

STUDENT RETURN TO LEARN PLAN



STUDENT INFORMATION

STUDENT NAME:	HOMEROOM TEACHER:	GRADE:	INJURY DATE:
PARENT/GUARDIAN:	PHONE:	EMAIL:	
SCHOOL CONTACT:	PHONE:	EMAIL:	

STUDENT SUPPORT SYSTEM

NAME	ROLE	CONTACT INFORMATION (PHONE/EMAIL)

MONITORING AND EVALUATION

<p>Preferred communication with parent/guardian</p> <p>In person Frequency:</p> <p>Student agenda</p> <p>Email Regular meetings:</p> <p>Phone</p>	<p>Communication between school contact and teachers</p> <p>In person Frequency:</p> <p>Email Regular meetings:</p>
<p>Symptom reporting</p> <p>Student self-report: Student monitored by:</p> <p>To school contact School contact</p> <p>To teacher Teacher</p> <p>In person to Other</p>	<p>Academic progress measured by</p> <p>Workload Length of time tolerated Number of courses</p> <p>Emotional progress</p> <p>Monitored by:</p> <p>In case of concerns:</p>
<p>Comments:</p>	

RETURN TO LEARN PLANNING TOOL

The student's individual symptoms will guide the creation of this planning document. Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation*; however, missing more than one week of school is not generally recommended.

STUDENT:	SCHOOL CONTACT:	DATE:
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Identify Student's Needs	Determine Learning Accommodations	Determine School Work
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SYMPTOMS	STEP	LEARNING ACCOMMODATIONS		SCHOOL WORK
Physical:	STEP 1 Activities of daily living and relative rest STEP 2 School activities (as tolerated) STEP 3 Part-time or full-time days at school with accommodations (if needed) STEP 4 Return to School full-time	Rest Breaks:	Processing Speed:	Attendance:
Headache		Frequency:	Extra time for tasks and tests	All school days
Fatigue		Duration:	Slow down verbal information	Limited days:
Sleep disturbance		Location:	Check comprehension vs. memorization	Adjusted school hours
Dizziness/lightheadedness		Classroom Environment:	Provide notes/notetaker	Start time:
Nausea/vomiting		Sit at front of class	Mood:	End time:
Light sensitivity		Sit away from bright sunlight	Facilitate access to school counsellor	Course Expectations:
Noise sensitivity		Limit classes with noise/safety issues	Reduce stressful situations	Limited courses:
Blurred vision		Band/choir	Provide supportive feedback/reassurance	
Double vision		Wood/metalwork	Can leave class when needed	
Balance problems	Other:	Facilitate avenues to express themselves	All courses	
Neck pain	Quiet work/rest space	Allow time for socialization	Learning Support (see page 3 for details)	
Other:	Library	Set appropriate goals with student		
Cognitive:		Learning Support		
Poor attention/concentration		Counselling room	PHYSICAL ACTIVITY	
Forgetfulness/poor memory		Other:	Physical Activity Permitted: (provided by parent/guardian)	
Slow response time		General Classroom Learning:		
		Reduce course/workload	Physical Education (P.E.):	
Emotional:		Prioritize essential work	No P.E.	
Irritability/easily angered		Provide extra support/learning assistance	Adapted P.E. program as per health care professional	
Frustration/impatience		Provide written instruction	Full P.E.	
Restlessness		Provide class notes	Written medical clearance provided:	
Depression		Use agenda/online school software		
Anxiety		Other:		
		Attention/Concentration:		
Pre-Existing Issues:		Limit focus time to mins	Additional Considerations:	
Prior concussion		Shorter assignments	Sunglasses/blue light-blocking glasses	
Dates:		Chunk information into smaller pieces	Hat	
Learning disability		Lighter workload	Ear plugs/noise-reducing headphones	
ADD/ADHD		Other:	Water bottle	
Depression		Memory:	Earbuds/headphones for music	
Anxiety		Use visual reminders and recognition cues	Class transition before bell	
History of migraines		Written instructions	Restrict/limit noisy environments	
Other:		Use calculator	Restricted recess/lunch activities	
		Shorter reading passages	Alternative:	
		Chunk information into smaller pieces	Elevator pass	
		Other:	Other:	
			NEXT REVIEW DATE:	

Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale. ** "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour. *0-10 point symptom severity scale: Please see the [Visual Analog Scale](#) for an example of a 0-10 symptom severity scale.*

LEARNING SUPPORT DETAILS

COMMENTS