

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

I, \_\_\_\_\_ of  
Parent/Guardian

\_\_\_\_\_ hereby allow the  
Student Name

nurse/guidance counselor to notify my child's teachers as well as building administration of his/her medical condition.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_, 20\_\_\_\_

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**PARTICIPATION IN CONCUSSION MANAGEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian Student Name

hereby give my permission to participate in the Concussion Program in the Wilkes-Barre Area School District. I understand that my child will be asked to participate in weekly meetings with various school personnel for purposes of evaluating symptoms and determine the overall healing process of his/her concussion.

Parent/Guardian Signature: \_\_\_\_\_

## I. School Communications:

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 student 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.

Severity	
0= None	1= Mild
2= Moderate	3= Severe

STUDENT:

DATE:  WEEK #:

Rate Symptom Severity	DATE	DATE	DATE	DATE	DATE
	TIME:	TIME:	TIME:	TIME:	TIME:
Headache or pressure in head					
Nausea					
Balance problems					
Dizziness (spinning or movement sensation)					
Lightheadedness					
Fatigue, drowsiness, tired					
Blurry or double vision					
Sensitivity to light					
Sensitivity to noise					
Numbness or tingling					
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)					
<b>TOTAL # of SYMPTOMS</b>					

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 CMT & athletic trainer should be in weekly communication. This form is *only* to be used for student SELF 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
- 3: 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 Ctr & 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.

CONCUSSION MANAGEMENT TEAM SYMPTOM MONITORING TOOL

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:

Accommodations for All Newly Concussed Students	
No note taking. Provide students with 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 home following concussion, all missed assignments should be reviewed to determine what can be excused and not excused.	

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

Physical (Sensitivity to Light/Noise, Headaches, Dizziness)	Thinking/ Cognitive Fatigue	General & Emotional
<input type="checkbox"/> Provide extra time to get to and from class	<input type="checkbox"/> Provide alternatives to written output. (i.e., allow student to provide oral answers).	<input type="checkbox"/> Lunch in a quiet room with friends or lunch with friends for the first ½ as tolerated and then rest in quiet room for remainder of lunch period.
<input type="checkbox"/> Have a peer carry student's books to and from class	<input type="checkbox"/> Extra time to complete in-class work	
<input type="checkbox"/> Allow use of hat/cap or sunglasses indoors to shield light	<input type="checkbox"/> Provide student with word banks, multiple choice, notecards, etc. for in class work	<input type="checkbox"/> Develop an emotional support plan for the student (i.e., identify adult to talk with if feeling overwhelmed).
<input type="checkbox"/> Allow use of headphones/earbuds to block noise		
<input type="checkbox"/> Provide student with prior notice of fire drills, tornado drills, etc.	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Thank you,

The Concussion Management Team

## 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:

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

CLASS: \_\_\_\_\_

DATE	CLASSWORK PROJECTS	HOMEWORK	SCORE/ GRADE	COMMENTS

DATE	TESTS and QUIZZES (if student is not under test or quiz restriction)	SCORE/ GRADE	COMMENTS

**Behaviors:** Place an X next to any behaviors that this student displayed this past week that were not observed prior to his/her concussion, or are worse than before his/her concussion.

YES		YES		YES	
<input type="checkbox"/>	Anxious or nervous	<input type="checkbox"/>	Slow to respond to instructions/questions	<input type="checkbox"/>	Disorganized
<input type="checkbox"/>	Increased irritability	<input type="checkbox"/>	Difficulty concentrating	<input type="checkbox"/>	Explosive behavior
<input type="checkbox"/>	Easily frustrated or angered	<input type="checkbox"/>	Needed more time to complete work	<input type="checkbox"/>	Problems remembering, forgetful
<input type="checkbox"/>	Sad or depressed	<input type="checkbox"/>	Less able to cope in stressful situations	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Social isolation, loss of friends, lack of interest in peer group	<input type="checkbox"/>	Impulsive or inappropriate behavior	<input type="checkbox"/>	Complaints: (headache, dizziness, balance, light/noise sensitivity)

**ADDITIONAL COMMENTS ABOUT STUDENT:**

CONCUSSION MANAGEMENT TEAM

Academic Monitoring Tool



# 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:

STUDENT:

DATE:

TEACHER:

CLASS:

DATE	CLASSWORK, HOMEWORK, PROJECTS	SCORE/ GRADE	COMMENTS

DATE	TESTS and QUIZZES (if student is not under test or quiz restriction)	SCORE/ GRADE	COMMENTS

**Behaviors:** Place an X next to any behaviors that this student displayed this past week that were not observed prior to his/her concussion, or are worse than before his/her concussion.

YES		YES		YES	
<input type="checkbox"/>	Anxious or nervous	<input type="checkbox"/>	Slow to respond to instructions/questions	<input type="checkbox"/>	Disorganized
<input type="checkbox"/>	Increased irritability	<input type="checkbox"/>	Difficulty concentrating	<input type="checkbox"/>	Explosive behavior
<input type="checkbox"/>	Easily frustrated or angered	<input type="checkbox"/>	Needed more time to complete work	<input type="checkbox"/>	Problems remembering, forgetful
<input type="checkbox"/>	Sad or depressed	<input type="checkbox"/>	Less able to cope in stressful situations	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Social isolation, loss of friends, lack of interest in peer group	<input type="checkbox"/>	Impulsive or inappropriate behavior	<input type="checkbox"/>	Complaints: (headache, dizziness, balance, light/noise sensitivity)

**ADDITIONAL COMMENTS ABOUT STUDENT:**

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CONCUSSION MANAGEMENT TEAM

Academic Monitoring Tool

## 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:

STUDENT:  
TEACHER:

DATE:  
CLASS:

DATE	CLASSWORK, HOMEWORK PROJECTS	SCORE/ GRADE	COMMENTS

DATE	TESTS and QUIZZES (If student is not under test or quiz restriction)	SCORE/ GRADE	COMMENTS

**Behaviors:** Place an X next to any behaviors that this student displayed this past week that were not observed prior to his/her concussion, or are worse than before his/her concussion.

YES		YES		YES	
<input type="checkbox"/>	Anxious or nervous	<input type="checkbox"/>	Slow to respond to instructions/questions	<input type="checkbox"/>	Disorganized
<input type="checkbox"/>	Increased irritability	<input type="checkbox"/>	Difficulty concentrating	<input type="checkbox"/>	Explosive behavior
<input type="checkbox"/>	Easily frustrated or angered	<input type="checkbox"/>	Needed more time to complete work	<input type="checkbox"/>	Problems remembering, forgetful
<input type="checkbox"/>	Sad or depressed	<input type="checkbox"/>	Less able to cope in stressful situations	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Social Isolation, loss of friends, lack of interest in peer group	<input type="checkbox"/>	Impulsive or inappropriate behavior	<input type="checkbox"/>	Complaints: (headache, dizziness, balance, light/noise sensitivity)

**ADDITIONAL COMMENTS ABOUT STUDENT:**

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

Thank you,

The Concussion Management Team

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**CONCUSSION RESOLUTION LETTER**

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](http://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.