

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 checked 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. To promote recovery within the school context, the goal is to have the student participate in an appropriate balance of cognitive activity and rest, thereby avoiding overexerting the brain to the level of worsening or reproducing symptoms.

STUDENT:	SCHOOL CONTACT:	DATE:
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Identify Student's Needs	STAGE	Determine Learning Accommodations	Determine School Work	
SYMPTOMS	STAGE	LEARNING ACCOMMODATIONS	SCHOOL WORK	
Physical:	STAGE 1 Rest at home	Rest Breaks:	Processing Speed:	
Headache		Frequency:	Extra time for tasks and tests	
Fatigue		Duration:	Slow down verbal information	
Sleep disturbance		Location:	Check comprehension vs. memorization	
Dizziness/lightheadedness		Classroom Environment:	Provide notes/notetaker	
Nausea/vomiting		STAGE 2 Light cognitive activity at home	Sit at front of class	Mood:
Light sensitivity			Sit away from bright sunlight	Facilitate access to school counsellor
Noise sensitivity			No classes with noise and/or safety issues	Reduce stressful situations
Blurred vision			Band/choir	Provide supportive feedback
Double vision		STAGE 3 School part-time, max. accommodations, shortened schedule	Wood/metalwork	Can leave class when needed
Balance problems	Other:		Facilitate avenues to express themselves	
Other physical symptoms:	Quiet work space		Allow time for socialization	
	Library		Provide reassurance	
	STAGE 4 Increase time at school, moderate accommodations	Learning Support	All courses	
		Counselling room	Provide reassurance	
		Learning Support	Homework:	
		Counselling room	Limited to mins per day	
Cognitive:	STAGE 5 School full-time, minimal accommodations	Other:	Assessment:	
Poor attention/concentration		General Classroom Learning:	No testing	
Forgetfulness/poor memory		Reduce course/workload	Limited testing (1 test per day)	
Taking longer to think		Prioritize essential work	Accommodations	
Emotional:	STAGE 6 School full-time, no learning accommodations	Use peer tutor or partner	Extra time	
Irritability/easily angered		Provide written instruction	Separate setting	
Frustration/impatience		Provide class notes	Breaks as required	
Restlessness		Use and review student agenda	Open book	
Depression		Attention/Concentration:	Additional Considerations:	
Anxiety		Limit focus time to mins	Sunglasses	
		Shorter assignments	Hat	
		Break down tasks	Ear plugs/noise-reducing headphones	
		Lighter workload	Water bottle	
		Memory:	Earbuds/headphones for music	
Pre-Existing Issues:	Repetition	Other:		
Prior concussion	Written instructions	Class transition before bell		
Dates:	Use calculator	No assemblies		
Learning disability	Shorter reading passages	Restricted recess/lunch activities		
ADD/ADHD	Smaller chunks to learn	Alternate:		
Depression	Recognition cues	Elevator pass		
Anxiety				
History of migraines				
Other:				
			Attendance:	
			All school days	
			Limited days:	
			Adjusted school hours	
			Start time:	
			End time:	
			Course Expectations:	
			Limited courses:	
			All courses	
			Learning Support (see page 3 for details)	
			PHYSICAL ACTIVITY	
			Physical Activity Permitted:	
			(provided by parent/guardian)	
			Physical Education (P.E.):	
			No P.E.	
			Adapted P.E. program as per health care professional	
			Full P.E.	
			Written medical clearance provided:	
			NEXT REVIEW DATE:	

LEARNING SUPPORT DETAILS

COMMENTS