

JUDSON INDEPENDENT SCHOOL DISTRICT

9150 FM 1516 N
Converse, Texas 78109
(210) 945-1252

Return to Learn-Concussion Care Plan for Academics

Athlete Name _____ ID# _____ School _____ Grade _____

Parent Name _____ Contact # _____

This student has had a concussive brain injury and has both physical and cognitive deficits at this time. Full recovery is rest and time dependent. He/she is being followed by a physician and may also be undergoing cognitive testing. Please contact the Athletic Trainers on your campus or for your feeder school if you have any questions or concerns.

Cognitive Guidelines – Medical Professional will indicate the student's current status; however, the student may progress through steps 1-3 unless otherwise noted. Steps 4 & 5 should be initialed and dated individually by physician.

1. _____ No school, homework or cognitive activity until free of headaches and symptom free without medication. Dates: Start: _____ End: _____

2. _____ Athlete is symptom and headache free. May begin short periods of reading, focusing, and homework. If no return of symptoms or headache without medication, advance. Time: _____

3. _____ The athlete is NOT cognitively recovered at this time, but may return to school with the following checked academic considerations:

_____ a. Shortened day. See Class Schedule

_____ b. Rest breaks during classes-allow student to lay his/her head down on the desk, or step in the hall briefly. Allow student to visit nurse for rest in darkened area.

_____ c. Allow extra time to complete homework, quizzes, and tests. May retake quizzes and tests or redo homework if athlete performs lower than expected.

_____ d. Restriction from certain types of homework or classes: _____

_____ e. No classroom or standardized testing at this time.

(See State Assessment Note Below)

CLASS SCHEDULE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

4. _____ Full academic school program as tolerated-recommend no standardized testing until cognitively recovered as determined by cognitive testing with consult and revision of RTI/ 504 accommodations. *(See State Assessment Note Below)*

5. _____ This student is cognitively recovered and may return to full school program including standardized testing.

*NOTE: As required by TEA, all students **MUST** participate in state assessments (TAKS, STAAR, TELPAS), therefore it is recommended that the appropriate campus committee (SPED, 504, RTI) evaluate the need for accommodations on state assessments until the student is cognitively recovered.*

Physician Printed Name _____ Date: _____

Physician Signature _____

Follow-up Appointment Date: _____ Time: _____