



**School Accommodations after the Diagnosis
of Concussion/Head Injury**

Student: _____

Today's Date: _____

These accommodations are good from (date) _____ to (date) _____

<p>Attendance</p> <p><input type="checkbox"/> No school</p> <p><input type="checkbox"/> Hours per day _____</p> <p><input type="checkbox"/> Half day</p> <p><input type="checkbox"/> Full day</p>	<p>Accessories</p> <p><input type="checkbox"/> Sunglasses for photosensitivity</p> <p><input type="checkbox"/> Ear plugs for sound sensitivity</p> <p><input type="checkbox"/> Other _____</p>
<p>Testing taking</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Limited to _____</p> <p><input type="checkbox"/> Allow extra time and breaks</p> <p><input type="checkbox"/> All ok</p>	<p>Activity</p> <p><input type="checkbox"/> No participation in PE/Athletics</p> <p><input type="checkbox"/> Limited participation in PE/Athletics (specify) _____</p> <p><input type="checkbox"/> Full participation in PE/Athletics</p>
<p>Homework</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Limited to _____ hours/day</p> <p><input type="checkbox"/> Limited to increase in symptoms</p> <p><input type="checkbox"/> All ok</p>	<p>Allow extra time to complete assignments, Tests and projects</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>Screen time (including phones, TV, computer and video games.)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Limited to _____ hours/day</p> <p><input type="checkbox"/> Limited to increase in symptoms</p> <p><input type="checkbox"/> All ok</p>	<p>Classroom</p> <p><input type="checkbox"/> Listening only/no active note taking (Notes provided by teacher or another student)</p> <p><input type="checkbox"/> No computer work</p> <p><input type="checkbox"/> Take breaks as needed/Nurse office if symptomatic</p> <p><input type="checkbox"/> Home if headache doesn't resolve after resting for _____ minutes</p> <p><input type="checkbox"/> Other _____</p>

Physician: _____

(Printed)

Signature: _____