CONCUSSION SIGNS TO WATCH FOR IN THE CLASSROOM

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability or more emotional than usual
- Less ability to cope with stress
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, fatigue, nausea, dizziness)

EXAMPLES OF SCHOOL SUPPORTS BASED ON CONCUSSION SYMPTOMS

- Reduce assignments and homework to key tasks only and base grades on adjusted work.
- Provide extra time to work on assignments and take tests.
- Provide written instructions, study guides, and/or help for classwork.
- Limit tests to one per day.
- Allow students to demonstrate understanding of a concept orally instead of in writing.
- Provide class notes and/or allow students to use a computer or tape recorder to record classroom information.
- Allow time to visit the school nurse for treatment of headaches or other symptoms.
- Provide rest breaks.
- Provide extra time to go from class to class to avoid crowds.
- If students are bothered by light, allow sunglasses, blue light blocking glasses, or sitting in a less bright location (e.g., draw blinds, sit them away from windows).
- If students are bothered by noise, provide noise-reducing headphones and a quiet place to study, test, or spend lunch or recess.
- Do not substitute concentration activities for physical activity (e.g., do not assign reading instead of PE).
- Develop an emotional support plan (e.g., identify an adult with whom they can talk if feeling overwhelmed).
- Locate a quiet place students can go when feeling overwhelmed.
- Students may benefit from continued involvement in certain extracurricular activities, such as organizational or academic clubs, as approved by their health care provider.
- Arrange preferential seating, such as moving the student away from windows (e.g., bright light) or talkative peers, or closer to the teacher.

Provide structure and consistency; make sure all teachers are using the same strategies.
Every student will experience a concussion differently. One student may spend an extended time in one return to learn phase, while another may not need a particular phase at all.

**PHASE 1**
No school
A licensed health care provider should provide written clearance for a student to return to school after a concussion. A concussion management team should be assembled and begin to develop a plan for the student.

**PHASE 2**
Half-day attendance with accommodations
The concussion management team leader should meet with the student and their parents to review information from the health care provider (e.g., current symptoms and recommended accommodations), concussion management team member roles and responsibilities, and the initial concussion management plan.

**PHASE 3**
Full-day attendance with accommodations
Monitor the student for worsening or reemerging symptoms during class. The concussion management team should be communicating on a regular basis to evaluate progress and collaborating to revise the concussion management plan as needed based on any changes in symptoms or symptom severity.

**PHASE 4**
Full-day attendance without symptoms
When the student can participate in all classes and has been symptom-free for at least 24 hours, they may begin the return to play protocol for physical activities at school (e.g., gym, PE classes, athletics participation).

**PHASE 5**
Full school and extracurricular involvement
For most students, accommodations for concussion recovery are temporary and informal. When recovery is prolonged, however, formal support services (e.g., an individualized education plan, a response to intervention protocol, or 504 plan) may be needed to support the student.

To learn more about supporting students returning to learn after a concussion, visit [https://concussion.health.ok.gov](https://concussion.health.ok.gov)