**Eanes ISD Concussion Return to Learn Academic Accommodations**

**Student Name:** **Grade:**

**Return to school on (date): Sport:**

**Healthcare Provider:** **Please check the recommended accommodations listed below** for this student. Eanes ISD desires to provide appropriate care for the student with a concussion and will make every effort to follow the indicated recommendations. The student has the responsibility to communicate with their teachers and make arrangements to make up all required work, which may include homework, quizzes, tests, projects, etc.

***Recommended accommodations regarding specific courses, grading and special circumstances will be determined on a case by case basis.***

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Modifications** |
|  |  | May attend school for half-days as tolerated |
|  |  | May attend school for full days as tolerated |
|  |  |  |
|  |  | May take Standardized Testing |
|  |  | May take Tests |
|  |  | May take Quizzes |
|  |  | May take Tests with Extra Time |
|  |  | May take Quizzes with Extra Time |
|  |  | Testing in a quiet Environment |
|  |  |  |
|  |  | Reduce homework/make-up work at this time |
|  |  | Allow extra time for assignments to be completed |
|  |  | Class notes/outlines given ahead of time to reduce multi-tasking demands |
|  |  | Allow more passive work such as sitting/listening |
|  |  | No IPAD/Computer use at this time |
|  |  | Limit use of IPAD/Computer at this time – 15 minutes on/15 minutes off |
|  |  | Minimize multi-tasking with electronic devices during class |
|  |  |  |
|  |  | Allow student to eat lunch in nurse/counselor’s office to avoid noise of cafeteria |
|  |  | Allow student to either lay head on desk or go to nurse if symptoms return |
|  |  | Allow student to leave class early to avoid hallway noise/congestion |
|  |  | Limit bright lights/noise |
|  |  | May attend band/choir class and/or practice |

***Concussion recovery time will vary with each student depending on contributing factors such as: type of injury, underlying student conditions, compliance with accommodations, initial symptoms score, etc.***

**Non-UIL Athletes:** Please give physician orders to the school nurse. Check in with the school nurse twice daily, morning and afternoon until cleared.

**Physician Name (Printed): Phone Number:**

**Physician Signature: Date:**