

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 Symptom-limited activity STEP 2 Gradually introduce school activities at home STEP 3 Part-time or full-time days at school STEP 4 Full-time school	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	
Other physical symptoms:		Quiet work/rest space	Allow time for socialization	All courses
		Library	Set appropriate goals with student	Learning Support (see page 3 for details)
		Learning Support	Homework:	
		Counselling room	Limited to mins per day	PHYSICAL ACTIVITY
Cognitive:		Other:	Assessment:	Physical Activity Permitted: (provided by parent/guardian)
Poor attention/concentration	General Classroom Learning:	No testing		
Forgetfulness/poor memory	Reduce course/workload	Limited testing (1 test per day)		
Slow response time	Prioritize essential work	Accommodations		
	Provide extra support/learning assistance	Extra time	Physical Education (P.E.):	
Emotional:	Provide written instruction	Separate setting	No P.E.	
Irritability/easily angered	Provide class notes	Breaks as required	Adapted P.E. program as per health care professional	
Frustration/impatience	Use agenda/online school software	Open book	Full P.E.	
Restlessness	Other:	Modified content	Written medical clearance provided:	
Depression	Attention/Concentration:	Additional Considerations:		
Anxiety	Limit focus time to mins	Sunglasses/blue light-blocking glasses		
	Shorter assignments	Hat		
Pre-Existing Issues:	Chunk information into smaller pieces	Ear plugs/noise-reducing headphones	NEXT REVIEW DATE:	
Prior concussion	Lighter workload	Water bottle		
Dates:	Other:	Earbuds/headphones for music		
Learning disability	Memory:	Class transition before bell		
ADD/ADHD	Use visual reminders and recognition cues	Restrict/limit noisy environments		
Depression	Written instructions	Restricted recess/lunch activities		
Anxiety	Use calculator	Alternative:		
History of migraines	Shorter reading passages	Elevator pass		
Other:	Chunk information into smaller pieces	Other:		
	Other:			

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