

Accommodations for Students after a Concussion

Patient Name: _____

Date of Evaluation: _____

Accommodations should be applied from
__/__/__ until __/__/__

It is recommended that this patient receive the following accommodations. These should be implemented to avoid increasing concussion symptoms and delaying recovery.

Physical Exertion (check all that apply):

- No physical exertion/athletics/gym class
- Begin return to play protocol

Brain Exertion (check all that apply):

- No school, homework or other after-school academic activities
- No reading or texting
- No computer time or video games
- Limit television time
- Avoid loud noise and bright lights
- Allow listening to low-volume music
- Allow light reading for ____ minutes at a time; total ____ minutes a day
- Allow homework for ____ minutes at a time; total ____ minutes a day
- Allow computer work for ____ minutes at a time; total ____ minutes a day
- Limit texting and screen time

Academic Accommodations (check all that apply)

Attendance

- No school for ____ day(s)
- Part time attendance for ____ day(s), as tolerated
- Full time attendance, as tolerated
- No school until symptom free or significant decrease in symptoms
- Request 504 Meeting to discuss this plan and needed support

Visual stimulus

- Allow student to wear sunglasses
- Permit pre-printed notes for class material or note taker
- Limit screen time including smart boards, computers, TV, etc.
- Enlarge font when possible
- Allow student to sit near the front of the classroom

Workload

- Reduce overall amount of make-up work, class work and homework when possible
- No homework
- Limit homework to ____ minutes a night
- Prorate workload when possible
- Limit backpack weight
- Limit stair use
- Allow extra time to complete homework

Breaks

- Allow student to rest in area designated by the school, such as nurse's office, if symptoms increase
- Allow student to go home, if symptoms do not subside

Audible Stimulus

- Allow student to leave class 5 minute early to avoid noisy hallways
- Provide opportunity to have lunch in quiet place
- Use audible learning
- No participation or listening in any music class
- No playing wind or brass instruments
- Limit practice time of musical instruments to ____ minutes at a time; total ____ minutes a day

Testing

- No testing
- Extra time to complete tests
- No more than one test a day
- Oral testing only
- Testing in a quiet environment
- No standardized testing

Additional Instructions:

Healthcare Provider: _____

Clinic/Location: _____

Phone Number: _____



REINTEGRATION TO ACADEMICS FOLLOWING A CONCUSSION: A GUIDE FOR EDUCATORS

Provided by: Safe Kids Grand Forks, Altru Health System and the Grand Forks Public Schools with resources provided by the CDC's Heads Up To Schools: Know Your Concussion ABC's

Academic Reintegration Following a Concussion

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It is important to know:

- Why do I, as an educator, need to know about concussions?
- How does a concussion from the playing field affect the student in my classroom?
- What can I do to help the student get reintegrated in the school setting?

The topic of concussions is a popular discussion heard in the training rooms, locker rooms and coaches circles following the injury of an athlete who has suffered from one. "Return to play" guidelines have been developed to aid the coach and athletic trainers in determining when an athlete is ready to compete in their sport again. However, when an athlete has suffered a concussion, it impacts not only their ability, or lack thereof, to return to their team's line up on the court or field but rather, it impacts every part of their daily life – from their home lives, to their social lives, to their emotional well-being, to their ability to "be a student". When

an athlete suffers a concussion (and they can happen to non-athletes too), every aspect of their lives must be considered.

This material has been developed by Safe Kids Grand Forks, Altru Health System and the Grand Forks Public Schools. Its purpose is to educate teachers and those in the school system about the topic of concussions and ways in which they can assist the athlete with reintegration to an academic setting, not just to the court, field or arena. For after all, these young players are first and foremost, young adults that have a full life ahead of them; they are students, not just a star on their team!!



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. This sudden movement can

cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

These changes can lead to a set of symptoms affecting the students' cognitive, physical, emotional and sleep

functions.

A serious concussion can last for weeks, months or even longer.



Teacher Highlights: Your Role



Knowledge of a concussion's potential effects on a student, and appropriate management of the return-to-school process, is critical for helping students recover from a concussion. The information we are providing emphasizes the importance of a collaborative approach by a team that includes not only school professionals, but also the student's family and the health care professional(s) managing the medical aspects of the student's recovery.



Remember, each student/athlete will present with their own unique needs, especially in the classroom setting. Seek out resources such as the parents, student, school counselor, athletic trainer and physician to provide insight into those unique needs.

