



Highline Public Schools Athletics

Immediate Learning Accommodations for Concussion Injury

DATE: _____

TO: Counselor of _____

CC: School Nurse, Building Athletic Director

FROM: HIGHLINE PUBLIC SCHOOLS ATHLETIC TRAINER

- | | | | |
|--------------------------|---------------------------------------|--------------|--|
| <input type="checkbox"/> | Lara D'Orvilliers, M.ED, ATC, LAT | 206-631-6787 | lara.dorvilliers@highlineschools.org |
| <input type="checkbox"/> | Jenn Mackenzie, MS, ATC, LAT, NREMT-B | 206-631-7019 | jennifer.mackenzie@highlineschools.org |
| <input type="checkbox"/> | Corinne Schneider, MS, ATC, LAT | 206-631-6159 | corinne.schneider@highlineschools.org |

_____ sustained a concussion on _____

and is currently experiencing the symptoms noted below. Please inform this student's teachers with copy to me, the school nurse, and the building AD, and ask that they let us know immediately if the student is struggling in class or if there are questions.

THINKING/REMEMBERING	PHYSICAL	EMOTIONAL/MOOD	SLEEP DISTURBANCE
<input type="checkbox"/> Difficulty thinking clearly <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering new information	<input type="checkbox"/> Headache <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Balance problems <input type="checkbox"/> Dizziness <input type="checkbox"/> Fuzzy or blurry vision <input type="checkbox"/> Feeling tired, having no energy <input type="checkbox"/> Sensitivity to noise or light <input type="checkbox"/> Pressure in head <input type="checkbox"/> Neck pain	<input type="checkbox"/> Irritability <input type="checkbox"/> Sadness <input type="checkbox"/> More emotional <input type="checkbox"/> Nervousness or anxiety	<input type="checkbox"/> Sleeping more than usual <input type="checkbox"/> Sleeping less than usual <input type="checkbox"/> Trouble falling asleep

As a result of the above noted symptoms, the following **IMMEDIATE LEARNING ACCOMMODATIONS** are required until further notice from my office in consult with you.

<input type="checkbox"/> Excused from school	<input type="checkbox"/> Abbreviated school schedule
<input type="checkbox"/> Postpone tests and/or quizzes	<input type="checkbox"/> Extra time on assignments
<input type="checkbox"/> Refrain from video/computer equipment	<input type="checkbox"/> Rest breaks
<input type="checkbox"/> Visits to school nurse as noted	<input type="checkbox"/> Additional accommodations as noted

Notes: _____

ADDITIONAL NOTE FOR PHYSICAL EDUCATION INSTRUCTORS: Physical exercise at even minor levels can exacerbate and prolong symptoms. **If this student is currently in a physical education class, he/she is NOT allowed to participate in any form of physical education to include yoga, weightlifting, etc. until medically cleared to do so and you are informed by the student's counselor.**

The above accommodations are considered temporary. Signs and symptoms lasting longer than seven days will result in extended learning accommodations.