



TREASURE MOUNTAIN JUNIOR HIGH

Treasure Mountain Junior High School
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Concussion Management Plan

PART A – ALL students must complete this section after an evaluation by Health Care 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 - complete **PARTS B, C, and D**

If NO, Case Manager is GINA Agy or Julie Jackson, TMJH School Nurse - complete **PART C and D** only

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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
TMJH Case Manager	Date	TMJH Administrator	Date

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

PART D – Reevaluation date(s):

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

1) _____, 2) _____, 3) _____, 4) _____

PART E – Clearance:

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

Clearance notification is emailed to teachers, counselor, attendance: _____
Date