How can a concussion affect learning?

The effects of concussion on a student's return-to-school experience are unique to each student. Do not treat every concussion the same. In most cases, a concussion will not significantly limit a student's participation in school; however, in some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school. In turn, the experience of learning and engaging in academic activities that require concentration, such as math and science, can actually cause a student's concussion symptoms to reappear or worsen. Given this inter-relationship, and the way concussion effects can vary across students, academic adjustments need to be tailored to each student's specific circumstances.

When is a student ready to return to school after a concussion?

Communication is a key element to determining when a student should return to school. A health care professional should provide guidance about when it is safe for a student to return to school and appropriate levels of cognitive and physical activity.

School professionals can help monitor the student closely, and with permission, confer on their observations and share these observations with other professionals, health care workers and their family.

The student will need assistance in striking a balance between rest and normal activity. A lack of proper rest can exacerbate concussion symptoms such as headaches and depression.



Who should be included as part of the team supporting the student?

The student: The affected student should be “in the loop” and encouraged to share his/ her thoughts about how things are going, and symptoms he or she is experiencing. Know your student. Prior to their concussion were they a people pleaser? Worrier? Did they follow school rules? Some personality traits the student normally has may limit their ability to express themselves or their struggles.

Physician and/or other health care professional: Health care professionals involved in the student’s diagnosis and recovery should provide an individualized plan for a student returning to school to help manage cognitive and physical exertion following a concussion. As a student recovers, health care professionals can help guide the gradual removal of academic adjustments or supports that may be instituted as part of the recovery process.

With proper permission, members of the school team should meet together on a regular basis to:

- ⇒ Share observations and any new information obtained from the family or health care professional.
- ⇒ Work with the family to develop an appropriate program and timeline to meet the student’s needs and explain as necessary the reasons for the resulting plan.
- ⇒ Continually reassess the student for symptoms and progress in healing. This information can help the team to make adjustments to the plan.
- ⇒ Work together with student, parents and members of the school team when making decisions concerning dropping classes. Help the student to reach a balance of rest and staying involved.

It is important to identify someone on this team who will function as a case manager, such as a school nurse, school psychologist, school counselor, speech pathologist, teacher or other identified school professional. This person will have the role of advocating for the student’s needs and serve as the primary point of contact with the student, family, and all members of the team. A flexible set of materials to assist case managers and school professionals is available from the *Heads Up to Schools: Know Your Concussion ABCs* initiative at www.cdc.gov/Concussion.

The screenshot shows the CDC website page for 'Heads Up to Schools: Know Your Concussion ABCs'. The page is titled 'Injury Prevention & Control: Traumatic Brain Injury' and 'CDC's Injury Center > Traumatic Brain Injury'. It features a navigation menu on the left with options like 'Concussion in Sports', 'Severe TBI', 'Statistics', 'Potential Effects', 'Causes & Risk Groups', 'Reports & Fact Sheets', 'Social & New Media', and 'Heads Up'. The main content area includes a social media share bar (Recommend 245, Tweet 68, Share), a list of 'On this Page' items (Download or order free Heads Up materials, Find information for youth sports coaches and high school coaches), and a 'Contact Us' section with the address: Centers for Disease Control and Prevention National Center for Injury Prevention and Control (NCIPC), 4770 Buford Hwy, NE, MS F-63, Atlanta, GA 30341-3717, and phone numbers 800-CDC-INFO (800-232-4636) and 770-499-9399. A sidebar on the right offers options to 'Email page link', 'Print page', 'Get email updates', and 'Subscribe to RSS'. The bottom of the page features a photo of children and a text box stating: 'Any one of your students could take a spill, knock his/her head, and get a concussion in **any number** of school settings ranging from the hallway, the playground, the cafeteria, and beyond. That's why—whether you're a principal, school nurse, teacher or other school professional—the CDC and several other distinguished medical, educational, school-health and school-



Check out the great resources provided by the CDC entitled: *Head Up to Schools: Know Your Concussion ABC's*

How can understanding concussion symptoms help with identifying a student's individual needs?



A school professional can best support a student's return to school and recovery by understanding possible concussion effects and providing the student with needed accommodations and support. Remember a concussion is an evolving injury. The full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days following the impact.

