RETURN TO SCHOOL TO RETURN TO LEARN AND PHYSICAL ACTIVITY PLAN COMMUNICATION TOOL

Student Name: _____ **Plan Start Date:** _____

Designated Members of Collaborative Team

- Concussed Student: _____
- Parents/Guardians: _____
- Contact Information: _____
- Medical Doctor/Nurse Practitioner: _____
- School Staff Working with the Student: _____

_____

- School Administrator(s) or Designate: _____

Each stage must take a minimum of 24 hours. A student should be encouraged to return to school as soon as they can tolerate the school environment even if they are not symptom-free. In Stage 1, resting completely for more than two days is not suggested and a complete absence from the school environment for more than one week is not recommended.

STAGE 1-Activities of Daily Learning and Relative Rest – home preparation for RETURN TO LEARN (RTL) and RETURN TO PHYSICAL ACTIVITY (RTPA) PLAN

Parent/Guardian communicates to school principal (by completing the following information on this form) that the student has completed Stage 1-Activities of Daily Living and Relative Rest and is ready to return to school for the Return to Learn and Return to Physical Activity Plan.

☐ My child/ward will be returning to school at Return to Learn and Return to Physical Activity Stage 2.

NOTE: If your child/ward is not returning to school after Stage 1, they should complete the activities from Return to Learn and Return to Physical Activity Stage 2 at home and return to school when they are ready to progress to Return to Learn and Return to Physical Activity Stage 3.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

COMPLETED FORMS

Completed Form	Date	Completed By	School Staff Initials	Notes
Appendix A1 Suspected Concussion Identification Tool				
Appendix A2 Medical Assessment Form – Concussion				
Appendix A3 Letter of Accommodation for Suspected/ Diagnosed Concussions				

FORM MUST REMAIN IN THE OSR

PART 2 – RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY

While the Return to Learn (RTL) and Return to Physical Activity (RTPA) stages are inter-related they are not interdependent after Stage 1. A student's progress through the stages of Return to Learn is independent from their progression through the Return to Physical Activity stages. However, students must have completed-Return to Learn-Stage 4 and have obtained Medical Clearance prior to beginning Stage 4 of Return to Physical Activity.

During Stages 1, 2 or 3 (prior to medical clearance) it is common and acceptable for a student's symptoms to return or worsen mildly and briefly as long as these symptoms **do not last for more than an hour**. If a student's concussion-related symptoms worsen for longer than an hour or they cannot tolerate their symptoms, the student should:

- For RTL, take a break, and the activities should be adapted.
- For RTPA, stop the activity and try again the next day at the same stage.

<table>
<tr><th>Stage and Description</th><th>Completion Status</th></tr>
<tr><td rowspan="2">Return to Learn – Stage 2
School activities (as tolerated). Increase tolerance to cognitive activities and school environments.
(Completed as partial days in-school or at home)</td><td><u>School</u>
For students attending school at Stage 2
☐ Student tolerates Stage 2 activities and is ready to progress to Return to Learn-Stage 3.
☐ Appendix A7 sent home to parent/guardian.

School Initial: _____ Date: _____</td></tr>
<tr><td><u>Home</u>
For students completing Stage 2 at Home
☐ Student will be returning to school at Return to Learn-Stage 3.

For students completing Stage 2 at School
☐ Student tolerates Return to Learn-Stage 2 activities and is ready to progress to RTL-Stage 3.

☐ Appendix A7 sent back to school.

Parent/Guardian Signature: _____ Date: _____
Comments:</td></tr>
<tr><td rowspan="2">Return to Physical Activity – Stage 2
Light to moderate effort aerobic activity/exercise
(Completed as partial days in-school or at home)</td><td><u>School</u>
☐ Student can tolerate Return to Physical Activity-Stage 2 activities and is ready to progress to Return to Physical Activity-Stage 3.
☐ Appendix A7 sent home to parent/guardian.

School Initial: _____ Date: _____</td></tr>
<tr><td><u>Home</u>
For students completing Stage 2 at Home
☐ Student will be returning to school at Return to Physical Activities-Stage 3.

For students completing Stage 2 at School
☐ Student is ready to progress to Return to Physical Activities -Stage 3.

☐ Appendix A7 sent back to school.

Parent/Guardian Signature: _____ Date: _____
Comments:</td></tr>
</table>

Return to Learn – Stage 3 Student continues attending school part-time or fulltime with gradual increase in school attendance time, increased schoolwork, and decrease in adaptation of learning strategies and/or approaches.	School ☐ Student has demonstrated tolerance of full days of the cognitive activities and school environment without accommodations for concussion and may progress to Return to Learn-Stage 4. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student is ready to progress to Return to Learn-Stage 4. ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Physical Activity – Stage 3 Individual movement skills/sport specific activities with low risk of inadvertent head impact.	School ☐ Student has demonstrated ability to tolerate permitted activities and is symptom free from concussion related symptoms at rest and at full exertion. ☐ Appendix A4 Documentation for Medical Clearance sent home to parent/guardian. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to Return to Physical Activity Stage 4. ☐ Obtained Medical Clearance (Appendix A4) from medical doctor or nurse practitioner. ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Learn – Stage 4 At school: full day, without adaptation of learning strategies and/or approaches.	School ☐ Student has completed the Return to Learn Process. ☐ Appendix A7 sent home to parent/guardian School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the RTL Plan. ☐ Appendix A7 sent back to school Parent/Guardian Signature: _____ Date: _____ Comments:

Before progressing to Return to Physical Activity-Stage 4, the student must:

☐ **have completed Return to Learn-Stage 4 full day at school without adaptation of learning strategies and/or approaches),**

☐ **obtain signed Medical Clearance from a medical doctor or nurse practitioner (Appendix A4).**

Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

School Initial: _____ Date: _____

Return to Physical Activity – Stage 4 Following Medical Clearance progressively increase physical activity. Training drills and activities with low risk of body contact.	School ☐ Student has completed the activities in Return to Physical Activity-Stage 4 with no return of concussion related symptoms. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. ☐ Student has exhibited or reported a return of symptoms, or new symptoms and must return to **Return to Physical Activity-Stage 3** and see a medical doctor or nurse practitioner for **reassessment.** ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Physical Activity-Stage 5 Full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.	School ☐ Student has completed the physical activities in Return to Physical Activity-Stage 5 with no return of concussion related symptoms. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms or new symptoms and can progress to Return to Physical Activity-Stage 6. ☐ Student has exhibited/reported a return of symptoms or new symptoms and must return to **Return to Physical Activity-Stage 3** and see a medical doctor/nurse practitioner for Medical Clearance **reassessment.** ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments:
Return to Physical Activity – Stage 6 Unrestricted return to contact sports. -Full participation in contact sports games/competitions.	School ☐ Student has completed the Return to Physical Activity Plan. ☐ Appendix A7 sent home to parent/guardian. School Initial: _____ Date: _____
	Home ☐ Student has not exhibited or reported a return of symptoms or new symptoms and has completed the Return to Physical Activity Plan. ☐ Student has exhibited/reported a return of symptoms or new symptoms and must return to **Return to Physical Activity-Stage 3** and see a medical doctor/nurse practitioner for Medical Clearance **reassessment**. ☐ Appendix A7 sent back to school. Parent/Guardian Signature: _____ Date: _____ Comments: