COLLABORATIVE TEAM – PLANNING STRATEGIES

Once a student has sustained a suspected/diagnosed concussion, an individualized *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5) must be developed using a Collaborative Team approach. Ongoing communication and monitoring by all members of the team is critical for student success throughout the plan.

The Collaborative Team members, along with their general duties include:

a) Concussed Student: If able, contribute thoughts about the development and progression of the plan, including any symptoms they are experiencing.
b) Parents/Guardians: Provide required documentation to School Administrator(s) and report any changes in signs/ symptoms while their child is outside of school.
c) Medical Doctor/Nurse Practitioner: If able, contribute cognitive and physical restrictions after involvement in diagnosis.
d) School Staff Working with the Student: Develop and deliver individualized classroom strategies based on the student's cognitive and physical restrictions. Observe and report any changes of signs/symptoms of the student.
e) School Administrator(s): Appoint members of the Collaborative Team, including the Designated Member of the Collaborative Team (DMCT). Provide the parent/guardian of a concussed student with necessary forms. Communicate all policies and procedures with members of the Collaborative Team. Approve any adjustments to the student's schedule and individualized classroom strategy.

Developing an Individualized Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan

There is no preset formula for the development of the Return to Learn portion of the Plan to assist the concussed student. It is an individualized approach and must be tailored to the student, but the student must work through the stages. Please see Appendix A5 *regarding the Return to Physical Activity portion of the Plan.*

1. **Identify Types of Signs/Symptoms the Student is Experiencing**
   Initially, use **Appendix A3 Letter of Accommodation for Suspected/Diagnosed Concussions** provided by the parent/guardian to identify the signs/symptoms the student is experiencing. Identification of signs/symptoms is an ongoing process which must be reported throughout the Plan. Possible signs/symptoms a school staff working with the student can identify include:
   a) Cognitive e.g., speed of reading, difficulties doing multi-step math problems, issues with maintaining attention or being easily distracted.
   b) Emotional/Behavioural e.g., easily agitated or irritated, feeling overwhelmed, feeling frustrated or angry.
2. **Identify Specific Factors that May Worsen the Student's Signs/Symptoms**
   School staff working with the student, along with the parents/guardians, must identify factors which can worsen the reported signs/symptoms prior to developing the individualized classroom strategy. Sample questions to consider in this step include:
   a) Could some classes, subjects, or activities pose a greater difficulty than others (compared to pre-concussion performance)?
   b) Are there specific things in the school or classroom environment that could distract the student?
   c) Is the student enrolled in either an e-learning or blended learning (combination of face-to-face and e-learning work) class?
   d) Do any of the classes in which the student is enrolled in use D2L or goggle classroom as significant learning tools?
   e) Is there a specific time frame after which the student becomes unfocused or fatigued?
   f) Is the student's ability to concentrate, work or read at a typical speed related to the time of day?
   g) Are behavioural signs/symptoms linked to specific events, settings (e.g., loud noises or bright lights), tasks, or other activities?

3. **Develop Individualized Classroom Strategies/Approaches to Learning Activities** – Stage 2 of the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5)

   (Note: Strategies must vary based on the student's age, level of understanding and emotional status)

   The goal of the individualized classroom strategies is to limit the student's cognitive activity to a level which is tolerable for the student and does not contribute to worsening or re-emerging signs/symptoms. The tolerance for cognitive activity increases through the recovery process.

   Individualized classroom strategies/approaches to learning activities include:

   Sample Strategies for Cognitive Limitations:

   a) Concentrate on general cognitive skills initially (e.g., organization and flexible thinking rather than specific academic tasks).
   b) Focus on the strengths of the student and expand the course load based on the strengths to more challenging work.
   c) Adjust the student's schedule as needed to maximize student attention and focus (e.g., shorten the day, deliver challenging content/classes during a time when the student is most alert, allow for rest breaks, reduce overload course load).
   d) Adjust the learning environment to reduce distractions or irritations (e.g., move the student away from bright lights or windows, closer to the teacher, or away from noisy areas)
   e) Incorporate the use of computer-assisted or audio learning systems for students having reading comprehension problems.
   f) Provide extra time for in-class assignments or test completion.
   g) Permit the student to record classes for future reference.
   h) Assist the student to create a task list or daily planner/organizer.
   i) Increase repetition in assignments/tasks to reinforce learning.
   j) Break large assignments/tasks into smaller parts and offer recognition cues.
   k) Provide student with alternate methods of master demonstration (e.g., multiple choice or verbal responses to questions instead of long essay responses).
   l) Designate a note-taker for the student during class time.
   m) Use learning materials appropriate for tolerance levels (e.g., avoid electronic device such as tablets or computers).

   Sample Strategies for Behavioural/Emotional/Social Limitations:

   a) Establish a cooperative relationship with the student while engaging the student in any decisions regarding their individualized plan (if age appropriate).
   b) Set reasonable goals and expectations for the student and communicate these with the collaborative team.
   c) Redirect the student to other curriculum elements associated with success if they are becoming frustrated/ agitated with failure in one area.
   d) Provide reinforcement for academic achievements and positive behaviours.
   e) Empathize with and acknowledge student's negative emotions (e.g., frustration, anger, sadness).
   f) Provide and ensure structure and consistency among all school staff working with the student.
   g) Arrange for the student to complete work or take breaks in designated areas appropriate for limitations (e.g., complete assignments in private area or eat lunch in area away from crowded or noisy cafeteria)

4. The strategies listed above must be continually re-evaluated and altered by the collaborative team based on the student's tolerable cognitive activity throughout the entire *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5), until the student is able to return to full pre-concussion learning activities.

Note: The above activities focus on the cognitive strategies to assist in returning the student to prior learning activities, or the *Return to Learn* portion of the Plan. The Return to Physical Activity portion of the plan is outlined in detail on the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions* (Appendix A5). This includes sample physical activities, objectives, and restrictions.