



RETURNING TO SCHOOL AFTER CONCUSSION

Guidelines for Massachusetts Schools



JUNE 2018

Purpose of this Document

This booklet provides guidance and tools for school staff — particularly teachers, guidance counselors and school nurses — as they support students in the “**return to learn**” process of returning to school after a concussion.

This document can be viewed online at:

www.mass.gov/sportsconcussion

For more information about returning a student to extracurricular sports after a concussion, please see:

- *“Head Injury Prevention and Management in Schools: Quick Reference Guide”* at www.mass.gov/sportsconcussion. (Click “Download the Quick Reference Guide for Head Injury Prevention and Management in Schools”.)
- Centers for Disease Control and Prevention Fact Sheet for Coaches: www.cdc.gov/headsup/pdfs/youthsports/coaches_engl.pdf

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Developed by the Massachusetts Department of Public Health
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Highlights

- Many students will recover from their concussion in 7-10 days and the vast majority will recover within 4 weeks.
- Most students will need to take 1 to 4 days off from school after a concussion (see Table 2).
- In the early phases of recovery from a concussion, students should limit overstimulation and cognitive activity (including TV, texting, video games, homework or reading).
- Students should be encouraged to gradually resume school, perhaps by initially attending partial or half-days, even if they continue to experience some mild symptoms.
- Temporary, symptom-specific accommodations and/or supports are recommended to facilitate a successful return to school (see Table 1).
- Making up missed school work while engaging in new work can be stressful and slow down recovery, especially if a student is still experiencing concussion symptoms.
- A gradual and coordinated reentry plan that includes input from the student, their family and school personnel is recommended to promote a swift and full return to school for the student.
- If the student has not recovered and resumed their full academic workload within 3 or 4 weeks after the injury, a comprehensive, multidisciplinary assessment may be necessary to develop a treatment and rehabilitation plan.
- In cases of long-term recovery, a student may also require an education plan such as a 504 or Individualized Education Program (IEP).

Identifying a Concussion

According to the Centers for Disease Control and Prevention (CDC), a concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head, or a hit to the body, that causes the brain to move or shift in the skull and causes a functional disturbance and chemical changes to brain cells. Concussions typically result in the rapid onset of signs and symptoms, although in some cases symptoms may evolve over minutes to hours. Most often, a student will not lose consciousness with a concussion (only about 5 to 10% of concussions involve losing consciousness).

A concussion can affect a student in many different ways. The early symptoms following a concussion can vary from mild to quite pronounced and intense.

Some potential concussion signs and symptoms include:

- Headache or feeling “pressure” in the head
- Difficulty remembering events just before or after a hit or fall
- Appearing dazed or stunned
- Forgetting an instruction, or confusion about an assignment
- Moving clumsily or answering questions slowly
- Concentration or memory problems
- Just not “feeling right,” or “feeling down”
- Showing mood, behavior or personality changes
- Feeling sluggish or foggy
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Losing consciousness (even briefly)



What are Graduated School Reentry Plans?

A graduated school reentry plan is developed by the school staff, such as the concussed student's teachers, guidance counselor, school nurse, athletic trainer, neuropsychologist (if available), parent(s)/caregivers and medical provider. This plan supports the student's return to academic activities, and eases the stress of making up past work while engaged in their present work. The plan must include:

- Step-by-step instructions and details for students, parents and school personnel
- Time frames for physical and cognitive rest within first few days post-injury and throughout the recovery as needed
- Guidance on graduated return to extracurricular athletic activities and classroom studies, including classroom accommodations or modifications

- Frequency of assessments by the school nurse, school physician, neuropsychologist or athletic trainer until full return to the classroom and extracurricular athletic activities are authorized
- A plan for communication and coordination among school personnel and with the parents/caregivers and the student's medical provider

An individualized, flexible and graduated reentry plan is strongly recommended because student's symptoms vary from individual to individual and often change in type and severity throughout their recovery.



Why are Graduated School Reentry Plans Important?



A concussion can interfere with a student's ability to function in school, particularly during the early recovery phase. It is sometimes referred to as an "invisible injury" as it can be challenging for teachers and guidance counselors to recognize all the symptoms a student is experiencing. Monitoring a student's physical and academic recovery, and providing necessary accommodations can help the student recover more quickly, and return to full academic engagement more successfully. Many students will recover from a concussion within the first 10 to 14 days, with the majority recovering fully within 4 weeks following the injury. For most students, only temporary, informal academic adjustments and symptom-specific supports are needed (as shown in Table 1: School Accommodations for Post-Concussion Effects on pgs. 14-15).

Examples of Challenges Concussed Students Face During School Reentry

Students may have some initial cognitive symptoms and challenges, such as difficulty paying attention and they may not feel well enough to work at full capacity. For example:

- A 17-year-old male "A+" student tries to read a passage in a book but after three tries gives up; they are "just words" he says. His attention keeps wandering off in class.
- A 15-year-old female develops an incapacitating, throbbing pain in both temples after only 10

minutes of computer work.

- An 8-year-old boy was tackled playing football and landed on his head. That night he had a migraine headache and vomited multiple times. Five days later he still could not read more than 5-10 minutes without getting a headache and feeling fatigued.

Key Considerations for a Returning Student

When a student is returning to the classroom after a concussion, keep in mind:

- They may still experience symptoms that make it difficult to fully engage in class the way they did before the injury.
- Concussion symptoms can often change during the first 24-48 hours following the injury.
- As students recover they will likely require some temporary accommodations and supports (described in Table 1 on pgs. 14-15).
- School reentry will likely require frequent communication and collaboration among school personnel, the student, their parent(s)/caregivers, and their health care providers regarding the student's functioning, challenges and needs.
- Each individual student may be affected differently.
- If a student experiences symptoms for more than 4 weeks, they may need a comprehensive, multidisciplinary assessment to develop a treatment plan, as well as more formal accommodations such as an education plan (see pg. 10 on 504 Plans and IEPs).

Writing and Coordinating the Graduated Reentry Plan

It is necessary to identify a Point Person who will coordinate the development of the graduated reentry plan, and facilitate communication among school staff and the medical provider. The ultimate objective of this role is to improve a student's reentry to school using specific tools. Through careful and frequent monitoring, the school will help ensure that teachers and other staff follow the set of accommodations laid out in the student's graduated reentry plan. Tools that can facilitate communication and monitoring are on pages 14 through 26.

