

Dear Teachers,

\_\_\_\_\_ (name) \_\_\_\_\_ sustained a concussion on \_\_\_\_ (date) \_\_\_\_\_. (List pertinent symptoms). (He/She) may need extra help to perform school-related activities. Please use the following modifications until symptoms resolve.

**Watch for:**

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Greater irritability, less able to cope with stress
- Symptoms worsen (e.g., headache, tiredness) when doing schoolwork



**Until fully recovered, the following supports are recommended:** *(check all that apply)*

- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by \_\_\_\_%.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

**Physical Education:**

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time
- Gradual return to sports practices under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher).

Please feel free to contact me if you have further questions.

Sincerely,

(NAME)