



Documentation for a Diagnosed Concussion

Return-to-School Strategy

This form is to be used by parents/guardians and schools to communicate the recovery progress of a student with a diagnosed concussion. This completed form must be copied, with the original filed and the copy provided to the parent/guardian.

Each step of the **Return-to-School Strategy** must take a minimum of 24 hours but could last longer depending on the severity and type of symptoms present. It's acceptable for symptoms to worsen slightly with activity, so long as the exacerbation is mild and brief. **If the student's symptoms worsen more than this, they should stop the activity and reattempt the same step the next day.**

Date of the incident _____ Date of the diagnosis _____

Step A - Activities of daily living and relative rest

- This step is to be completed at home.
- The student may engage in activities that do not result in more than mild and brief worsening of symptoms (e.g., social interactions, light walking, housework, simple board and/or card games)
- Relative rest is for 48 hours maximum.
- Reminder: The parent/guardian must inform the school administration/designate of the results of the medical examination.

- Student's symptoms have been sufficiently improving within a 24-hour period and will proceed to Step B – School work as tolerated.
- Student has been resting at home for a maximum of two days and will proceed to Step B – School work as tolerated.

Date _____

Step B – School activities as tolerated

- The student may gradually increase cognitive activity, increase tolerance to cognitive work and connect socially with peers (e.g., reading, crossword puzzles, completing homework).
- The student may need to take breaks and adapt activities to avoid more than mild and brief worsening of symptoms.
- Parent/guardian should contact the school principal/designate to discuss a plan to return to school.

- Student can return to school part-time with accommodations based on symptoms. Following the advice of a healthcare professional, the student must proceed to Step C – Back to School Part-time as an Observer.
- Student can return to school part-time with accommodations based on symptoms. Unless advised otherwise, the student will proceed directly to Step D – Part-time or full days at school with accommodations.

Date _____

Please provide a copy of this form to the school administration/designate once the student returns to school.

Parent/Guardian signature _____ Date _____

Step C – Back to School Part-time as an Observer

- The student may return to school part-time as an observer.
- In the classroom, the student requires maximum usage of learning accommodations which will allow for a gradual increase in cognitive activity (e.g., avoiding noisy locations, modifying the lighting, repeating instructions, etc.).
- No music class, classroom evaluations or homework.

Student can tolerate a half-day of cognitive activity at school as an observer during 30–45-minute intervals and will proceed to Stage D - Part-time or full days at school with accommodations.

Date _____

Step D - Part-time or full days at school with accommodations

- The student may begin with half a day at school with gradual reintroduction of learning activities.
- Adapted classroom evaluations are permitted.
- The student may require the usage of personalized accommodations for a return to learn as tolerated (e.g., reduce the student's workload, extend deadlines to complete assignments, divide assignments into smaller parts).

Student can tolerate a full day of cognitive activities at school without concussion-related accommodations and will proceed to Step E - Return to school full-time.

Date _____

Step E - Return to school full-time

- Student returns to regular learning activities at school without any accommodations.

Student can tolerate their full academic workload at school and at home. Student may proceed with efforts to complete any remaining stages of their Return-to-Sport/Physical Activity Strategy.

Date _____

CONFIRMATION OF MEDICAL SUPERVISION

As a parent/guardian, I recognize that my child will not be able to fully participate in regular physical education class, intramural activities and/or interschool activities which involve full contact practice or non-contact game play without having informed the school of the results from the medical examination.

Parent/Guardian signature _____ Date _____