

Concussion Management Team

A team approach to support a concussed student is necessary in providing information, monitoring, and making adjustments. Members of the team should include, but not be limited to

- School Nurse – CMT co-leader
- CMT co-leader (school counselor or administrator)
- Student
- Parents/Family
- Teachers
- School counselor
- School administrator
- Health Care Professional who diagnosed the concussion
- Neuropsychologist (if needed)

Guiding principles in the Return to Learn Protocol

- Student attends school
- Student works below symptom threshold
- Gradually increasing workload
- Making adjustments at home as well as at school.

The most important part of Return to Learn is that it be individualized.

What accommodations might a student need in class?

Not all students experience the same symptoms, thus not all students require the same accommodations. This is a list of those commonly used:

- Wearing sunglasses, hat, or visor
- Passing between classes alone
- Quiet room to work in
- Audio or video record classes
- Break assignments into smaller chunks
- Audiobooks or someone to read to student
- Detailed step-by-step instructions and directions
- Frequent breaks
- Allow usage of headphones for soft music
- Shorter assignments and assessments
- Extended time
- Excused from making up all assignments
- Notes, PowerPoints, presentations provided
- Limit or eliminate screen time
- No due dates
- Alternate methods of assessment (verbal exam)
- Coordinated efforts among teachers to eliminate multiple assessments in the same day
- Use of word banks

Better or Worse Teacher Daily Report

Each day that a student is in the RTL Protocol all of his/her teachers will be asked to complete a simple report identifying how the student appeared in class and what (if any) accommodations were offered and used by the student.

Concussion Awareness for Parents and School Staff

Introduction to the Return to Learn Protocol



What is a concussion?

- A concussion is a type of brain injury resulting from an impact to the body causing the brain to strike the inside of the skull.
- Concussions are referred to as “invisible injuries” since their symptoms are not always outwardly visible.

Who can diagnose a concussion?

Only licensed health care professionals.

Common Symptoms

A concussion can affect a student in a variety of physical, cognitive, and emotional ways. Some common symptoms include:

Headache	Difficulty planning
Dizziness	Difficulty organizing
Nausea/vomit	Slower reading
Fatigue	Comprehension difficulty
Sensitivity to light & noise	Easily distracted
Feeling sluggish	Irritable
Speech problems	Sad
Slow processing	Nervous
Mental fog	Embarrass easily
Trouble focusing	More or less emotional than normal
Memory problems	Anxiety
Concentration problems	Paranoia
Confusion	Disruption to sleep habits
Shortened attention span	

- Each student’s symptoms are different in both occurrence and severity.
- Symptoms for a student should only be compared to how he/she felt, acted, slept, and performed prior to the concussion.
- One student’s symptoms and recovery should never be compared to that of another student’s.

Concussions are invisible injuries that impact a student’s typical thinking, learning, and behavior.

- It is recommended that a student be on complete physical and cognitive rest for 24-48 hours after a diagnosed concussion.
- Electronic use should be eliminated. This includes TV, cell phones, computers, tablets, etc.

How can a concussion impact academic performance?

A student’s best opportunity for a full recovery from a concussion depends on immediate implementation of cognitive and physical rest and then a gradual return of cognitive exertion. In addition to the symptoms above, a student might

Get tired easily throughout the day
Be bothered by hallway and cafeteria lights and noise
Take longer to complete assignments
Need more repetition to learn new material
Remember something one moment but not later
Be easily overwhelmed
Lose track of time
Get lost or have trouble finding their way in familiar areas
Get frustrated or irritated more easily
Have unusual mood swings
Feel unmotivated
Feel withdrawn
Want to avoid social situations

Much like a broken leg needs physical rest to heal, the brain needs cognitive rest to heal.

Gradual Return to Learn

- As soon as a student feels well enough to attend school, he/she should return to school with accommodations and a gradual increase in workload as symptoms allow.
- The immersion into a normal routine with social interaction will help the student not feel isolated and aid in recovery.
- It is important to ease a student back to a full academic workload while the brain is still healing.
- Return to learn does not happen immediately and is not considered accomplished until a student has returned to a full academic load without accommodations (that were not needed prior to the concussion).
- The NSD Return to Learn Protocol is a 5 stage process which involves daily check-ins with the student to be sure they are not doing too much or being held back.

Black	Stay at home & rest
Red	At school with no work. Student sits in class and listens
Orange	At school with ½ work. No tests or large assignments.
Yellow	At school with full work. Tests can be modified
Green	Return to Learn achieved 100% work load Make up important/necessary work

- Each student’s journey through the RTL protocol is individualized.