

Concussion Restriction Form

Student's Name: _____

Date of Evaluation: _____ **Date of Follow-Up:** _____

Diagnosis:

- Concussion
- No Concussion

Please allow the following academic recommendations from _____ through _____.

Current Symptom Checklist

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Visual problems <input type="checkbox"/> Dizziness <input type="checkbox"/> Nausea <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Feeling mentally foggy | <ul style="list-style-type: none"> <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise <input type="checkbox"/> Feeling more emotional <input type="checkbox"/> Irritability <input type="checkbox"/> Trouble falling asleep <input type="checkbox"/> Drowsiness <input type="checkbox"/> Sleeping less than usual <input type="checkbox"/> Sleeping more than usual |
|---|--|

Restrictions

Attendance

- No restriction
- Full school days as tolerated
- Part-time attendance as tolerated
- No school for _____ school days
- No school until symptom-free or significant decrease in symptoms

Breaks

- Allow student to go to the nurse's office if symptoms increase
- Dismiss student home if symptoms do not subside after _____ minutes

Physical Exertion

- Light aerobic/non-contact physical activity only
- No physical exertion/athletics/P.E.
- Use of elevator

Sensory Stimuli

- Allow student to wear sunglasses in school
- Limit smart boards, projectors, computers, TV screens, or other bright screens to 15 minutes/hour
- No smart boards, projectors, computers, TV screens or other bright screen
- No smart phone use in school
- Limit smart phone use to _____ minutes/hour
- Allow students to leave class 5 minutes early to avoid noisy hallway
- Lunch in a quiet place
- Other _____

Health Care Provider's Comments/Other Restrictions:

Health Care Provider Name: _____

Health Care Provider Signature: _____

Please return to the Nurse's Office. Contact hcnurse@ucls.uchicago.edu with any questions.

(FOR SCHOOL USE ONLY)

Phases of Management Process - A continuum; starting point depends on severity of injury.

Phase 1: No School. Phase 2: Half-day attendance with restrictions and accommodations. Phase 3: Full-day attendance with restrictions and accommodations. Phase 4: Full-day attendance without recommendations and accommodations. Phase 5: Full school and extracurricular involvement.

TODAY'S DATE: _____

Where are we starting:

- Phase 1
- Phase 2
- Phase 3
- Phase 4

Attendance

- Full school days as tolerated
- Part-time attendance as tolerated
- No school for _____ school days
- No school until symptom-free or significant decrease in symptoms

Visual Stimuli

- Pre-printed notes for class material or notetaker
- Allow student to wear sunglasses in school
- Enlarged font when possible (14-20 pt)
- Limit smart boards, projectors, computers, TV screens, or other bright screens to 15 minutes/hour
- No smart boards, projectors, computers, TV screens or other bright screen
- No smart phone use in school
- Limit smart phone use to _____ minutes/hour

Auditory Stimuli

- Allow students to leave class 5 minutes early to avoid noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, if possible text to speech programs/assistive reading)

Workload/Multi-Tasking

- Reduce overall amount of make-up work when possible
- Reduce overall amount of classwork when possible
- Limit homework to _____ minutes a night
- No homework for _____ days

- Extended Time to turn in assignments for _____ days
- Prorate workload when possible

Testing

- No testing for _____ days
- 50% extended time to complete tests
- No more than one test per day
- Open book testing

Physical Exertion

- Light aerobic/non-contact physical activity only
- No physical exertion/athletics/P.E.
- No recess
- Limited recess as tolerated.
- Begin return to play protocol prior to returning to P.E. or athletics
- Use of elevator

Breaks

- Allow student to go to the nurse's office if symptoms increase
- Dismiss student home if symptoms do not subside after _____ minutes

Location of Rest Periods

- Rest in Nurse's Office
- Rest in Learning and Counseling suite (LS & MS)

Additional Recommendations

- No band/choir for _____ days
- No band/choir/play practice for _____ days
- Limited band/choir. Play participation as tolerated.
- No extracurricular activities
- No attendance at assemblies
- Limited attendance at assemblies as tolerated
- No field trips for _____ days
- _____
- _____
- _____

Concussion Management Policy

Purpose

The Laboratory Schools is responsible for the care and education of its students. For the student diagnosed with a concussion, the academic and extracurricular impact will be varied and unique to the situation. This policy establishes roles, responsibilities, guidelines, and authority for managing a student's education at Lab when diagnosed with a concussion.

Policy

A concussion is an invisible injury that disrupts the way the brain normally works by affecting mental stamina, as the brain must work longer and harder even to complete simple tasks. Concussions also affect reaction time, short-term memory, working memory and cognitive processing speed.

- Nationwide Children's Hospital

Every concussion case will be different, as each student and their prior experiences differ. Some students may not miss any classes and some students may need more support in their recovery process. Recovery time will vary and in some instances can be extensive.

