

**SWAIN COUNTY SCHOOLS**  
**MEDICAL PROVIDER RECOMMENDATIONS FOLLOWING CONCUSSION**  
(to be completed by a medical provider)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Duration of Recommendations:      1 week              2 weeks              4 weeks              Until further notice

**Date of Return Appointment if recommended by medical provider:** \_\_\_\_\_

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting.

**These recommendations are based on today's evaluation.**

RETURN TO  
SCHOOL:

The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy effective 2016-2017 school year to address learning and educational needs for students in grade Pre-K through grade 12 following a concussion.

**SCHOOL ACADEMICS** (Check all that apply):

- Out of school until \_\_\_\_\_.
- May return to school on \_\_\_\_\_ with Return-To-Learn Accommodations (see attached).
- May return to school now with no accommodations needed.

**PHYSICAL EDUCATION** (Check all that apply):

- Do NOT return to PE class at this time.
- Use PE class as a study hall.
- May return to PE class without restriction.

**Additional comments/instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Provider Name** (please print) \_\_\_\_\_

**Signature** (Required) \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

\_\_\_\_\_ **Fax Number** \_\_\_\_\_

**SWAIN COUNTY SCHOOLS**  
**RETURN TO LEARN ACCOMODATIONS FOLLOWING CONCUSSION**  
(to be completed by a medical provider)

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

**Return to school with the following supports** (Check all that apply):

**Length of Day**

- Shortened day. Recommended \_\_\_ hours per day until re-evaluated or (date) \_\_\_\_\_.
- ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- Shortened classes (i.e. rest breaks during classes). Maximum class length of \_\_\_\_ minutes.
- Use \_\_\_\_\_ class as a study hall in a quiet environment.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.

**Extra Time**

- Allow extra time to complete coursework/assignments and tests.
- Take rest breaks during the day as needed (particularly if symptoms recur).

**Homework**

- Lessen homework by \_\_\_\_ % per class; or to a maximum of \_\_\_\_ minutes nightly, no more than \_\_\_\_ min continuous.

**Testing**

- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Limited classroom testing allowed. No more than \_\_\_\_ questions and/or \_\_\_\_ total time.
- Student is able to take quizzes or tests but no bubble sheets.
- Student able to take tests but should be allowed extra time to complete.
- Limit test and quiz taking to no more than one per day.
- May resume regular test taking.

**Vision**

- Lessen screen time (computer, videos, etc.) to a maximum \_\_\_\_ minutes per class AND no more than \_\_\_\_ continuous minutes (with 5-10 minute break in between).
- Print class notes and online assignments (14 font or larger recommended).
- Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

**Environment**

- Provide alternative setting during band or music class (outside of that room).
- Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- Provide alternative location to eat lunch outside of cafeteria.
- Allow the use of earplugs when in noisy environment.

Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, **Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.**

**Medical Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_