



Park City High School  
 1750 Kearns Blvd, Park City, UT 84060  
 Phone: 435-645-5650 • Fax: 435-645-5659

## Concussion Management Plan

**PART A – ALL students must complete this section after an evaluation by Healthcare Provider:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Date seen by health care provider: \_\_\_\_\_

Health care provider name: \_\_\_\_\_

Did incident occur while participating in a PCHS team sport? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, Case Manager is JARED ROMERO, Athletic Trainer: [jromero@pcschoools.us](mailto:jromero@pcschoools.us) - complete **PARTS B, C, and D**

If NO, Case Manager is SUZANNE TANNER, PCHS School Nurse: [sutanner@pcschoools.us](mailto:sutanner@pcschoools.us) - complete **PART C and D** only

**PART B – For PCHS student-athletes ONLY:**

The expectation for all PCHS student-athletes that have experienced a concussion is to first manage their health. Secondly, student-athletes will return to their academics before returning to play. Just as concussed athletes follow a stepwise progression for “Return to Play,” a progression back to the learning environment must also occur. The “Return to Learn” process to assist student-athletes with their academics emphasizes a collaborative team approach between the student-athlete, parents/guardians, athletic staff (including the school’s athletic trainer), teachers, counselors, the school nurse, and the school administration. In most cases, a concussion will not significantly limit a student-athlete’s participation in school and usually involve temporary, informal instructional modifications and academic accommodations. The “Return to Learn” process encompasses the “Return to Play” progression during the entire time a student-athlete remains symptomatic. Completion of the “Return to Learn” process **precedes** the start of the “Return to Play” progression protocol.

Student-athlete acknowledgement \_\_\_\_\_

Date

Parent/Guardian acknowledgement \_\_\_\_\_

Date

**PART C – Completed for ALL students by Case Manager or Health Care Provider:**

### Academic Accommodations

Based on (a) health care provider(s) evaluation, this student was diagnosed with a concussion and the following academic accommodations may help in reducing the cognitive (thinking) load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the injury period. These academic accommodations are recommended as part of the concussion management. **The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis.** The school and parent may wish to formalize accommodations through a 504 plan if symptoms persist **following** treatment and less formalized accommodations.

Current Symptoms: Symptoms can wax and wane throughout the day and include, and are not limited to:

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Headache  | <input type="checkbox"/> Sleep difficulties   | <input type="checkbox"/> Cognitive difficulties    |
| <input type="checkbox"/> Nausea    | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Visual dysfunction        |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> Environmental sensitivity |
| <input type="checkbox"/> Fatigue   | <input type="checkbox"/> Foggy                |  |

Prognosis: Based on health care provider evaluation, this student is at risk for a prolonged recovery: Yes  No

Status: Based on health care provider evaluation the student is: Progressing Stable Regressing

### Academic Accommodations

- Attendance restrictions:** Full/partial days missed due to concussion symptoms should be medically excused.
  - Full days       Modified days       Initiate or continue homebound education (\_\_\_ hours per week)
  - No School until \_\_\_\_\_ then modified days until \_\_\_\_\_ then full days as able.
- Testing:** Students with concussion have increased memory and attention problems. Highly demanding activities like testing can significantly raise symptoms (headache, fatigue) which in turn can make testing more difficult, recommendations include:
  - Extra time       Test in a quiet environment       Allow testing across multiple session       Reduce length
  - No standardized test       No tests or quizzes       Open note/book/take home test
  - Reformat from free response to multiple choice or provide cueing (a notecard for helpful formulas)
- Workload reduction:** It is possible a concussed student may take longer to complete assignments. Therefore, it is recommended that "thinking" or cognitive load be reduced just as physical exertion is reduced.
  - Reduce overall amount of make up work, class work, and homework (recommended: 50-75%)
  - Shorten tests and projects       Audio books       Audit classes       Limit computer work
- Note Taking:** Note taking may be difficult due to impaired multitasking abilities and increased symptoms. Allow student to obtain class notes or outlines ahead of time to aid organization and reduce multitasking demands.
- Breaks:** She/he may need to go to the nurse's office to rest prior to returning to class for concussion symptoms.
- Extra Time:** Students are advised to rest and may need to turn assignments in late on occasion, therefore allow students extra time to complete and turn in assignments.
- Other Accommodations:**
  - Allow for snacks and drinks       Allow student to wear hat/sunglasses (sensitivity to light)
  - Report any changes in mood/personality       Change brightness/contrast setting on computer
  - No physical education class       No sports participation
  - Avoid busy environments (leave class early to avoid hallways, cafeteria, and assemblies)

### ADDITIONAL COMMENTS:

*By signing, I give my consent for my child to receive the services as outlined in this plan and I understand that the academic accommodations expire in one month unless further documentation is provided.*

Health Care Provider	Date		
Parent/Guardian	Date	Student	Date
PCHS Case Manager	Date	PCHS Administrator	Date

Copy of this form distributed to teachers, counselor, attendance: \_\_\_\_\_  
Date

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### **PART D – Reevaluation date(s):**

Record all follow up date(s) with health care provider (attach supporting documentation):

1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_, 4) \_\_\_\_\_

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### **PART E – Clearance:**

Cleared by health care provider (attach supporting documentation): \_\_\_\_\_  
Date

Clearance notification is emailed to teachers, counselor, attendance: \_\_\_\_\_  
Date