Key Points About Establishing and Coordinating a Graduated Reentry Plan

- Designate a Point Person to lead the school team and coordinate and facilitate communication among teachers, students, medical providers, guidance counselors and parents until a student is recovered and able to return fully to their pre-injury academic programming.
- Establish and clearly communicate what temporary accommodations and supports the student will use.
- Gradually increase the amount of time spent in the classroom.
- Allow returning students to complete work in small increments at first until they can work for longer periods of time.



- Establish and clearly communicate a plan for making up missed work to reduce stress and reassure the student.
- Consider only grading students on the work they are able to complete.
- Allow the student access to the school nurse as needed to manage symptoms.

Establishing a Concussion Management Team

Establishing a school-based concussion management team (CMT) is considered a best practice for monitoring recovering students. However, this may be

too labor- and resource-intensive for many schools. Some schools may find that identifying a Point Person, rather than a full CMT, is sufficient. However, if concussion symptoms persist, establishing a concussion management team may be necessary.

CMTs should meet regularly for the first few weeks after a student has re-entered school following a concussion. In the beginning, it may be important to invite the student and/or family to participate in the meetings. The CMT can be comprised of the following roles:

| Title | Ideal individuals to fill this role | Responsibilities |
|-----------------------------------|---|--|
| Point Person | School nurse Administrator Guidance counselor | <ul style="list-style-type: none"> ▪ Coordinate the CMT ▪ Advocate for the student’s needs ▪ Serve as the primary point of contact with the student, family, medical provider and all members of the team |
| Symptom Monitor | School nurse Athletic trainer Physician assistant Nurse practitioner Physician | <ul style="list-style-type: none"> ▪ Assess the student for concussion symptoms regularly for the first two weeks or longer as necessary ▪ Report assessment result to the CMT or point person |
| Academic Monitor | Teacher(s) School counselor Other school staff person familiar with the student | <ul style="list-style-type: none"> ▪ Collect teacher reports about academic performance ▪ Report behaviors and academic progress to the CMT |
| Other members as necessary | Athletic director Neuropsychologist School psychologist Coach Physical therapist Athletic trainer Guidance counselor Student Parent | <ul style="list-style-type: none"> ▪ Provide context to the student’s symptoms, behavior, and academic progress ▪ Improve communication ▪ Identify upcoming needs and challenges facing the student |

When Symptoms Persist

A subgroup of students will experience symptoms lasting beyond 4 weeks. Those students are encouraged to consult a medical provider specializing in concussion treatment to pursue a comprehensive, multidisciplinary assessment that informs a treatment plan. A variety of formal support services may be helpful to those students. The type of support will differ depending on the specific needs of each student.

Education plans are one long-term support tool schools can use to help students succeed academically after a concussion.

504 Plan

Students with persistent symptoms who require supports to be able to participate fully in school may be candidates for a 504 plan. A 504 plan addresses the needs of students whose disabilities prevent them from accessing their education. Those plans are developed after appropriate evaluation of the student in accordance with 34 C.F.R. 104.35 and describe modifications and accommodations that will be put in place to help a student return to pre-concussion performance levels. For example, a student recovering from a concussion might receive environmental adaptations, temporary curriculum modifications, and behavioral strategies. The 504 plan can be used to

fulfill section 201.010(2)(b) of the DPH regulations of the graduated reentry plan which requires “instructions for the student’s graduated return to extracurricular athletic activities and classroom studies, as appropriate, including accommodations and modifications as needed”.

Individualized Education Program (IEP)

Students with disabilities who are unable to access the general education curriculum without specialized instruction or related services may be eligible for an IEP. Eligibility for an IEP will be determined through appropriate evaluation and the IEP Team process, in accordance with the Individuals with Disabilities Education Act (IDEA) and Massachusetts special education regulations (603 C.M.R. 28.00). Qualifying students generally require significant supports to access the curriculum. Supports may include adjusting the student’s workload, adjusting methods or the pace of instruction, providing related services such as occupational therapy, or delivering instruction in a separate setting. A reference to the graduated school reentry plan should be included in the student’s IEP, if appropriate, in the section titled “Additional Information”. The majority of students with a concussion will not require an IEP; however, a small percentage of students with more chronic cognitive or emotional disabilities may require this level of support.



Flow Chart:

Steps for Managing “Return to Learn”

Key individuals are informed.

- Parent informs the school of a concussion that took place outside of school and submits a DPH Report of Head Injury Form.
- If the parent/caregiver is unaware of the concussion, the school nurse or coach informs them of the concussion.
 - » TOOL: SAMPLE LETTER 1: INFORMING CAREGIVERS ABOUT A STUDENT’S CONCUSSION (PG. 17)
- The school nurse informs teacher(s) about the student’s concussion.
 - » TOOL: SAMPLE LETTER 2A (PG. 18)
 - » TOOL: SAMPLE LETTER 2B (PG. 20)



An information sheet is provided to the student about what they should know.

- » TOOL: SAMPLE STUDENT INFORMATION SHEET (PG. 22)
- » TOOL: TIPS FOR STUDENTS: MANAGING YOUR SCHOOL WORK AFTER A CONCUSSION (PG. 23)



The school identifies a concussion management Point Person to coordinate the return to learn process.

This can be a guidance counselor, school nurse or athletic trainer. If resources are available, the school may establish a concussion management team.



The concussion management Point Person, with advice from other school staff, medical providers, and caregivers, develops a written plan for the student that includes:

- Step-by-step instructions with guidance on gradual return to classroom studies
- Time frames for physical and cognitive rest
- Classroom accommodations or modifications
- Frequency of assessments by the school nurse, school physician, neuropsychologist or athletic trainer
- A plan for communication and coordination among school personnel and between the school, the parent and the student’s medical provider



On-going academic and student assessments are shared with the student’s physician.

