Wilkes-Barre Area School District RELEASE OF INFORMATION FOR CONCUSSION MANAGEMENT

l,		of
Parent/G	uardian	
	hereby all	ow the
Student Name		
nurse/guidance counselor to no building administration of his/he	tify my child's teacher or medical condition.	es as well as
Print Name of Parent/Guardian:		
Signature of Parent/Guardian: _		
Date Signed: _		, 20
PARTICIPATION IN CO	NCUSSION MANAGE	MENT
l,	of	
I, Parent/Guardian	Student Na	me
hereby give my permission to pa in the Wilkes-Barre Area School will be asked to participate in we personnel for purposes of evalua overall healing process of his/he	rticipate in the Concu District. I understand ekly meetings with va ating symptoms and d	ssion Program that my child rious school
Parent/Guardian Signature:		

School Communications:

· 1. '

- 1. Student will report to school nurse with a written note from doctor confirming diagnosis upon return to school.
- 2. School Nurse/Guidance Counselor will notify parent/guardian of available school services for concussion management through Wilkes-Barre Area School District.
 - Obtain parental/guardian consent for participation in school based program (see consent form).
- 3. Upon receiving permission from parent/guardian to enroll student in the concussion-management program, the school nurse/guidance counselor will notify all members of the concussion-management team (CMT):
 - LEA
 - Symptom Monitor/School Nurse
 - Academic Monitor/ Guidance Counselor
- 4. Communicate designated classroom accommodations including physical education restrictions to all teachers and relevant school personnel.
 - If school nurse receives notification that a concussed students is an athlete from personnel other than the Athletic Director (A.D.) a referral will be made to the A.D. and Athletic Trainer. Follow-up will be provided by the sports medical team.

II. Return to School

- Obtain parental/guardian consent (see attached forms).
- CMT is activated for the first four weeks student returns to school after diagnosis of concussion.
- Implement individual medical orders of applicable and share with relevant school personnel
- CMT monitors student symptoms
 Symptom Monitor will meet student 3-5x per week using
 "Brainsteps Symptom Monitoring Tool" (see attached forms)
- Academic Monitor will utilize Brainsteps Academic Monitoring Tool and have all relevant teachers complete academic evaluation form weekly until symptoms resolve.
- CMT will meet weekly to review and evaluate individualized concussion plan.
- CMT will communicate suggested adjustments to relevant school personnel as needed.

CMT Student Concussion Symptom Monitoring Tool

Meet with student 3-5 days per week for the first two weeks after return to school. Meet with student 2-3 days per week for remaining weeks. Rate each symptom that the student is currently experiencing, that were not present prior to the concussion.

STUDENT:	-							A A SALE LONG		.i1 Mild
DATE:	WE	EK #:					3	2= M	operate	3≡Severe
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Rate Symptom Severity		1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		(S) (****	3.79 (5.37%)	855 E 10	: ₂ 170 - 1. 72.	1 160 2		1 / / /
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					•	-				
Headache or pressure in head										
Nausea				- ,						
Balance problems								-		
Dizziness (spinning or										
movement sensation)										
Lightheadedness										7
Fatigue, drowsiness, tired										
Blurry or double vision	1									
Sensitivity to light										
Sensitivity_to_noise										
Numbness or tingling			- /:			-		1		
Feeling slowed down, groggy,										
sluggish, or having no energy						_				
Feeling like "in a fog!" or foggy										
-Difficulty concentrating										
Difficulty remembering										
Sad or depressed										
Nervous or anxious										
Feeling more emotional										
Irritable										
Trouble falling asleep (at home))									
Sleeping more (at home)										
Sleeping less (at home)										
TOTAL # of SYMPTOMS								-		

There must be ongoing communication with the medical professional managing the student's concussion, so s/he is aware of symptoms that occur during school. This is important information needed for clearance in returning to physical activity: If the student is an athlete, the GMT & athletic trainer should be in weekly communication. This form is only to be used for student SELE REPORTED symptoms. Student should NOT be put through physical activity during questioning. The goal is for students to be symptom free:

- 1. At rest
- 2. While thinking
- 32 With physical activity

Symptoms adapted from concussion materials created by the Centers for Disease Control & the Acute Concussion Evaluation (ACE) Care 'Plan, G. Gioia, Children's National Medical Cir & M.Collins, UPMC

This material was created by The BrainSTEPS Program in Pennsylvania which is jointly funded by the PA Department of Health and the PA Department of Education. BrainSTEPS is implemented by the Brain Injury Association of PA.

This student will be attending school:	Modified Day Full Day
Date:	
Dear Teachers and Counselors of	

This student has sustained a concussion (also known as a mild traumatic brain injury). The best treatment for a concussion is cognitive and physical rest. The student should be provided with academic accommodations while at school to ensure the student is learning, and to prevent symptoms from increasing in severity, which could delay recovery. Symptoms can be missed because the individual looks fine even though they may act or feel differently. We will be monitoring, adjusting, and reducing accommodations over time as the student recovers, based on your feedback. The following accommodations are needed for this student:

teacher generated notes.	Scheduled rest breaks built into the day (i.e., 5-10 min. every 30-45 minutes as tolerated in quiet area - nurse's office)
Reduce all in-class work by 50% (reduce to critical content only, cutting all repetition once mastery is demonstrated)	Temporarily excuse from classes/activities that may be over stimulating due to light/noise (choir, band, shop, lunch, auditorium)
No tests, quizzes, standardized tests, or homework at this time.	Excuse from all physical activity (PE, recess, sports)
If student experienced a period of time at h should be reviewed to determine	come following concussion, all missed assignments what can be excused and not excused.

