

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. 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:
----------	-----------------	-------

Identify Student's Needs	Determine Learning Accommodations	Determine School Work
SYMPTOMS	LEARNING ACCOMMODATIONS	SCHOOL WORK
Physical: Headache Fatigue Sleep disturbance Dizziness/lightheadedness Nausea/vomiting Light sensitivity Noise sensitivity Blurred vision Double vision Balance problems Other physical symptoms:	Rest Breaks: Frequency: Duration: Location: Classroom Environment: Sit at front of class Sit away from bright sunlight Limit classes with noise/safety issues Band/choir Wood/metalwork Other: Quiet work/rest space Library Learning Support Counselling room Other: General Classroom Learning: Reduce course/workload Prioritize essential work Provide extra support/learning assistance Provide written instruction Provide class notes Use agenda/online school software Other: Attention/Concentration: Limit focus time to mins Shorter assignments Chunk information into smaller pieces Lighter workload Other: Memory: Use visual reminders and recognition cues Written instructions Use calculator Shorter reading passages Chunk information into smaller pieces Other:	Processing Speed: Extra time for tasks and tests Slow down verbal information Check comprehension vs. memorization Provide notes/notetaker Mood: Facilitate access to school counsellor Reduce stressful situations Provide supportive feedback/reassurance Can leave class when needed Facilitate avenues to express themselves Allow time for socialization Set appropriate goals with student Homework: Limited to mins per day Assessment: No testing Limited testing (1 test per day) Accommodations Extra time Separate setting Breaks as required Open book Modified content Additional Considerations: Sunglasses/blue light-blocking glasses Hat Ear plugs/noise-reducing headphones Water bottle Earbuds/headphones for music Class transition before bell Restrict/limit noisy environments Restricted recess/lunch activities Alternative: Elevator pass Other:
Cognitive: Poor attention/concentration Forgetfulness/poor memory Slow response time	STAGE 1 Rest at home STAGE 2 Light cognitive activity at home STAGE 3 School part-time, max. accommodations, shortened schedule STAGE 4 Increase time at school, moderate accommodations STAGE 5 School full-time, minimal accommodations STAGE 6 School full-time, no learning accommodations	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:
Emotional: Irritability/easily angered Frustration/impatience Restlessness Depression Anxiety		Next Review Date:
Pre-Existing Issues: Prior concussion Dates: Learning disability ADD/ADHD Depression Anxiety History of migraines Other:		

LEARNING SUPPORT DETAILS

COMMENTS