- » TOOL: POST-CONCUSSION SYMPTOM MONITORING TOOL (PG. 25)
- » TOOL: POST-CONCUSSION ACADEMIC MONITORING TOOL FOR TEACHERS (PG. 26)

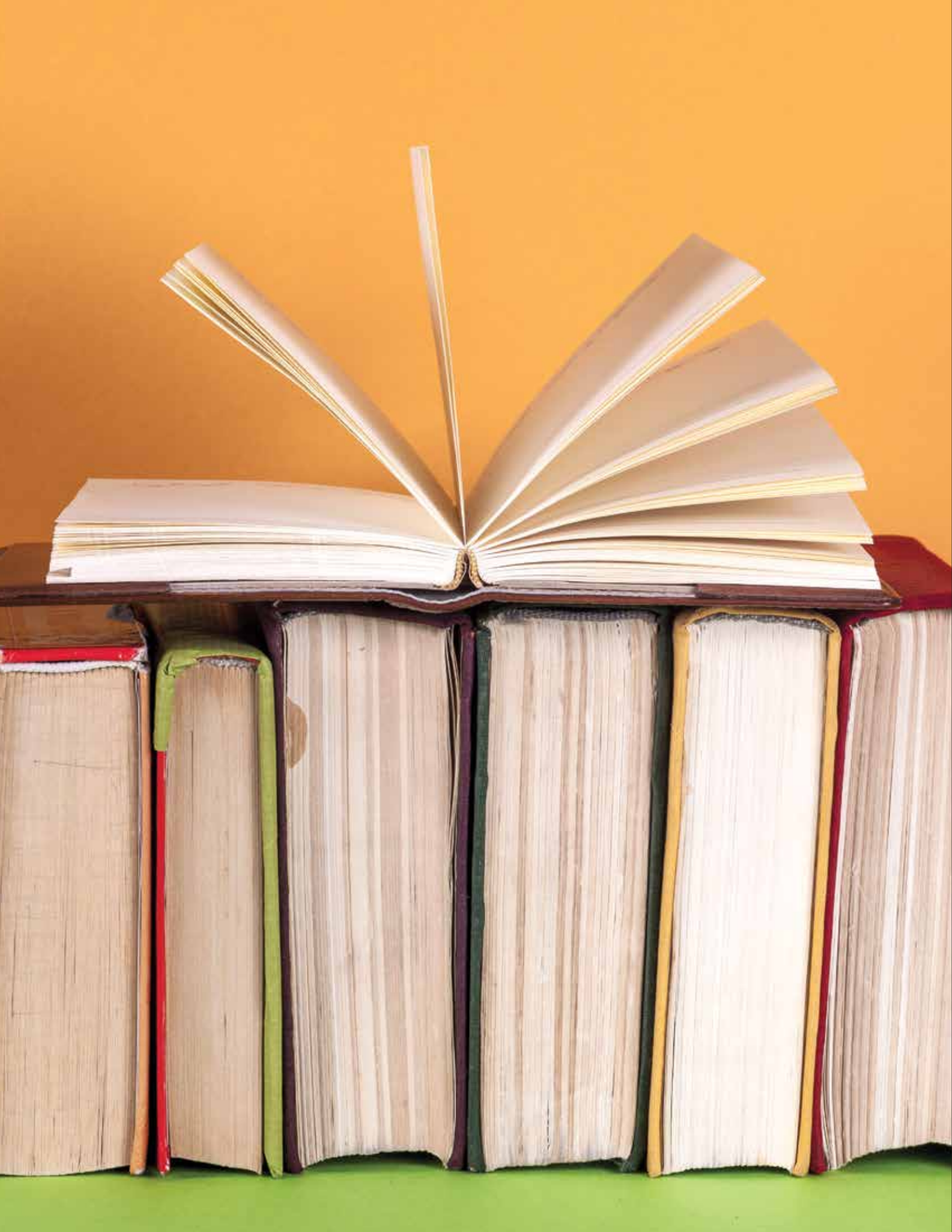


Student gradually increases participation in academics as symptoms subside.



If after 4 weeks, the student is not better:

- The student and parent should pursue a comprehensive, multidisciplinary assessment to develop a treatment and rehabilitation plan.
- The school is advised to establish a more formal concussion management team, and explore education plan options.



