



Documentation for a Diagnosed Concussion

Return to Learn Plan

This form is to be used by parents/guardians to communicate the recovery progress of their child/ward with a diagnosed concussion.

Each stage of the return to learn plan should last at least 24h. If symptoms reappear or if the student/player is unable to tolerate the suggested activities at any specific stage, they should return to the previous stage. The student/player may need to move back a stage more than once during the recovery process. If signs or symptoms appear, persist or worsen, consult a medical doctor or nurse practitioner as soon as possible to discuss the next steps to follow.

Date of the incident _____ Date of the diagnosis _____

STAGE 1 - Cognitive, physical and social rest

- This step is to be completed at home.
- **Cognitive Rest** – includes avoiding all activities that require concentration and attention. (e.g., reading, texting, television, computer, video/electronic games).
- **Physical Rest** – includes avoiding participation in activities that require physical effort (e.g., training, sports, recreational activities).
- **Social Rest** – includes limiting social interactions that may elicit or worsen anxiety, nervousness, irritability, ect.
- Reminder: The parent/guardian must inform the school administration of the results of the medical examination.
- My child/ward has been symptom free for 24 hours and will proceed to Stage 2A - Gradual reintroduction of cognitive effort (at home).*
- My child/ward has been symptom free for 24 hours and following the advise of the physician or nurse practitioner, they may proceed directly to stage 2B - Increase of cognitive tasks (at home).*

Date _____

STAGE 2A - Gradual reintroduction of cognitive effort (at home)

- This step is to be completed at home.
- When the child is symptom free at rest, they may gradually be reintroduced to cognitive activities during a 15 to 30 minute session (e.g. reading, crossword puzzles, crafts, drawing, basic board games, etc.)
- My child/ward is able to tolerate 15 to 30 minutes of cognitive activity without a break. My child/ward will proceed to Stage 2B - Increase of cognitive tasks (at home).*
- Not applicable (following the advise from the physician or nurse practitioner).*

Date _____

STAGE 2B – Increase of cognitive tasks (at home)

- This step is to be completed at home.
- You may gradually increase the duration and/or the number of the cognitive activities as tolerated (e.g. two 30 minute sessions or four 15 minute sessions).
- Parent/guardian should communicate with school administration to prepare academic accommodations for the student's return to school.
- Participation in sporting or recreational activities should continue to be avoided at this stage.
- My child/ward is able to tolerate two 30 minute sessions (or four 15 minute sessions) of cognitive activities. My child/ward will proceed to Stage 3A – Back to School Part-time as an observer.*

Date _____

Provide a copy of this complementary document to school administration.

Parent/guardian signature _____ Date _____

STAGE 3A – Back to school part-time as an observer

- The child may return to school part-time as an observer
- In the classroom, the child requires maximum usage of personalised accommodations which will allow for a gradual increase in cognitive activity (e.g. avoiding noisy locations, modifying the lighting, repeating instructions, etc.)
- No homework, evaluations or participation in music / physical education class
- My child/ward is able to tolerate a half-day of cognitive activity at school as an observer during 30-45 minute sessions. My child/ward will proceed to Stage 3B – Part-time at school*

Date _____

STAGE 3B – Part-time at school

- Half a day at school with a gradual reintroduction of learning activities
- Requires a moderate usage of personalised accommodations for a return to learn as tolerated (start with 45 minute sessions, reduce the student's workload, extend deadlines to complete assignments, divide assignments into smaller parts)
- Build to 30 minutes of homework per day as tolerated
- My child/ward is able to tolerate a half-day of cognitive activity during 30-45 minute sessions. My child/ward will proceed to Stage 4 – Full time at school*

Date _____

STAGE 4 – Full time at school

- Full day at school with minimal usage of learning accommodations
- Gradual return to “normal” functioning at school. Adapted classroom evaluations are permitted. Build to 1 hour of homework per day as tolerated
- My child/ward is able to tolerate school full-time with no learning accommodations. My child/ward will proceed to Stage 5 – Return to “normal” functioning at school*

Date _____

STAGE 5 – Return to normal functioning at school

- Student returns to regular learning activities at school without any accommodations
- Participation in sporting or recreational activities remains should continue to be avoided at this stage
- Parent/guardian should communicate with school administration to prepare for the student's return to physical activity
- My child/ward is able to complete a full cognitive workload at school or at home without any return of signs and symptoms. My child/ward will proceed to the first stage of the Return to Physical Activity Plan*

Date _____

CONFIRMATION OF MEDICAL SUPERVISION

As a parent/guardian, I confirm that my child/ward is under the medical supervision of a medical doctor or a nurse practitioner in order to follow a progressive and personalised return to physical activity plan.

I also recognize that my child/ward will not be able to fully participate in regular physical education class / intramural / interschool activities which involve non-contact sports as well as team practice with contact (stage 9) without having informed the school of the results from the medical examination from this medical professional.

Name of the physician/nurse practitioner
who provides medical supervision to the student / player _____

Parent/Guardian signature _____ Date _____