ No physical activity during recess</li><li>☐ No physical education (PE) class</li></ul>		Allow for a quiet place to take throughout the day	rest breaks
☐ No after school sports		Lessen the amount of screen tin	rs, tablets, etc.
☐ Shorten school day	_	student, such as on computers	
☐ Later school start time		Give ibuprofen or acetaminophowith headaches (as needed)	
☐ Reduce the amount of homework		Allow the student to wear sung	glasses, earplugs,
☐ Postpone classroom tests or		or headphones if bothered by I	
standardized testing  Provide extended time to complete so work, homework, or take tests	chool	Other:	
<ul> <li>Provide written notes for school lesso and assignments (when possible)</li> </ul>	ons		
Most children with a concussion feel better within a longer. If there are any symptoms that concern you should be seen by a healthcare provider as soon as	ı, or are getting wor s possible.	se, notify the student's parent	s that the student
Healthcare Provider's Name (printed)	Healthcar	e Provider's Signature	Date
For additional questions, you may reach me at:			