Concussions are both a medical and educational issue. Assessing problems with learning and school performance are not medical decisions, but are academic decisions. Medical recommendations, while not educationally binding, will be taken into consideration as the school determines the proper academic plan.

If students miss any class due to healing from a concussion, they may not be present at or take part in school-sponsored activities on those days (i.e. field trips, theater productions, athletic practices or contests, dances, etc). Specifically, student-athletes healing from a concussion are *not* permitted to participate in athletic team practices or contests during their recovery period. The athletic trainer in consultation with the school nurse, Athletic Director, and student's health care provider will determine when they return to their team.

During Planning Week each fall the school nurse(s) will be identified to teachers, coaches, parents/guardians, and administrators so all know to whom any injury, including head injuries, should be reported.

- **Concussion Oversight Team (COT):** School Nurse, Athletic Director, Athletic Trainer
- **Return to Learn Team (RTL):**
 - High School: Counselor, Learning Coordinator, Administrator, and Faculty Members
 - Middle School: Counselor, Dean of Students, Advisor
 - Lower School: Counselor, Learning Coordinator, Dean of Students, Homeroom Teacher
- **Return to Play Team (RTP):** Athletic Director, Athletic Trainer, Student's Health Care Provider (HCP)
- **As needed:** Student and Family

Step 1:

- a) Suspected concussion reported to school personnel by student, family, athletic trainer, or anyone in the school community
- b) Nurse and/or athletic trainer assesses student's immediate medical needs

Step 2:

- a) Nurse contacts student's family to explain the steps of the management process and

the responsibilities of the student and family. Nurse or athletic trainer provides student and family with Concussion Restriction Form.

Student and Family Responsibilities include:

- Students must be seen by HCP
 - HCP must complete the Concussion Restriction Form
 - Student must communicate candidly and openly with the nurse and counselor
 - Student must follow the plan created by the COT, RTL, and RTP teams
 - Family must forward the HCP notes and other relevant documentation of the injury and HCP recommended treatment plan, including the Concussion Restriction Form to the nurse
- b) Phases of Management Process - starting point depends on severity of injury
- Phase 1: No School
 - Phase 2: Half-day Attendance with restrictions and accommodations
 - Phase 3: Full-day Attendance with restrictions and accommodations
 - Phase 4: Full day Attendance without restrictions and accommodations
 - Phase 5: Full school and extracurricular involvement
- c) Nurse documents the communication with the family and student

Step 3:

- a) Upon receipt of the Concussion Restriction Form, the nurse sends an initial email to faculty about the student's diagnosis, current symptoms, and any HCP recommendations and/or restrictions
- b) RTL Team reviews Concussion Restriction Form and uses it to guide their completion of the Concussion Action Form
- c) Counselor coordinates assessment of academic needs
- d) RTL team determines the academic plan and/or accommodations. Medical recommendations, while not educationally binding, will be taken into consideration as the school determines the proper academic plan
- e) The counselor communicates and distributes plan to teachers (and athletic team if needed). Student athletes have additional requirements to meet under the IHSA before returning to play
- f) If student has missed school days, the counselor meets with student upon student's return to school.
- g) Counselor documents and shares the plan created by the RTL team with the student, family and relevant school personnel.

Step 4:

- a) CMT and RTL teams identify appropriate timeframe for medical and/or educational re-assessment.
- b) Nurse conducts medical re-assessment when
 - A school break has ended (such as winter or spring), by reaching out to the student/family in order to learn the student's current symptoms
 - New HCP documentation arrives dictating a new course of action
 - Symptoms have changed
 - Symptoms have resolved and are no longer a barrier
- c) Counselor coordinates educational re-assessment
 - If teachers, parents/guardians, counselor, advisor or administrators identify concerns in current plan that are not being adequately addressed
 - Anytime after a nurse communicates findings after a medical re-assessment

- d) Nurse communicates medical re-assessment to RTL team and documents medical status after each re-assessment
- e) Counselor documents outcomes of educational re-assessment each time
- f) At the end of each academic semester, the RTL will meet to discuss each student being tracked under this policy to review the students' progress and determine any additional needs for the next semester. If a student is transitioning from one school to the next, the Director of Student Services may also attend the meeting.
- g) If symptoms have not improved to where the student can perform at or near full capacity and the passage of time now has a detrimental effect on the student completing the academic program successfully (e.g. not earning passing course grades) as determined by the school, a medical leave of absence, which will include alternative ways to complete the curriculum and ensure readiness for the next phase of school, will be recommended by the school. Parents/guardians and administration will meet again prior to the start of the fall semester to assess progress and placement.

~ Policy adapted from Nationwide Children's Hospital, Columbus, Ohio.

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