

# Laguna Beach High School

COMPLETED FORM MUST BE FAXED or SCANNED TO  
HEALTH OFFICE                      Attention: Peggy Legault  
FAX: (949)497-7766 or EMAIL: plegault@lbusd.org

## Post Concussion Return to Sports & Academic Coursework Recommendations MD/DO Use Only

Athlete's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_  
Follow-up Date: \_\_\_\_\_

### Current Symptoms (0-6) Score:

\_\_\_ Headache    \_\_\_ Visual problems    \_\_\_ Emotional    \_\_\_ Feeling foggy    \_\_\_ Fatigue  
\_\_\_ Nausea    \_\_\_ Light Sensitivity    \_\_\_ Irritability    \_\_\_ Difficulty remembering    \_\_\_ Trouble Sleeping  
\_\_\_ Dizziness    \_\_\_ Noise Sensitivity    \_\_\_ Anxious    \_\_\_ Difficulty Concentrating    \_\_\_ Drowsy

Diagnosis:     Concussion     Other

### Parental Agreement:

I \_\_\_\_\_, give permission for Dr. \_\_\_\_\_ to share the following information with my child's school and for communication to occur between the school and Dr. \_\_\_\_\_ for changes to this plan.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Treating physician, recommendation:

- No return to physical activity. Follow up appointment on: \_\_\_\_\_
- Start return to play progression protocols beginning after being asymptomatic for a minimum of 48 hours (or \_\_\_\_\_ hours/day)
- May return to full practice on date: \_\_\_\_\_, only under supervision of athletic trainer, if asymptomatic may return to sports with no restrictions
- May participate in all activities without restrictions on date: \_\_\_\_\_

### Additional recommendations:

---

---

---

---

---

---

---

---

**Academic Recommendation:**

Failure to complete this section clearly and accurately will result in a delay in the District's ability to develop a student Care Plan.

Check one step only:

Check all necessary academic adjustments:

Steps	Progression	Recommended Accommodations
1. <input type="checkbox"/>	<b>HOME - Total Rest</b>	<input type="checkbox"/> Stay at home <input type="checkbox"/> No mental exertion- computer, texting, video games, homework <input type="checkbox"/> No driving <input type="checkbox"/> Other _____
2. <input type="checkbox"/>	<b>HOME - Light Mental Activity</b>	<input type="checkbox"/> Stay at home <input type="checkbox"/> No Driving <input type="checkbox"/> Up to 30 minutes mental exertion <input type="checkbox"/> No prolonged concentration <input type="checkbox"/> Postpone all academics <input type="checkbox"/> Other _____

**Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms**

3. <input type="checkbox"/>	<b>School – Part Time</b> Maximum accommodations Shortened day/schedule Built-in breaks	<input type="checkbox"/> Provide quiet place for scheduled mental rest <input type="checkbox"/> Lunch in quiet environment <input type="checkbox"/> No significant classroom or standardized testing <input type="checkbox"/> Modify workload & exempt non-essential class or homework. Base grades on adjusted work <input type="checkbox"/> Provide extended time <input type="checkbox"/> Allow time to visit nurse/counselor <input type="checkbox"/> Allow passing time before or after crowds <input type="checkbox"/> Other _____
--------------------------------	--	---

**Progress to Step 4 when student handles up to 30 - 40 minutes of sustained mental exertion without worsening of symptoms**

4. <input type="checkbox"/>	<b>School – Part Time or Full</b> Moderate accommodations Shortened day/schedule	<input type="checkbox"/> No standardized testing <input type="checkbox"/> Modified classroom testing <input type="checkbox"/> Continue to modify workload & continue to provide extra time & help on student requested assignments <input type="checkbox"/> Other _____
--------------------------------	--	--

**Progress to Step 5 when student handles up to 60 minutes of sustained mental exertion without worsening of symptoms**

5 <input type="checkbox"/>	<b>School – Full Time</b> Moderate accommodations Shortened day/schedule	<input type="checkbox"/> No standardized testing; routine tests are OK <input type="checkbox"/> Decrease use of extra time, help & modification of assignments <input type="checkbox"/> Student/Teacher determine time limit on assignments. <input type="checkbox"/> Support in academically challenging subjects (i.e. reduced workload) <input type="checkbox"/> Other _____
-------------------------------	--	---

**Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND received medical clearance for full return to academics and athletics**

6. <input type="checkbox"/>	<b>School –Full Time</b> Full Academics No accommodation	<input type="checkbox"/> Attends all classes <input type="checkbox"/> Full homework and testing <input type="checkbox"/> Other _____
--------------------------------	--	--

**Other Necessary Accommodations:**

**Visual Symptoms (Sensitivity to light or visual difficulty)**

- |   |   |
|---|---|
| <input type="checkbox"/> Allow student to wear sunglasses/hat in school | <input type="checkbox"/> N/A                                      |
| <input type="checkbox"/> Limited Computer, TV screen, bright screen use | <input type="checkbox"/> Pre-printed notes for lecture/note taker |
| <input type="checkbox"/> Change classroom seating as necessary          | <input type="checkbox"/> Reduce brightness on monitors/screens    |

**Auditory Symptoms (Sensitivity to noise)**

- |   |  |
|---|--|
| <input type="checkbox"/> Lunch in a quiet place with a friend | <input type="checkbox"/> N/A                                 |
| <input type="checkbox"/> Allow wearing earplugs as needed     | <input type="checkbox"/> Allow class transitions before bell |

**Start Date of Accommodations:** \_\_\_\_\_

**End Date of Accommodations:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

MD/Parent is responsible to provide school counselor with any changes to plan and/or extension required past end date noted above.

**Physician's Stamp Here**

