

Returning to School After a Concussion



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

DEAR SCHOOL STAFF:

This letter offers input from a healthcare provider with experience in treating concussion, a type of traumatic brain injury. This letter was created to help school professionals and parents support students returning to school after a concussion. You can use these recommendations to make decisions about support for your student based on his or her specific needs. This letter is not intended to create a 504 Plan or an IEP unless school professionals determine that one is needed. Most students will only need short-term support as they recover from a concussion. A strong relationship between the healthcare provider, the school, and the parents will help your student recover and return to school.

_____ was seen for a concussion on _____
Student Name Date
in _____ office or clinic.
Healthcare Provider's Name

The student is currently reporting the following symptoms:



PHYSICAL

- ☐ Bothered by light or noise
- ☐ Dizziness or balance problems
- ☐ Feeling tired, no energy
- ☐ Headaches
- ☐ Nausea or vomiting
- ☐ Vision problems



THINKING OR REMEMBERING

- ☐ Attention or concentration problems
- ☐ Feeling slowed down
- ☐ Foggy or groggy
- ☐ Problems with short- or long-term memory
- ☐ Trouble thinking clearly



SOCIAL OR EMOTIONAL

- ☐ Anxiety or nervousness
- ☐ Irritability or easily angered
- ☐ Feeling more emotional
- ☐ Sadness



SLEEP

- ☐ Sleeping less than usual
- ☐ Sleeping more than usual
- ☐ Trouble falling asleep

The student also reported these symptoms:

RETURNING TO SCHOOL

Based on the student's current symptoms, I recommend that the student:

☐

[] has sufficiently recovered and is cleared to fully participate in all school activities with no restrictions, as of this date: _____

☐ Is excused from school for _____ days.

☐ Return to school with the following changes until his or her symptoms improve.

(NOTE: Making short-term changes to a student's daily school activities can help him or her return to a regular routine more quickly. As the student begins to feel better, you can slowly remove these changes.)

***Short term changes effective until this date: _____

Based on the student's symptoms, please make the short-term changes checked below:

☐ No physical activity during recess

☐ No physical education (PE) class

☐ No after school sports

☐ Shorten school day

☐ Later school start time

☐ Reduce the amount of homework

☐ Postpone classroom tests or standardized testing

☐ Provide extended time to complete school work, homework, or take tests

☐ Provide written notes for school lessons and assignments (when possible)

☐ Allow for a quiet place to take rest breaks throughout the day

☐ Lessen the amount of screen time for the student, such as on computers, tablets, etc.

☐ Give ibuprofen or acetaminophen to help with headaches (as needed) ^{required} ASD Medication form

☐ Allow the student to wear sunglasses, earplugs, or headphones if bothered by light or noise

☐ Other: _____

[] No follow up required, anticipated end date: _____

Most children with a concussion feel better within a couple of weeks. However, for some, symptoms can last for a month or longer. **If there are any symptoms that concern you, or are getting worse, notify the student's parents that the student should be seen by a healthcare provider as soon as possible.**

► For information on helping students return to school safely after a concussion, visit www.cdc.gov/HEADSUP.

Healthcare Provider's Name (printed)

Healthcare Provider's Signature

Date

For additional questions, you may reach me at: _____