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step math problems, problems maintaining consistent attention throughout the class, and/or distractibility. Students' complaints about physical symptoms such as headache, fatigue or increased sensitivity to the lights in the classroom or the noise in the hallways and cafeteria may impair the effectiveness of their learning. Problems with emotional control can also be evident. The student can become more easily irritated or agitated or may feel overwhelmed and frustrated by their learning challenges. These different symptoms can impact the student's overall school performance.

What roles do cognitive exertion and rest play in a student's recovery?

Resting after a concussion is *critical* because it helps the brain recover. Mental and cognitive exertion requires the brain's energy, and when the brain's energy is depleted due to injury, symptoms such as headaches and problems concentrating can worsen. For example, if a student with a concussion spends a lot of energy studying intensely for an exam, there will be less energy available to help the brain repair itself, which may delay recovery. These effects are referred to as *cognitive-exertional* effects.

Understanding the effect of cognitive exertion following a concussion is very important for a student because school engagement and learning requires active thinking. Therefore, the goal is to limit cognitive activity to a level that is tolerable for the student and that does not worsen or result in the reemergence of concussion symptoms.

A plan for taking a break from intensive cognitive activity, known as *cognitive rest*, should be included in the return to school management plan provided by the student's health care provider.

Cognitive rest may require a student to limit or refrain from activities, such as working on a computer, driving, watching television, studying for or taking an exam, using a cell phone, reading, playing video games, and text messaging or other activities that cause concussion symptoms to appear or worsen. Many students find limiting or completely avoiding cognitive activities difficult, because these activities are a routine part of their lives. Therefore, it is important to explain to students that ignoring concussion symptoms and trying to "tough it out" often makes symptoms worse and can make recovery take longer, sometimes for months.

How can I help identify problems and needs?

Based on the identification of symptoms and an analysis of how the student responds to various activities, interventions that are tailored to the specific needs of the student can be identified and implemented. To start, identify the types of symptoms the student is experiencing. Next, try to identify specific factors that may worsen the student's symptoms so steps can be taken to modify those factors. For example:

- ⇒ Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance)
- ⇒ For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? (e.g., headaches worsen after 20 minutes)
- ⇒ Is the student's ability to concentrate, read or work at normal speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses)
- ⇒ Are there specific things in the school or classroom environment that seem to distract the student?
- ⇒ Are any behavioral problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

Importantly, if a student has a history of concussions, medical condition at the time of the current concussion (such as a history of migraines), or developmental disorders (such as learning disabilities and ADHD), it may take longer to recover from the concussion. Anxiety and depression may also prolong recovery and make it harder for the student to adjust to the symptoms of a concussion.

It is normal for students to feel frustrated, sad, embarrassed, and even angry because they cannot keep up with their schoolwork or participate in their regular activities, such as driving or sports. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. In consultation with the student's health care professional, and as the student's symptoms decrease, the extra help or support can be removed gradually.

Additional Tips:

- ⇒ Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.
- ⇒ Provide structure and consistency; make sure all teachers are using the same strategies.

SAFE KIDS GRAND FORKS

Keeping kids safe at HOME, at SCHOOL, at PLAY and ON the WAY!

**SAFE
KIDS
GRAND FORKS**

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The information contained in this document has been compiled from resources offered by the CDC. And crafted by a team from Safe Kids Grand Forks, Altru Health System and the Grand Forks Public School System. The materials were reviewed by Jeff Bye who claims the following titles: a teacher and coach in the Grand Forks Public School system. But, more importantly, Jeff is a father who has first hand experience with concussions and reintegration to academics. His son was an athlete that suffered a severe concussion and he has used his experience of "reintegrating" him into home and school life to shed light on what is important from aspects other than just being an athlete. Jeff has offered his insight into this document and is willing to serve as a resource to parents and teachers within the school system on this topic. He has graciously offered to be contacted at any time to provide assistance, insight and support. You may reach Jeff at jeff.bye@gfschools.org.

As a reminder, we caution educators that concussions can and do occur other than just on the playing field. They can happen on private teams where there is no athletic trainer on the sidelines, to non-sports activities. If you notice a student that is struggling, consider asking about a recent head injury that may be an unrecognized concussion.

Together, with knowledge and collaboration of a properly assembled team, an athlete/student can get the best personalized care and reintegration into the home, school and athletic setting. Together, we can make a difference in the lives of these students!!