TOOLS AND SAMPLE TEMPLATES

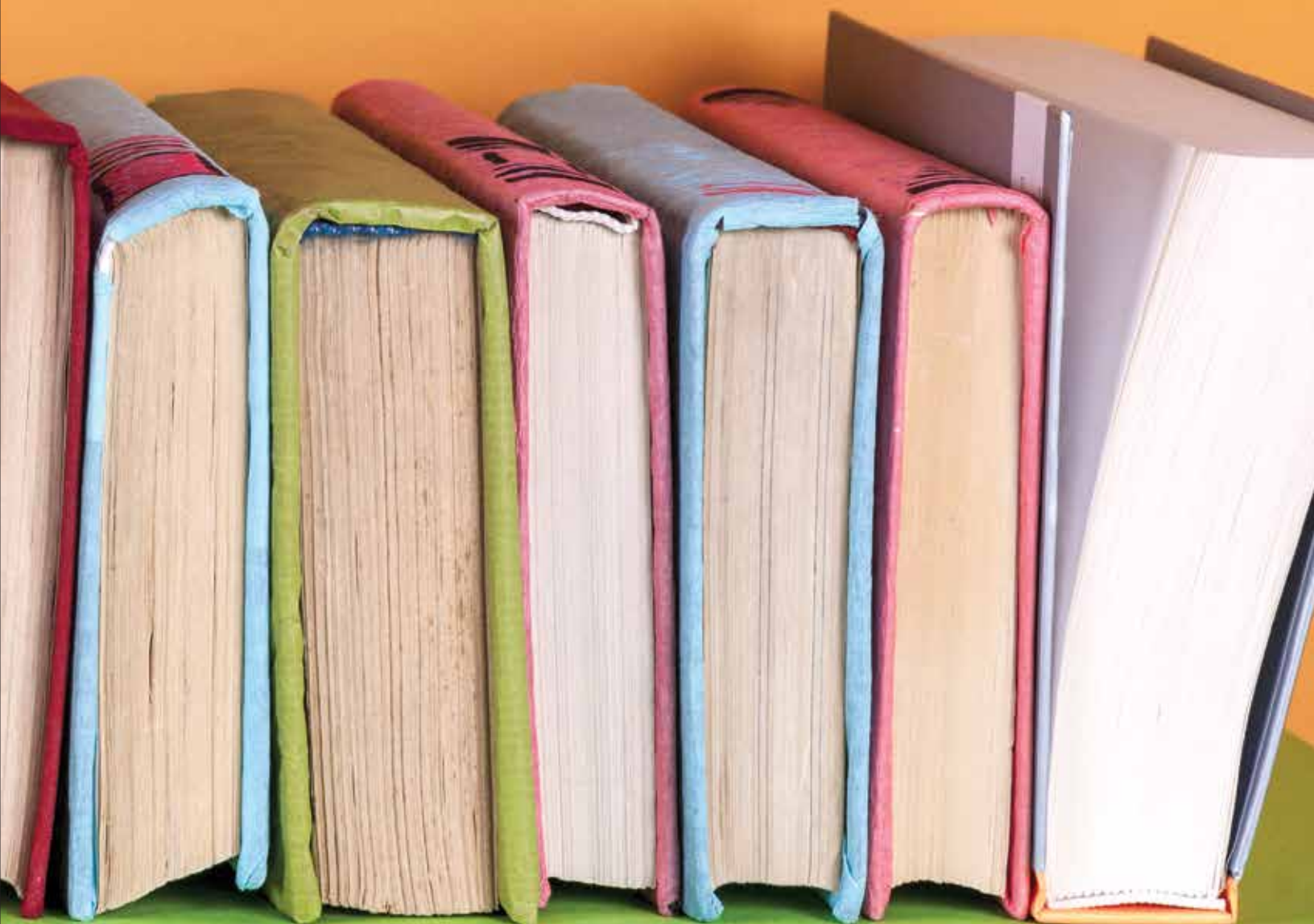


Table 1:

School Accommodations for Post-Concussion Effects

| Post-concussion Effect | Functional School Problem | What Should Teacher/Staff/Student Do |
|--|---|---|
| Attention/ concentration | Short focus on lecture, class work, homework | <ul style="list-style-type: none"> ▪ Shorter assignments, break down tasks ▪ Avoid testing or completion of major projects during recovery time ▪ Provide extra time to complete non-standardized tests in a quiet environment ▪ Postpone standardized test when possible ▪ Consider one test per day during exam periods ▪ Provide study guides, class notes and/or allow students to use a computer or tape recorder to record class information ▪ Assign a peer to take notes for the student |
| Working memory | Holding instructions in mind, reading comprehension, mathematics calculation, writing | <ul style="list-style-type: none"> ▪ Repetition, use of calculator ▪ Shorter reading passages ▪ Provide written instructions and help for homework and classwork |
| Memory consolidation/ retrieval | Retaining new information, accessing learned information when needed | <ul style="list-style-type: none"> ▪ Smaller chunks to learn ▪ Provide alternate methods for the student to demonstrate mastery such as multiple choice or spoken responses to questions rather than essay responses |
| Processing speed | Keep pace with work demand, process verbal information effectively | <ul style="list-style-type: none"> ▪ Extended time, slow down verbal information, comprehension checking |
| Fatigue | Decreased arousal, activation to engage basic attention, working memory | <ul style="list-style-type: none"> ▪ Rest breaks during classes, homework, and examinations |
| Headaches | Interferes with concentration; Can be triggered by fluorescent lighting, loud noises, focusing on tasks | <ul style="list-style-type: none"> ▪ Rest breaks ▪ Turn off fluorescent lights ▪ Rest in quiet area |
| Depression/ withdrawal | Withdrawal from school or friends because of stigma or activity restrictions | <ul style="list-style-type: none"> ▪ Time built in for socialization ▪ Talk with student about these issues and offer encouragement |

(continued...)

| | | |
|-----------------------------------|---|---|
| Light/noise sensitivity | Symptoms worsen in bright or loud environments; difficulty reading paying attention to visual tasks | <ul style="list-style-type: none">▪ Wear sunglasses, sit away from bright sunlight▪ Avoid noisy/crowded environments such as lunchroom, assemblies and hallways▪ Use ear plugs▪ Reduce brightness on screens and exposure to computers and videos▪ Students sit close to center of classroom activities (preferential seating if blurry vision)▪ Cover one eye with patch/tape or one lens if glasses are worn▪ Turn off fluorescent lights▪ Provide quiet place to study |
| Dizziness/balance problems | Unsteadiness when walking; often provoked by visual stimulus such as rapid movements, videos, etc. | <ul style="list-style-type: none">▪ Elevator pass▪ Allow student to put head down if symptoms worsen▪ Early dismissal from class▪ Extra time to get from class to class to avoid crowded hallways |
| Sleep disturbance | Decreased arousal, shifted sleep schedule | <ul style="list-style-type: none">▪ Later start time, shortened day▪ Allow rest breaks during day |
| Anxiety | Can interfere with concentration, student may push through symptoms to prevent falling behind | <ul style="list-style-type: none">▪ Reassurance from teachers and team about accommodations▪ Workload reduction▪ Alternate forms of testing |
| Symptoms sensitivity | Symptoms worsen with overactivity, resulting in any of the earlier mentioned problems | <ul style="list-style-type: none">▪ Reduce cognitive or physical demands below symptom threshold▪ Provide rest breaks▪ Complete work in small increments until symptom threshold increases |
| Emotional/mood symptoms | Sadness, irritability, mood changes, nervousness, anxiety may affect social relationships. Student may feel scared, angry or depressed as a result of the concussion. | <ul style="list-style-type: none">▪ Develop an emotional support plan for student▪ Allow "signal" for student to remove him/herself from classroom to de-escalate▪ Provide reassurance that what they are feeling is typical in the course of recovery (i.e., concern about getting behind in school work)▪ Share difficulties and progress with parents, school staff, medical personnel, athletic staff▪ Locate a quiet place for student to go if they feel overwhelmed▪ Student may benefit from certain extracurricular activities approved by health care provider▪ Connect student to psychological services |

Table 2:

Academic Recovery Guidelines After Concussion¹

Each course of action will have to be adjusted to the student's individual needs.

