



Concussion Checklist – Post Diagnosis

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Courses: \_\_\_\_\_ Teacher Contact: \_\_\_\_\_

**Student: Receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.**

**STUDENT HAS BEEN DIAGNOSED WITH A CONCUSSION**

Principal and Staff:	Student:	Parent:
<ul style="list-style-type: none"> <li>○ <b>Principal:</b> Informs school staff of concussion and establishes collaborative team identifying school staff lead [Concussion Liaison/SERTs/Classroom teacher(s)] to plan for gradual Return to Learn: <b>Step 2a and 2b Return to Learn/Return to Physical Activity (Appendix C) and academic accommodation strategies</b></li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Student: Complete cognitive and physical rest</b> Return to Learn/Return to Physical Activity: <b>Step 1 (Home)</b> Student remains at home until acute symptoms improve or student is without symptoms</li> <li>○ <b>Student: Return to Learn Step 2a (school)</b> Student returns to school with mild symptoms. Student requires individualized classroom accommodations prepared by school Principal, Concussion Liaison SERTs and classroom teacher(s) and reviewed with parent/guardian. <b>Student remains in Step 2a (Appendix C) until asymptomatic.</b></li> <li>○ <b>Student: Return to Learn: Full Integration of Instructional Day</b> Step 2b Appendix C (school): Student begins regular learning activities</li> <li>○ <b>Student: Return to Physical Activity: Step 2 Appendix C (home)</b> Individual light aerobic physical activity only</li> <li>○ <b>Student: Return to Physical Activity: Step 3 (School):</b> Individual sport specific activity only</li> <li>○ <b>Student: Return to Physical Activity: Step 4 (School):</b> Activity with <b>NO</b> body contact.</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Parent/Guardian:</b> Report back to school Principal using <i>Documentation for a Diagnosed Concussion: Return to Learn/Return to Physical Activity Plan</i> (Appendix C) <b>Step 1 (Home)</b></li> <li>○ <b>Parent/Guardian:</b> Report back to school Principal using Appendix C <b>Step 2a</b></li> <li>○ <b>Parent/Guardian:</b> Report back to school Principal using Appendix C <b>Step 2b/Step 2</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>Teacher/SERT/Coach: Inform parent of completion of Step 4 using Appendix C <u>STEP 4</u></b></li> </ul>		<ul style="list-style-type: none"> <li>○ <b>Parent/Guardian:</b> Report back to school Principal/ designate/ concussion liaison: include written documentation from medical doctor or nurse practitioner to indicate the student remains symptom free and is able to return to full participation using Appendix C <b>Step 4</b></li> </ul>
	<ul style="list-style-type: none"> <li>○ <b>Student: Return to Physical Activity: Step 5 (School):</b> Full participation in non-contact sports. Full training in all sports.</li> <li>○ <b>Student: Return to Physical Activity: Step 6 (School):</b> Full participation and contact in all physical activity</li> </ul>	

**NOTE: If at any time concussion signs and/or symptoms and/or deterioration of work habits occurs from step 2a through to step 6, the student must be examined by a *medical doctor and/or nurse practitioner who will determine which step the student must return to using Appendix C***