Laguna Beach
Elementary & Middle School

Post Concussion Return to Physical Activity/P.E. and Academic Recommendations
MD/DO Use Only

Athlete's Name: ______________________________
Date of Birth: ______________________________

Date of Evaluation: ______________
Date of Injury: ________________
Follow–up Date: ________________

Current Symptoms (0-6) Score:

__ Headache
__ Nausea
__ Dizziness
__ Visual problems
__ Light Sensitivity
__ Noise Sensitivity
__ Emotional
__ Irritability
__ Anxious
__ Feeling foggy
__ Difficulty remembering
__ Difficulty Concentrating
__ Fatigue
__ Trouble Sleeping
__ 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:

____
____
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____
____

Academic Recommendation:

Student current status indicated need to implement accommodations at the following step:
(Check all required academic adjustments)

Steps	Progression	Recommended Accommodations
1. ☐	**HOME - Total Rest**	☐ Stay at home ☐ No mental exertion- computer, texting, video games, homework ☐ No driving ☐ Other ______________
2. ☐	**HOME - Light Mental Activity**	☐ Stay at home ☐ No Driving ☐ Up to 30 minutes mental exertion ☐ No prolonged concentration ☐ Postpone all academics ☐ Other ______________

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

Steps	Progression	Recommended Accommodations
3. ☐	**School – Part Time** Maximum accommodations Shortened day/schedule Built-in breaks	☐ Provide quiet place for scheduled mental rest ☐ Lunch in quiet environment ☐ No significant classroom or standardized testing ☐ <u>Modify</u> workload & exempt non-essential class or homework. Base grades on adjusted work ☐ Provide extended time ☐ Allow time to visit nurse/counselor ☐ Allow passing time before or after crowds ☐ Other ______________

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

Steps	Progression	Recommended Accommodations
4. ☐	**School – Part Time or Full** Moderate accommodations Shortened day/schedule	☐ No standardized testing ☐ Modified classroom testing ☐ Continue to modify workload & continue to provide extra time & help on student requested assignments ☐ Other ______________

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

Steps	Progression	Recommended Accommodations
5 ☐	**School – Full Time** Moderate accommodations Shortened day/schedule	☐ No standardized testing; routine tests are OK ☐ Decrease use of extra time, help & modification of assignments ☐ Student/Teacher determine time limit on assignments. ☐ Support in academically challenging subjects (i.e. reduced workload) ☐ 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.

Steps	Progression	Recommended Accommodations
6. ☐	**School –Full Time** Full Academics No accommodation	☐ Attends all classes ☐ Full homework and testing ☐ Other ______________

Other Necessary Accommodations:

Visual Symptoms (Sensitivity to light or visual difficulty)

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

Auditory Symptoms (Sensitivity to noise)

- ☐ Lunch in a quiet place with a friend
- ☐ Allow wearing earplugs as needed
- ☐ N/A
- ☐ Allow class transitions before bell

Physician's Signature: ______________________ **Date of Evaluation:** ______________________

Physicians Name: ______________________