



DSHS Athletic Training Office
940 Hwy. 290 West
Dripping Springs, TX 78620
(512) 858-3201 and (512) 858-3225

RETURN TO LEARN – CONCUSSION CARE PLAN FOR ACADEMICS

Student-Athlete Name _____ **Grade** _____

Parent Name _____ **Contact #** _____

This student has had a concussive brain injury and has both physical and cognitive deficits at this time. Full recovery is rest and time dependent. He/she is being followed by a physician and may also be undergoing cognitive testing. Please contact the Athletic Trainers at your school if you have any questions of concerns.

Cognitive Guidelines – Medical Professional will indicate the student’s current status; however, the student may progress through steps 1-3 unless otherwise noted. Steps 4 and 5 should be initialed and dated by physician.

1. _____ No school, homework, or cognitive activity until free of headaches and symptom-free without medication
2. _____ Athlete is symptom and headache free. May begin short periods of reading, focusing, and homework. If no return of symptoms or headache without medication, student-athlete may advance. Time: _____
3. _____ The student-athlete is NOT cognitively recovered at this time, but may return to school with the following checked academic considerations:
 - _____ Shortened day
 - _____ Rest breaks during class (allow student to lay head down on desk, or step in the hall briefly). Allow student to visit nurse for rest in darkened area.
 - _____ Allow extra time to complete homework, quizzes, and tests. May retake quizzes and tests or redo homework if student-athlete performs lower than expected.
 - _____ Restriction from certain types of homework or classes: _____
 - _____ No classroom or standardized testing at this time (See State Assessment Note Below)
4. _____ Full academic school program as tolerated. Recommend no standardized testing until cognitively recovered. (See State Assessment Note Below)
5. _____ This student is cognitively recovered and may return to full school program including standardized testing.

NOTE: As required by TEA, all students MUST participate in state assessments. Therefore, it is recommended that the appropriate campus committee evaluate the need for accommodations on state assessments until the student is cognitively recovered.

Physician Printed Name _____ **Date** _____

Physician Signature _____

Follow-up Appointment Date _____