

# DALLASTOWN AREA SCHOOL DISTRICT

## ACCOMMODATIONS FOR STUDENTS WITH CONCUSSIONS

Patient: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

The named student has suffered a concussion. He/She is not permitted to participate in any physical activities or contact sports until cleared by the physician.

We are asking your assistance in determining what accommodations may be needed by the patient during the post-concussion period. Please review the list below and check those items that you believe may help this student reduce the cognitive load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the post- injury period. The items you check will be in effect for two weeks.

### **Accommodations to the School Day**

- Excused absence from school ---- Student may return to school on \_\_\_\_\_.
- No Varsity, club or intramural sports/activities until \_\_\_\_\_.
- Follow truncated school day schedule.
  - Half-day schedule.
  - Limited core academic classes only, no electives. (Attendance based on cognitive rigor)
- Given rest periods throughout the school day to control symptom levels.
- Eat lunch in an assigned area to avoid heightened cafeteria noise and activity levels.
- Permitted to wear sunglasses if sensitive to lights and/or television.
- Be dismissed from class early to avoid potentially noisy, crowded hallways.
- Use of elevator.
- No driving.
- Minimize texting.
- Limited computer usage.

### **Accommodations to Academics**

- Exempt nonessential assignments/assessments.
  - Provide extended time to complete assignments/assessments.
  - Provide student with outlines and class notes to avoid optical scanning requirements.
  - Provide notes scribed by a classmate or provided by instructor.
  - Provide preferential seating.
  - Provide classroom set of books for student use at home.
  - Reduce length of quizzes/tests.
  - Postponement and staggering of tests during the recovery period.
  - Extended testing time.
  - Read tests and quizzes to the student during recovery period.
  - Excused from Physical Education classes until \_\_\_\_\_.
  - Reduce homework to \_\_\_\_\_ minutes/hours per day.
  - Other: \_\_\_\_\_
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**Patient:** \_\_\_\_\_

**Student will be reevaluated by this office on** \_\_\_\_\_.

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Healthcare Provider's Printed Name or Stamp

\_\_\_\_\_  
Date

Please note: Academic accommodations will only be provided to those students diagnosed with a concussion by a physician. Upon receipt of this form by the school, the accommodations requested above will be extended to the student for a two-week period. Extensions beyond the initial two-week period will be granted only at the request of a physician.