LETTER OF ACCOMMODATION FOR SUSPECTED/DIAGNOSED CONCUSSIONS

If a student has been diagnosed or is suspected of having a concussion, a parent/guardian must complete this form and return it to the School Administrator(s) prior to beginning the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5).

Fatigue

Student: ☐ tires easily ☐ has the typical amount of energy

Student has the most energy in the: ☐ morning ☐ afternoon ☐ evening

Behaviour

Student: ☐ is easily frustrated ☐ is not easily frustrated

Student has been acting: ☐ the same ☐ different compared to before suspected concussion

Memory

Student's memory seems: ☐ typical ☐ impaired

Cognition

Student seems to understand complex thoughts and ideas: ☐ yes ☐ no

Student is able to read for: ☐ less than 1/2 hour ☐ 1/2 to 1 hour ☐ more than 1 hour

Student can handle different technologies (e.g., TV): ☐ yes ☐ no

Student can complete their homework: ☐ yes ☐ no

Stamina

Student makes it through a day without a period of rest: ☐ yes ☐ no

Social

Student is becoming socially isolated or is changing friends after suspected concussion: ☐ yes ☐ no

Student can handle busy/social environments: ☐ yes ☐ no

Student can handle environments of different noise levels (e.g., loud): ☐ yes ☐ no

Student can handle environments of different light levels (e.g., bright): ☐ yes ☐ no

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Parent/Guardian name (print): _____ Date: _____

Parent/Guardian signature: _____

Comments: _____

_____

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR

SUGGESTED ACCOMMODATIONS FROM MEDICAL TEAM

Patient Name: _____ Date of Evaluation: _____

The above-noted student is suffering from concussion-based symptoms and has recently undergone medical evaluation by a medical doctor or nurse practitioner. Based on this assessment the following is suggested to help the student return to school and minimize symptom provocation and enhance recovery.

Current Symptoms

☐ Headache	☐ Sleep Difficulties	☐ Cognitive Difficulties
☐ Nausea	☐ Sensitivity to Light	☐ Visual Dysfunction
☐ Dizziness	☐ Sensitivity to Noise	☐ Difficulty Concentrating
☐ Fatigue	☐ Foggy	☐ Emotional Changes

Attendance:

- ☐ No school until _____ then modified days
- ☐ Modified (as per below) or shortened as tolerated
- ☐ Full days as tolerated

Testing (Increased memory and attention problems may limit performance on highly demanding activities such as testing):

- ☐ No tests or quizzes
- ☐ Modified testing as needed:
  - ☐ Extra time ☐ Quiet environment ☐ Take home

Workload Reduction (may take student much longer to complete assignments and increased cognitive demand at this time may hinder recovery):

- ☐ Reduce or postpone overall amount of make-up work, class work and homework
- ☐ Shorten/modify tests and projects, or allow extra time to complete
- ☐ Limit notetaking requirements e.g. allow students to obtain notes ahead of time, get from another student

Breaks:

- ☐ As needed (e.g. If symptoms worsen during class, student may need to rest head on desk or leave class until symptoms improve)

Other Accommodations:

- ☐ Allow student to wear hat and/or sunglasses (sensitivity to light)
- ☐ Change setting on computer screen (brightness/contrast)
- ☐ No Physical Education class, Intramurals or Sport Team Participation
- ☐ Avoid busy environments (leave class early to avoid hallways, cafeteria and assemblies)
- ☐ Other: _____

Medical doctor/Nurse Practitioner – Name: _____

Medical doctor/Nurse Practitioner – Phone Number: _____

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian signature: _____

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