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## ACCOMMODATIONS PLAN FROM HEALTHCARE PROVIDER (SAMPLE)

Student: \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

The signs and symptoms of a concussion can persist for days or weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. Daily check-ins with the student are recommended. The accommodations may need to change before the student's next medical appointment. The Concussion Management Team can make minor adjustments to the accommodations as needed.

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### GENERAL RECOMMENDATIONS

- No school until specified, to be reviewed on \_\_\_\_\_
- Abbreviated daily class schedule (every other day, shortened day)
- No physical education classes (including weight training, aerobics, yoga)
- Consider reducing make-up work to critical work only
- No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared

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### RECOMMENDATIONS FOR COGNITIVE ISSUES

- Provide extended time to complete assignments and/or shortened assignments
- Provide extended time to take tests in a quiet environment
- Provide a quiet environment to take tests
- Provide written instructions for homework
- Provide class notes by teacher or peer
- Allow use of notes for test taking due to memory issues
- Consider using tape recorder for note taking

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### RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES

- Allow time to visit school nurse for treatment of headaches or other symptoms
- Allow rest breaks during the day, if needed
- Allow "hall passing time" before or after the crowds have cleared
- Allow student to wear sunglasses indoors to control for light sensitivity
- Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity

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### RECOMMENDATIONS FOR EMOTIONAL ISSUES

- Share progress and difficulties with parents, school nurse, counselor, medical provider and athletic trainer
- Develop an emotional support plan for the student, which may include an adult with whom the student can talk if feeling overwhelmed

Licensed Healthcare Provider \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_