

Dear School Staff:

This letter is to update the school on _____ who sustained a brain injury on _____. This letter offers input to help school professionals support students returning to school after a brain injury. You can use this information to make decisions about support for the student based on their specific needs. This letter is not intended to create a 504 plan or IEP unless school professionals determine that one is needed.

The student is currently experiencing or reporting the following symptoms checked below:

<p>Thinking and learning</p> <ul style="list-style-type: none"><input type="checkbox"/> Difficulty understanding, thinking clearly, or problem-solving<input type="checkbox"/> Trouble learning skills<input type="checkbox"/> Problems concentrating or paying attention<input type="checkbox"/> Difficulty remembering or processing information<input type="checkbox"/> Inability to start tasks (changes in motivation)<input type="checkbox"/> Easily distracted or unable to shift focus	<p>Physical health and communication</p> <ul style="list-style-type: none"><input type="checkbox"/> Headaches<input type="checkbox"/> Weaknesses in arms and legs<input type="checkbox"/> Problems with coordination, balance, hearing, or vision (including sensitivity to light or noise)<input type="checkbox"/> Bladder and bowel trouble<input type="checkbox"/> Changes in sensory perception, such as smell and touch<input type="checkbox"/> Difficulty speaking and communicating<input type="checkbox"/> Trouble with sleep (sleeping more or less than usual)
<p>Emotion and mood</p> <ul style="list-style-type: none"><input type="checkbox"/> Feeling more emotional than usual<input type="checkbox"/> Nervousness or anxiety<input type="checkbox"/> Sadness, depression<input type="checkbox"/> Sudden crying or laughing for no clear reason	<p>Behavior</p> <ul style="list-style-type: none"><input type="checkbox"/> Trouble controlling behavior<input type="checkbox"/> Personality changes<input type="checkbox"/> More impulsive than usual<input type="checkbox"/> More angry or aggressive than usual<input type="checkbox"/> Poor judgment and risk-taking

Other symptoms the student is experiencing or reporting: _____

Based on the student's current symptoms, I recommend that the student:

- Is permitted to return to school and activities while school professionals closely monitor the student. School professionals should observe and check in with the student for the first two weeks and note if symptoms worsen. If symptoms do not worsen during an activity then this activity is OK for the student. If symptoms worsen, the student should cut back on how much he or she does that activity and may need some short term support at school.
- Is excused from school for _____ days.
- Return to school with the following changes until their symptoms improve.
Based on the student's symptoms, please make the short-term changes checked below:

- | | |
|---|--|
| <input type="checkbox"/> No physical activity during recess | <input type="checkbox"/> Allow for a quiet place to take breaks throughout the day |
| <input type="checkbox"/> No physical education (PE) class | <input type="checkbox"/> Lessen the amount of screen time on computers, tablets, etc. |
| <input type="checkbox"/> No after-school sports | <input type="checkbox"/> Give ibuprofen or acetaminophen to help with headache (as needed) |
| <input type="checkbox"/> Shorten school day | <input type="checkbox"/> Allow the student to wear sunglasses |
| <input type="checkbox"/> Later school start time | <input type="checkbox"/> Allow the student to wear ear plugs or headphones |
| <input type="checkbox"/> Reduce the amount of homework | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Postpone classroom tests or standardized testing | _____ |
| <input type="checkbox"/> Provide extended time to complete schoolwork, homework, or take tests | _____ |
| <input type="checkbox"/> Provide written notes for school lessons and assignments (when possible) | |

If there are any symptoms that concern you or are getting worse, notify the student's parents that the student should be seen by a healthcare provider as soon as possible.

Medical professional name (printed) _____

Medical professional signature _____

Date _____

For additional questions you can reach me at: _____