Due to this student's unique needs, the following additional accommodations are needed:

Physical (Sensitivity to Eight/Noise, Headaches, Dizziness)	Thinkings Cognitive Fatigue	General & Emotional
to and from class	Provide alternatives to written output. (i.e., allow student to provide oral answers).	Lunch in a quiet room with friends or lunch with friends for the first 1/2 as tolerated and then
Have a peer carry student's books to and from class	Extra time to complete in-class work	rest in quiet room for remainder of lunch period.
Allow use of hat/cap or sunglasses indoors to-shield light Allow use of headphones/earbuds to block noise-	Provide student with word banks, multiple choice, notecards, etc. for in class work	Develop an emotional support plan for the student (i.e., identify adult to talk with if feeling overwhelmed).
Provide student with prior notice of fire drills, tornado drills, etc.	Other:	Other:

Thank you,

The Concussion Management Team

CMT - TEACHER CONCUSSION ACADEMIC MONITORING TOOL

STUDENT:						DATE:		1	
EACHER:						CLASS:			
DATE	CLASSWOR	K H	OMEW	OFK	SCORE		(SAA)		VALVA)
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CMT - TEACHER CONCUSSION ACADEMIC MONITORING TOOL The Concussion-Management Team would like each teacher to fill out and return this form on a weekly

basis to monitor student concussion symptoms in the classroom. Please return it to your CMT Academic

Monitor on this date:

STUDE	NT:			D	ATE:		
TEACH	ER:			C	LASS:		
DATE	CLASSWORK, PROJE	IOMEW CTS	ORK:	SCORE! GRADE		C	OMMENTS
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FES	Anxious or nervous Increased irritability Easily frustrated or angered Sad or depressed Social isolation, loss of friends, lack of interest in peer group	YES	Slow to instruct Difficult Needed complet Less ab stressfu Impulsivinappro	respond to the to cope it situation to cope it situ	ore his/h o tions rating to in s	YES	Disorganized Explosive behavior Problems remembering, forgetful Fatigue Complaints: (headache, dizziness, balance,

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CMT - TEACHER CONCUSSION ACADEMIC MONITORING TOOL The Concussion Management Team would like each teacher to fill out and return this form on a weekly

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Date:	
Dear Teachers and Counselors of:	

The Concussion Management Team has been monitoring this student's concussion symptoms and academic progress. Based on information from the Symptom Monitoring Tool, weekly Academic Monitoring Tools, and medical professional (if student's concussion is being medically managed) the following classroom accommodations should be made for this student:

Physical: Sensitivity to Light/Noise; Headaches; Dizziness	Thinking & Cognitive Fatigue		General & Emotional
Reduce all homework, classwork & projects by 50% (reduce to critical content only, cutting all repetition once mastery is demonstrated)	Temporarily excuse from: Homework Projects In class assignments Tests & quizzes Standardized tests	833.50	Temporarily excuse from classes/activities that may be over stimulating due to light/noise (choir, band, shop, lunch, auditorium)
Avoid hallway during crowded times, leave class early, provide extratime to get to and from class	One Test or quiz per day, increase over time as tolerated		Scheduled rest breaks built into the day (i.e., 5-10 min. every 30-45 minutes as tolerated in quiet area nurse's office)
Have a peer carry student's books in hallway	Testing in a quiet, separate room		Rest periods in a quiet area (nurse's office)
Allow-use of headphones/earbuds to block noise	Open notes or open book tests		Allow student to be engaged with peers during selected low stress/extra curricular activities as tolerated (i.e. art or-poetry club vs band or-chess club)
Provide student with prior notice of fire drills, tornado drills, etc.	No note taking. Provide student with teacher generated class notes.		Develop an emotional support plan for the student (e.g., identify adult to talk with if feeling overwhelmed)
Allow use of ball cap or sunglasses indoors to shield light	Provide alternatives to written output for tests, quizzes, classwork, homework and projects		Lunch in a quiet room with friends
Other:	Provide student with word banks, multiple choice, notecards		All missed assignments should be reviewed to determine what can be excused and not excused.
Other:	Other:		All assignments should provided to student in writing

Thank you,

The Concussion Management Team

This material was created by The BrainSTEPS Program in Pennsylvania which is jointly funded by the PA Department of Health and the PA Department of Education, and implemented by the Brain Injury Association of PA.

Date:	
Dear Teachers and Counselors of:	

The student named above no longer needs academic accommodations for his/her concussion. The student is experiencing no more academic impacts in class, no symptoms during self reported symptom monitoring, and/or has been cleared by a medical professional. The student is able to return to recess and Physical Education class. This information will be shared with the athletic trainer and athletic department if the student is an athlete.

If you notice any cognitive, physical, behavioral or emotional symptoms return, please let us know.

Thank you for assisting us in managing the student's concussion. Your help with academic monitoring and accommodation implementation was extremely beneficial to the recovery process.

Thank-you,

The Concussion-Management Team

Week 4: Brainsteps Referral

Student remains symptomatic. The nurse/guidance counselor will refer student to the Brainsteps program by referring to www.brainsteps.net.

Brainsteps may be activated prior to four weeks if resolution of student's symptoms have not progressed.

Brainsteps coordinator will begin activation of program.