| Rehabilitation Stage | Stage Length | Goals | Recommended Activities |
|----------------------|-------------------------------|---|--|
| REST | 2-4 days | <p>Minimal cognitive activity (brain work) and academics.</p> <ul style="list-style-type: none"> ▪ If symptoms are severe, consider staying home from school for a few days. ▪ Minimize electronics use. | <p>Inform school of the child's concussion. Ask for a team leader at school to be the point person for the return to learn process (such as a guidance counselor, school nurse or athletic trainer).</p> <p>Minimize screen time. Use computer if necessary for school, but in short intervals (15 minutes with breaks). Avoid video games and movie theaters back at school full time with no symptoms.</p> <p>Child may sit out of school for two to four days, but if symptoms are mild can attend for half days or full days as long as symptoms don't worsen. If symptoms are gone and child can tolerate school, it's okay to skip steps and proceed to full academic work.</p> |
| RE-ENTRY | 2-10 days | <p>Light to moderate cognitive activity. Try not to get too far behind in school but avoid making symptoms worse.</p> <ul style="list-style-type: none"> ▪ Attend school half or full days when able to listen, do light reading and can tolerate light exposure for 30 minutes (don't have to be completely symptom free). ▪ Take rest breaks throughout the day if symptoms worsen. ▪ Sit out of classes that might make symptoms worse (such as band). | <p>Work with school to:</p> <ul style="list-style-type: none"> ▪ Determine if work is excused (not to be made up), modified (must complete modified version of original assignment) or responsible (must be completed in full by student). ▪ Prioritize work in each class (what needs to be done first and what can wait to be completed at a later date). ▪ Create a schedule for completing missed and upcoming assignments over the course of a few weeks. Then spread out make-up work in a calendar. <p>Your doctor may send a note requesting temporary academic adjustments including:</p> <ul style="list-style-type: none"> ▪ excused participation in physical education class ▪ extra time to complete modified tests or quizzes ▪ reduce essay length and homework ▪ delay or reschedule high-stakes tests or standardized tests <p>If symptoms worsen, the child may rest at their desk or go to nurse's office.</p> <p>Consider scheduled breaks spread out during day.</p> <p>Do homework in 15- to 30-minute blocks. Increase time as symptoms decrease.</p> |
| REINTEGRATION | 10-14 days | <p>Moderate to high cognitive activity. Avoid making symptoms worse.</p> <ul style="list-style-type: none"> ▪ Attend school full days. ▪ Begin to complete make-up work. | <p>Continue to check in with teachers to assess what remaining work needs to be done.</p> <p>Consider untimed tests and continue to increase the amount of homework completed.</p> <p>The goal at this stage is to avoid the return of severe symptoms, but keep in mind that "brain work" is not dangerous and symptoms worsened by reading will not injure the brain.</p> <p>As symptoms improve, your doctor may also begin prescribing light, noncontact exercise.</p> |
| RETURN | When symptoms are gone | <p>Full cognitive activity.</p> <ul style="list-style-type: none"> ▪ Attend full school days. ▪ Complete any make-up work. | <p>Attend all classes and full days of school without breaks. Fully resume classwork, homework and major assignments.</p> <p>Finish make-up work and testing.</p> |

Sample Letter 1:

Informing Caregivers about a Student's Concussion²

Dear Parent/Guardian,

On [date] your child _____ was diagnosed with a concussion.

Based upon their symptoms and orders from their physician, we have established the following accommodations:

- May require half or shortened days.
- Allow unlimited access to the Health Office.
- No PE or physical activity.
- Allow extra time to complete class work/assignments.
- Reduce homework as possible. (To be discussed with each individual teacher)
- No standardized testing until symptoms have resolved.
- When work is resumed, start with quizzes/tests no longer than 20-minute duration and no more than one per day. If the student does not have symptoms then that testing can be increased as student tolerates.
- Student will meet with teacher to organize a make-up/keep-up schedule.

We believe communication is key to managing this process therefore we ask that:

- You provide any documentation obtained from additional medical appointments so accommodations can be adjusted to meet your child's individual needs.
- If your child is going to be late, dismissed early, or absent because of the concussion, please call the office and specify this reason so the absence can be excused.
- Your child should meet with his/her guidance counselor as needed to maintain/organize a work schedule.
- Your child should meet with individual teachers to discuss their progress toward goals and plan a make-up/keep-up with academic work.

Based on state regulations regarding concussion, please note the following:

- All students must be cleared by their medical care provider before returning to physical activity and full academic workload. There are no exceptions to this. You can use the Medical Clearance form that has been provided or provide alternative written documentation from your doctor to satisfy this requirement.
- All students who are athletes (during any season) must be cleared as above before returning to play. This process requires communication with the Athletic Trainer, documentation from your physician and a graduated return to play. We recommend your child meet with the Athletic Trainer at their earliest convenience to discuss a specific plan.

If you have any questions or concerns please contact either your student's guidance counselor or the Health Office.

Thank you,

_____, R.N.



A customizable Word template of this letter can be downloaded at:
[mass.gov/sportsconcussion](https://www.mass.gov/sportsconcussion)

¹Adapted from Boston Children's Hospital, Brain Injury Center

²Courtesy of Mansfield High School

Sample Letter 2a:

Informing a Teacher about a Student's Concussion³

Dear teacher,

On [date] your student _____ was diagnosed with a concussion.

Based on your student's present symptoms we recommend the following accommodations.

General School accommodations:

- May require half or shortened days.
- Allow unlimited access to the Health Office.
- No PE or physical activity.
- Allow extra time to complete class work/assignments.
- Reduce homework as possible. (To be discussed with each individual teacher.)
- No standardized testing until symptoms have resolved.
- When work is resumed, start with quizzes/tests no longer than 20-minute duration and no more than one per day. If the student does not have symptoms then that testing can be increased as student tolerates.

The student will meet with teachers to discuss progress towards goals and to plan a make-up/keep-up with academic work. They will also meet with a guidance counselor to organize a make-up/keep-up schedule as needed.

If the student reports the following symptoms, please consider providing them with the following accommodations.

Easily distracted:

- Break down assignments into small, manageable chunks that can be completed in a half hour or less. Then provide a break before moving onto the next task.
- Issue short and concise written instructions or have the student write instructions down in a step-by-step sequence.
- Allow the student to take tests in a separate, quiet room if beneficial.
- Move the student's seat to reduce distractions.

Sensitivity to light and/or noise:

- Move the student away from windows or dim the lights in the room.
- Allow the student to wear sunglasses.

