

ACADEMIC MODIFICATION REQUEST DUE TO
MILD TRAUMATIC BRAIN INJURY (CONCUSSION)



Student: _____ Grade: _____

Does this student have a concussion: YES NO If yes, Date of concussion: _____

Date of office visit: _____

Date of ImPACT testing/re-testing: _____

Continue modifications and support until follow up visit on: _____

Until your child has fully recovered, the following modifications are recommended: (check all that apply)

No return to school. May return on _____ as symptoms allow.

Return to school with following supports:

- Allow extra time to complete coursework/assignments and tests.
- Provide written instructions for all coursework/assignments.
- Take rest breaks during the day as needed. Student should report to nurse.
- Allow student to use sun glasses, computer monitor glare filter, or ear plugs to decrease auditory and visual stimulation.
- Allow increased time to get from class to class.

Return to school with the following academic modifications:

- Shortened day. Recommend _____ hours per day until (date) _____
- Shortened classes. Maximum class length: _____ minutes.
- No PE class at this time.
- Lessen homework load by _____ % Maximum length of nightly home work: _____ minutes
- Lessen class work load by _____ %
- No significant classroom or standardized testing at this time.
- May complete one test daily.
- No band/music/chorus/TV classes.

May return to:

- PE classes Athletics
- Full academic day Full homework load Full test load

Other medical referrals:

- Neurologist Neuropsychologist Other:

REMINDER:

OTHER NOTES:

EVEN THOUGH A PERSON MAY APPEAR FULLY RECOVERED FROM A CONCUSSION, ANY RETURN OF DIFFICULTIES AND SYMPTOMOLOGIES MUST BE REPORTED TO THE APPROPRIATE COUNSELOR/NURSE, THE STUDENT MUST RETURN TO LIMITED WORK RESPONSIBILITIES, AND A FOLLO UP EVALUATION MUST BE CONDUCTED BEFORE RESUMING FULL ACADEMIC AND ATHLETIC PARTICIPATION.

Physician completing evaluation: _____

As the parent/guardian of the above student, I agree to allow this information to be shared with the necessary faculty members in order to carry out the physician's requests.

Parent Signature: _____