

**SUMMARY OF ACCOMMODATIONS FOR STUDENTS RETURNING TO SCHOOL AFTER A DIAGNOSED CONCUSSION**  
*Maintain an updated copy of this form in the student's Concussion Management File in their OSR*  
*Share an updated copy of this form with the student's teachers and parents/guardians*

STUDENT PROFILE	
STUDENT NAME:	GRADE:
DATE OF CONCUSSION:	MEDICAL DIAGNOSIS? YES / NO
LENGTH OF TIME AT HOME (PRIOR TO RETURN) -- CIRCLE STAGE OF RECOVERY: 1 2 3	
PREPARED BY:	DATE PREPARED:

.....  
**PERIOD ONE** \_\_\_\_\_ *(secondary)* or **SUBJECT** *(elementary)*

CLASS:	TEACHER:	
SUMMARY OF CLASSROOM SUPPORTS		
ENVIRONMENT	INSTRUCTION	ASSESSMENT & EVALUATION
<input type="checkbox"/> Alternate work space <input type="checkbox"/> Reduce of audio / visual stimuli <input type="checkbox"/> Minimize background noise <input type="checkbox"/> May wear aides to reduce light/noise <input type="checkbox"/> Ear-plugs or headphones may be worn <input type="checkbox"/> Work with a partner <input type="checkbox"/> Option to rest in a health room	<input type="checkbox"/> Alternatives for screen-based instruction <input type="checkbox"/> Conference for clarity of instruction <input type="checkbox"/> Conference regarding time management <input type="checkbox"/> Provide print-outs instead of note-taking <input type="checkbox"/> Breaks as needed <input type="checkbox"/> Copies of notes missed (from peers) <input type="checkbox"/> Chunking and breaking down tasks <input type="checkbox"/> Monitor participation in group work <input type="checkbox"/> Meet for extra help / time <input type="checkbox"/> Students repeat instruction for clarity <input type="checkbox"/> Limit materials on desks <input type="checkbox"/> Ensure wait-time for responses <input type="checkbox"/> Support with task initiation	<input type="checkbox"/> No testing or evaluation <input type="checkbox"/> Extension of deadlines for assignments <input type="checkbox"/> Oral responses rather than written/typed <input type="checkbox"/> Reduced number of assessment tasks <input type="checkbox"/> May request extra time on tests/quizzes <input type="checkbox"/> Alternative assessment <input type="checkbox"/> Alternative locations for assessment <input type="checkbox"/> Alternative weighting of assessment <input type="checkbox"/> Prioritization of tasks <input type="checkbox"/> Use of a planner for organization <input type="checkbox"/> Record daily homework assignments
PHYSICAL ACTIVITY		
<input type="checkbox"/> No physical activity <input type="checkbox"/> Sitting and observation only <input type="checkbox"/> Mild aerobic activity <input type="checkbox"/> No high intensity physical activity		
Additional comments / supports required:		

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**PERIOD** \_\_\_\_\_ *(secondary)* or **SUBJECT** *(elementary)*

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*Personal information is collected pursuant to the Education Act, as amended, and will be used to manage the needs of a student who has or may have suffered a concussion. Contact the school principal for more information.*

*This summary of supports is intended to be used by any student who has returned to school following a concussion-related injury. Our Concussion Management Protocol recognizes that the need for support may depend on variables that are specific to a particular classroom environment. Supports can be requested with consideration to the unique environment of a particular classroom, as well as unique methods of instruction and/or assessment that are implemented.*