Memory problems:

- Provide copy of class notes to the student.
- Allow student to observe without having to participate.
- Allow the use of fact sheets on tests to reduce the demand on memory.

- Use multiple-choice and open-book tests (rather than short answer or essay) to minimize demand on memory.
- Help the student devise ways to memorize information (mnemonic devices, association, rehearsal, repetition, etc.).

Difficulty with organizational skills and/or trouble being on time:

- Encourage and assist with the use of a planner to keep track of assignments, tests and due dates.
- Use diagrams, time lines and charts to organize information and projects.
- Use “to-do” lists and checklists.
- Check the student’s comprehension of directions or instructions and allow the student to restate the information in his or her own words.

We will be communicating with you to update you on the student’s condition and any changes to accommodations. We advise students to communicate with their teachers and encourage you to actively communicate with your student and help them develop a plan for makeup work. If at any time you feel your student is struggling or regressing we ask that you contact us so we can address it. We are committed to working collaboratively with you to ensure the successful recovery of the student. The goal is to support your recovering student in keeping up with academic demands. Please do not hesitate to contact us with any questions you may have or if you would like more information.

Thank you,

High School Nursing Staff:

_____, R.N.

_____, R.N.



*A customizable Word template of
this letter can be downloaded at:*
[mass.gov/sportsconcussion](https://www.mass.gov/sportsconcussion)

³Courtesy of Mansfield High School

Sample Letter 2b:

Informing a Teacher about a Student's Concussion⁴

Dear Teachers & Staff,

Your student _____ has suffered a concussion – a concussion is mild traumatic brain injury impacting memory, processing speeds, mental efficiency and overall stamina, thus limiting their ability to process information efficiently. In general, most students recover in a few weeks. You play a key role in ensuring the successful recovery of your student. By following the academic accommodations, providing specific work, and learning goals you will help reduce the stress placed on the brain. Your input to how the student is progressing and changes you notice will help us provide the best support and recovery for your student. The primary goal upon return to school is maximizing his/her exposure to instruction, but not to impede the recovery process. Please review the material and concepts that he/she may have missed, and create a plan to focus on what is critical to learn the current material.

Per [high school name] policy, provide the student with the following accommodations to help reduce the mental demands placed on the recovering brain:

- REDUCE OVERALL CLASS WORK _____%
- Grades based on adjusted work
- Decrease academic expectations for time being
- HOMEWORK: _____[#]_____ assignments each night
- TESTING: not this week; not until student understands concepts; 1 per day; no high-stakes exams (MCAS, SAT)
 - » Assign a project to assess mastery. Give oral exam.
 - » Use notes, graphic organizer, formula sheet, word bank.
 - » Provide extra time to complete tests.
 - » Provide testing in a quiet environment.
 - » Break exams into 2-3 sections.

FOCUS on key points and quality of work over quantity:

- No Physical Activity – physical education, dance, recess, band, vocational class, field trips or extracurricular activities.
- No Computer for 1-2 days and then limit computer use to 20 on 20 off (reduce blue light/ use night vision).
- Prioritize essential work to reinforce learning goals (provide short specific assignments).
- Provide extended and staggered due dates – reduce length of work.
- Allow student to take 10-15 minute breaks or send to nurse when symptoms increase.
- Provide class notes/outline/PowerPoint prior to class to limit overstimulation – some teachers have turned notes into a fill-in-blank form to reinforce key points.
- Student should sit at the back of class when smart board is in use or have student sit in less distracted area.

- Turn off class lights/pull shades when possible and/or allow student to wear sunglasses (no hats).
- Avoid loud areas (cafeteria, music or chorus class) while sensitive to noise.
- Increase font size/large print for worksheets or reading material to reduce eyestrain.
- Allow student to provide answers with key points or bullets.
- Provide audio version of reading material when possible.

Please remember that the goal is to show proficiency in his/her subject matter. Please do not tell a student to do as much work as they can, as this often sets students up to do more work than they should be.

Thank you and if you have further questions or concerns please contact me.

_____, [title]

_____ [school name] _____



*A customizable Word template of
this letter can be downloaded at:*
[mass.gov/sportsconcussion](https://www.mass.gov/sportsconcussion)

⁴Courtesy of Somerville High School

Sample Student Information Sheet⁵

You are suspected of having or have been diagnosed with a concussion. Here is some important information to know about returning to school:

- Return to school only when your primary care provider advises you to. Follow their instructions. Not following the instructions on rest and recovery can delay healing or make symptoms worse.
- Your brain needs time to heal. Avoid computer use, excessive television, video games, texting or loud music.
- Get extra sleep and eat a healthy diet.
- **Bring all your medical documentation to the school nurse.** We will make the classroom accommodations you will need and we will notify your teachers and guidance counselor.
- **We will notify your teachers but you MUST check in with each one of your teachers and discuss how you are feeling and start planning for how you will proceed with work. Teachers are willing to work with you but you must be communicating with them so they know what you can handle.**
- Some samples of accommodations we may ask your teacher to provide are: reduced work load (avoiding repetitive work); unlimited access to the Health Office; extra time to complete class work/assignments (must be negotiated with each teacher by student); no Physical Education; and modified testing schedule once able.
- We will be checking in with you weekly about your recovery. We will send out weekly notifications to your teachers regarding your progress and what you are capable of doing until you are cleared.
- Please bring any additional medical documentation you get, including documentation that you have been cleared of the concussion by your primary care provider to the nurses.
- Typically you will be better in about 7-14 days. We advise teachers to notify us of lack of progress or problems with your school work. If you are having issues you may need to see the doctor again.
- If you are an athlete and currently playing a sport, you may not participate and will be managed by the school Athletic Trainer on a graduated return to play once your symptoms have resolved. You must check in with your athletic trainer in athletics to make arrangements with them.

**You can come down to the Health Office any time you need to.
Please feel free to ask us any questions that you have.**



A customizable Word template of this document can be downloaded at:
mass.gov/sportsconcussion

⁵Courtesy of Mansfield High School

Managing Your School Work After a Concussion⁶

First, you need to give yourself time to get better. While your brain is healing, you are much more likely to get a second concussion if you are doing things that you are not supposed to do. Second concussions can cause even worse damage to your brain. You can return to school and school work as advised by your doctor and increase your work load as long as your symptoms don't recur or get worse.

