



KUTZTOWN AREA SCHOOL DISTRICT

Kutztown, PA 19530

CONCUSSION ACCOMMODATIONS PLAN FORM

STUDENT: _____

GRADE: _____

This student has been diagnosed with a concussion on _____

General Recommendations:

Will not return to school until re-evaluated.
Date of next appointment _____

Will return to school on (date) _____

This student is able to participate as follows:

Reduced school day: _____ hours/day

Full school day

May sit in class and listen

Medication to be administered by the school nurse as ordered.

Other _____

Recommendations for Physical Symptoms

No physical education classes until cleared.

Limit physical activity to: _____

No outdoor recess

No indoor recess (i.e. kick ball, tag, scooters)

Allow time to visit school nurse for treatment of headaches and/or rest periods

Provide scheduled rest breaks during the day

Allow "hall passing time" before or after the crowds have cleared

Allow sunglasses indoors to control for light sensitivity

Allow lunch in a quiet space

Allow to carry a water bottle to stay hydrated

No lifting more than 5 - 10 pounds

Recommendations for Emotional Issues

Access to school counselor to whom the student can talk

Develop an emotional support plan for the student

Share progress and difficulties with parents/guardians, school nurse, counselor, and medical professional.

Recommendations for Academics:

Testing

- No high stakes testing (i.e. midterms, finals, standardized testing)
- No tests or quizzes in any subject area
- Excuse from tests on material taught in school during classes missed
- Extra time to complete tests over multiple sessions as needed
- Open note/open book tests
- Take home tests
- Test taking in a quiet environment
- No more than one test/quiz per day

Classwork

- No use of computer/ipad.
- No band/chorus/music lessons
- Provide hard copy of class notes
- Limit computer/ipad/screen/smart board time in school to _____ minutes/day
- Limit time viewing video/movie to _____ minutes/day
- Allow use of headphones to block out background noise.
- Provide extended time to complete assignments and/or shortened assignments.
- No use of power tools/machines in Tech. Ed. Class and/or Vo Tech.

Homework

- No homework
- Reduce “make-up” work
- Adapt assignments
- Limit homework to _____ minutes/day
- Provide extended time to complete assignments and/or shortened assignments.

School wide Activities

- No driving a vehicle (high school students)
- Excuse from assemblies
- May not participate in extracurricular activities: dances, sporting events, etc.
- May not attend extracurricular activities: dances, sporting events etc.

****Date these accommodations will be reviewed and updated by the medical professional _____ (Recommended to be reviewed every 30 days.)**

Additional Notes:

Medical Professional Signature _____ Date _____

Medical Professional Print Name _____

Address _____

Phone Number _____

Parent/Guardian Signature _____ Date _____