

### CONCUSSION ACADEMIC ACCOMMODATIONS

Patient & Date of Birth: \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_ Next Office Visit (re-evaluation) date: \_\_\_\_\_

*The following academic accommodations may help in reducing the cognitive (thinking) demands, allowing the student to better participate in the academic process during the injury recovery period. **These accommodations must be considered part of medical care and treatment for this medical condition.** Needed accommodations may vary from student to student, and during the recovery period. The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis. The school and parent may wish to formalize accommodations through a 504 Plan if symptoms persist.*

☐ **General recommendations:\***

- ☐ No school until specified, to be reviewed at next office visit
- ☐ Abbreviated daily schedule (every other day, shortened day, etc)
- ☐ No physical education classes (including weight training, aerobics, yoga)
- ☐ Consider reducing make up work to critical work only, overall workload should be 50-75% less
- ☐ No physical education class or sports participation
- ☐ Report any changes in mood/personality to counselor or parent
- ☐ Change settings on computer screen to reduce headache/ sensitivity to light, font print easier to read, etc.
- ☐ Allow the use of a ball cap or sunglasses due to eye sensitivity
- ☐ Allow time to visit the school nurse for treatment of headaches or other symptoms

☐ **Testing:**

- ☐ Allow extra time to complete assignments and tests
- ☐ Shortened tests/ assignments
- ☐ Testing in a quiet environment
- ☐ Open book/ open notes testing when possible
- ☐ Auditory (hearing) questions provided with testing (avoid vision/ sight)
- ☐ No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared

☐ **Note taking:**

- ☐ Allow the use of a tape recorder during class
- ☐ Allow obtaining class notes or outlines prior to class

☐ **Breaks:**

- ☐ Take breaks as needed to control symptom levels
- ☐ Eat lunch away from cafeteria
- ☐ Leave class early to avoid hallway traffic
- ☐ Access to quiet areas to decrease any over-stimulation

☐ **Other Recommendations:**

- ☐ Share student progress and difficulties with parents, school nurse, counselor, principal, medical provider and/or athletic trainer
- ☐ Share student progress and difficulties with Concussion Coordinator
- ☐ Develop an emotional support plan for the student, which may include an adult with whom the student can talk if feeling overwhelmed
- ☐ **\*Full or partial days missed due to post concussion symptoms should be medically excused.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions or concerns, please contact your physician.*

Center for Concussion Management at the University of Kansas Hospital

Approved 6/1/12, v.2