To improve focus and organization

- **Consistently write down your homework assignments** (in an assignment book or personal organizer) as soon as they are posted. Color coding your textbooks, notebooks, and folders for each subject will help you to stay more organized. As soon as you receive a handout, you can immediately place it in the appropriate folder.
- **“Chunking” of homework assignments is recommended.** It will be helpful to take short breaks between assignments. You should plan for long-term assignments by breaking the assignment down into steps and setting deadlines for completion of each step.
- **When given directions, repeat them to yourself.** This strategy helps maintain the verbal information in short-term memory until the instructions can be completed.
- **Complete one task and then put materials away before starting the next task.**
- **Previewing/pre-reading material** (especially for courses with a large lecture component) before class to help you listen and comprehend material presented in class. Prior to any reading assignments, you would benefit from reading the questions at the end of the chapter first to aid in your comprehension.
- **Note-taking strategies:** You may have difficulty listening and copying down notes at the same time. It may be helpful to have a copy of the classroom notes. Discuss this with your teacher.

To improve memory and academic performance

- **Repeat:** Just absorbing information is not enough. You have to hang onto it. To reduce memory seepage, try this: rehearse the material (repeat at least five times) immediately.
- **A picture is worth a thousand words:** Try to picture what you see, hear, or read. You could use flow charts, outlines, flashcards, etc. or make a “movie in your head” by visualizing a concept or an event. Add color and movement to the pictures in your head.
- **Learning occurs in spurts:** Try not to take in too much at one time. You should utilize “spaced practice” (i.e. working for 20-30 minutes on a subject and then moving on to different subjects) to enhance your long-term retrieval. You will learn more in several shorter study sessions than one long one.
- **Variety:** You should do something different each time the material is studied. Reading notes over and over is a less efficient and effective means of learning information. A better approach would be to transcribe notes on a word processor, reorganize, outline the notes, and then color code the material.
- **Use memory aids:** You should employ memory aids in order to recall information, including mnemonics and acronyms. Examples of mnemonics include: My Very Excellent

Mother Just Served Us Nine Pizzas (for the order of the planets) and Please Excuse My Dear Aunt Sally (for the order of operations).

- **Review material before bedtime:** Your brain actually processes and stores information in long-term memory more efficiently while you sleep because it has less interference from the outside world.
- **Go it alone at first:** You should consider studying alone at first and becoming familiar with the material. Once you feel more confident of the material and have reviewed the material thoroughly, you could study with one or more of your classmates. During that study session, you and your classmates could trade off asking one another questions about the material. This would allow you to expose any gaps in your knowledge base.
- **Practice tests** can be an excellent way to study for tests. You could develop a practice test on your own or you could split the work up with other students in a study group.
- **Jog memory:** If you're struggling to recall needed information, try to "jog" your memory. If you've lost something, think back to when you last had it – what did you do next? And after that? Mentally, walk yourself through each of the activities that followed – this may enable you to recall what happened to the missing item.
- **Get organized:** Have fixed locations for all important papers, phone numbers, keys, glasses, wallets, etc. Think carefully about logical placement of such items or this won't work very well.



A downloadable version of this document can be found at:
mass.gov/sportsconcussion

⁶Courtesy of Mansfield High School

Symptom Monitoring Tools⁷:

Post-concussion Symptom Monitoring Tool

The following two Post-concussion monitoring tools are offered to help school personnel monitor a student's symptoms and academic progress in order to identify needs.

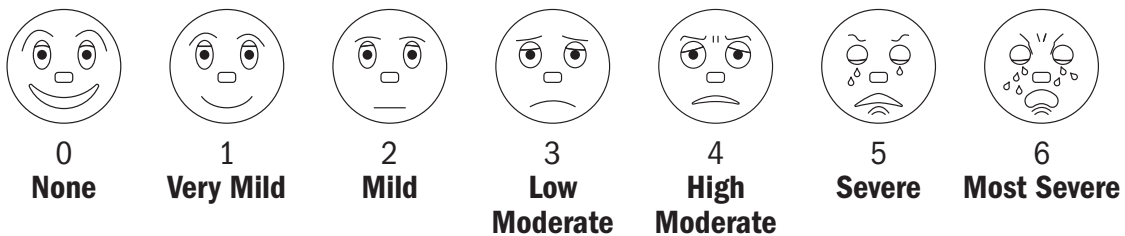
The Post-concussion Symptom Monitoring Tool is designed to rate the severity of 22 common post-concussion symptoms. This tool is recommended to be used twice weekly in the first two weeks upon school reentry, and weekly after that. The school nurse should consider assessing the student using this tool at different

times of the day to better understand the student's fatigue levels throughout the day. Often symptoms are worse later in the day. A completed version of this tool can be faxed to the student's physician or healthcare provider to facilitate communication.

A downloadable version of this tool can be found at: mass.gov/sportsconcussion

Name: _____
 Grade: _____
 Today's Date: _____
 Current Time: _____

Directions: Using the 0-6 rate scale provided, please rate the symptoms below that you have had today or over the past few days.



| SYMPTOMS | RATING | SYMPTOMS | RATING |
|-------------------------|--------|--------------------------|--------|
| Headache | | "Don't feel right" | |
| "Pressure in head" | | Difficulty concentrating | |
| Neck pain | | Difficulty remembering | |
| Nausea or Vomiting | | Fatigue or Low Energy | |
| Dizziness | | Confusion | |
| Blurred vision | | Drowsiness | |
| Balance problems | | Trouble Falling Asleep | |
| Sensitivity to light | | More Emotional | |
| Sensitivity to noise | | Irritability | |
| Feeling Slowed Down | | Sadness | |
| Feeling Like "in a fog" | | Nervous or Anxious | |

⁷Courtesy of the Brain Injury Association of Massachusetts

Symptom Monitoring Tools:

Post-concussion Academic Monitoring Tool for Teachers

The Post-concussion Academic Monitoring Tool for Teachers is for use by the student's teacher(s). It should be completed weekly and collected by the Academic Monitor* (or Point Person coordinating the student's

recovery). The completed tool can be used to review academic progress and discuss findings with other concussion management team members (or school staff monitoring the student's recovery) regularly.

Fill out once per week to monitor student's post-concussion behaviors and academics in the classroom, and return to the Concussion Management Team's (CMT's) Academic Monitor for review.

Student Name: _____ Grade: _____
 Teacher: _____ Subject: _____ Period: _____

Behaviors: Place an X next to the behaviors that this student displayed this past week that were not observed before or are worse since his/her concussion.

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| Anxious or worried | <input type="checkbox"/> | Difficulty with places/names/words | <input type="checkbox"/> | Disorganized | <input type="checkbox"/> |
| Apathy | <input type="checkbox"/> | Difficulty concentrating/focusing | <input type="checkbox"/> | Gets frustrated with learning | <input type="checkbox"/> |
| Easily irritated, frustrated or angered | <input type="checkbox"/> | Needs more time to complete work | <input type="checkbox"/> | Difficulty grasping new concepts | <input type="checkbox"/> |
| Tearful, sad or depressed | <input type="checkbox"/> | Less able to cope overall | <input type="checkbox"/> | Drowsiness in classroom | <input type="checkbox"/> |
| Social isolation, loss of friends, lack of interest in peer group | <input type="checkbox"/> | Slow to respond to instructions/questions | <input type="checkbox"/> | Signs of headache, dizziness, light/noise sensitivity | <input type="checkbox"/> |
| Impulsive or inappropriate behavior | <input type="checkbox"/> | Misunderstands directions | <input type="checkbox"/> | Problems remembering/forgetfulness | <input type="checkbox"/> |

Comments: Use this space to provide any additional comments, observations and information. You may include items such as: your suggestions for adjusting academic accommodations, any comments or concerns made by the student, improvements or decline in academic performance, etc.

 A downloadable version of this tool can be found at: mass.gov/sportsconcussion

CMT Academic Monitor Name: _____ Date: _____

*See page 9 which describes the Academic Monitor – this can be a staff member familiar with the student, such as a teacher or school counselor.

Further Information on Concussion Prevention and Policies

Massachusetts Department of Public Health
Division of Violence and Injury Prevention
www.mass.gov/sportsconcussion

Centers for Disease Control and Prevention
800-CDC-INFO (800-232-4636)
www.cdc.gov/headsup

Brain Injury Association of Massachusetts
Brain Injury Helpline: 800-242-0030
www.biama.org

Massachusetts Interscholastic Athletic Association (MIAA)
www.miaa.net

Concussion Legacy Foundation
(781) 790-1921
<http://concussionfoundation.org>

Massachusetts Concussion Management Coalition
info@massconcussion.org
<https://mcmc.wildapricot.org>

HeadSmart™, A Healthy Transition After Concussion
South Shore Hospital
www.southshorehospital.org/head-smart

Getting Help With Concussions

Statewide

Brain Injury and Statewide Specialized Community Services

In Boston

Boston Children's Hospital Concussion Clinic

Mass General Hospital for Children Sports Concussion Clinic

Spaulding Rehabilitation Network

Boston Medical Center Pediatric Concussion Clinic

Brigham and Women's Sports Neurology and Concussion Clinic

Outside of Boston

Berkshire Health Systems Concussion Clinic
Pittsfield, MA

South Shore Hospital Concussion Management Clinic
South Weymouth, MA

Sports Concussion New England
Brookline, MA

Cantu Concussion Center, Emerson Hospital
Concord, MA

Southcoast Comprehensive Concussion Management Program
Dartmouth, MA

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Iverson, G L, Gioia, G, (2016). Return to School Following Sport-related Concussion. *Physical Medicine and Rehabilitation Clinics of North America*, 27, 429-436. Retrieved from <https://dx.doi.org/10.1016/j.pmr.2015.12.002>

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Anne & Robert H. Lurie, Children's Hospital of Chicago, Institute for Sports Medicine, Return to Learn After a Concussion: A Guide for Teachers and School Professionals. Retrieved from: <https://www.luriechildrens.org/en-us/care-services/specialties-services/institute-for-sports-medicine/concussion-program/Documents/lurie-return-to-learn-guide.pdf>

Tennessee Department of Health: Return to Learn/Return to Play: Concussion Management Guidelines, 6/20/2017. Retrieved from: https://www.tn.gov/content/dam/tn/health/documents/Return_to_Learn_Guidelines_-_final.pdf

CDC: Returning to School After a Concussion: A Fact Sheet for School Professionals. Retrieved from: https://www.cdc.gov/headsup/pdfs/schools/tbi_returning_to_school-a.pdf

CDC Heads Up: Helping Students Recover from a Concussions: Classroom Tips for Teachers. Retrieved from: https://www.cdc.gov/headsup/pdfs/schools/tbi_classroom_tips_for_teachers-a.pdf

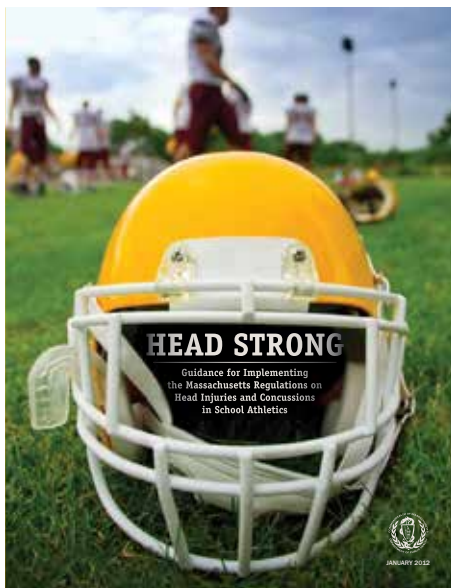
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Massachusetts Sports Concussion Regulations: 105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities. Retrieved from: <https://www.mass.gov/files/documents/2016/07/vg/105-cmr-201.pdf>

Department of Public Health Frequently Asked Questions (Revised 1/5/2012). Retrieved from: <https://www.mass.gov/files/documents/2016/07/pu/head-injury-reg-guide-acc.pdf>



For more information on how to develop school sports concussion policies see the MDPH guide book *Head Strong* at: mass.gov/sportsconcussion



For more information on how to implement the MDPH sports concussion regulations see the MDPH quick reference guide, *Head Injury Prevention and Management in Schools* at: mass.gov/sportsconcussion

