

WI
West Islip Public Schools

RETURN TO LEARN PROTOCOL CONCUSSION TREATMENT PLAN

PATIENT'S NAME _____ **Date of birth** _____ **Date of injury** _____

PHASE 1 ~ OUT-OF-SCHOOL /NO HOMEBOUND INSTRUCTION *FULL COGNITIVE REST/SLEEP/HYDRATION*

Until re-evaluated on: _____ Start date: _____ End date: _____

- | | |
|--|--|
| <input type="checkbox"/> No home instruction | <input type="checkbox"/> No television/video games |
| <input type="checkbox"/> No homework | <input type="checkbox"/> Limit exposure to bright lights |
| <input type="checkbox"/> No computer or electronic devices {including cell phones, smart phones & tablets} | |

PHASE 2 ~ OUT-OF-SCHOOL HOMEBOUND INSTRUCTION

Until re-evaluated on: _____ Start date: _____ End date: _____

Number of minutes 60 ___ 90 ___ 120 ___ Other _____ Per week _____ Per day _____

- | | |
|--|--|
| <input type="checkbox"/> Limit homework - number of minutes {per day}:
0 ___ 30 ___ 60 ___ 90 ___ 120 ___ Other _____ | <input type="checkbox"/> No tests/quizzes |
| <input type="checkbox"/> No homework | <input type="checkbox"/> No television/video games |
| <input type="checkbox"/> Limit reading | <input type="checkbox"/> Limit exposure to bright light |
| <input type="checkbox"/> Limit abstract concepts | <input type="checkbox"/> Allow auditory learning/processing |
| <input type="checkbox"/> Limit higher level concepts | <input type="checkbox"/> Limit computer _____ |
| <input type="checkbox"/> Extend assignment deadlines | <input type="checkbox"/> No computer or electronic devices {including cell phones, smart phones & tablets} |
| <input type="checkbox"/> Limit tests/quizzes _____ | |
| <input type="checkbox"/> Extended testing time _____ | |
| <input type="checkbox"/> Break projects into manageable portions | |

PHASE 3 ~ PARTIAL RETURN TO SCHOOL WITH LIMITATIONS

Until re-evaluated on: _____ Start date: _____ End date: _____

Student may attend periods 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___

- | | |
|---|---|
| <input type="checkbox"/> Limit homework - number of minutes {per day}:
0 ___ 30 ___ 60 ___ 90 ___ 120 ___ Other _____ | <input type="checkbox"/> Student may go to nurse if symptomatic |
| <input type="checkbox"/> Limit tests/quizzes _____ | <input type="checkbox"/> May leave class 5 minutes early |
| <input type="checkbox"/> Extended test time _____ | <input type="checkbox"/> No Band/Chorus/Orchestra |
| <input type="checkbox"/> Extend assignment deadlines | <input type="checkbox"/> No Physical Education |
| <input type="checkbox"/> Break projects into manageable portions | <input type="checkbox"/> Alternative transportation, no bus, no field trips |
| <input type="checkbox"/> Limit computer _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No television/video games, or electronic devices {including cell phones, smart phones & tablets} | |

PHASE 4 ~ RETURN TO FULL SCHOOL DAY WITH LIMITATIONS

Until re-evaluated on: _____ Start date: _____ End date: _____

- | | |
|--|--|
| <input type="checkbox"/> Limit homework - number of minutes {per day}:
0 ___ 30 ___ 60 ___ 90 ___ 120 ___ Other _____ | <input type="checkbox"/> Limit the use of electronic devices |
| <input type="checkbox"/> Limit tests/quizzes _____ | <input type="checkbox"/> No video games |
| <input type="checkbox"/> Extended test time _____ | <input type="checkbox"/> Limit television |
| <input type="checkbox"/> Limit computer _____ | <input type="checkbox"/> May leave class 5 minutes early |
| <input type="checkbox"/> Limit time in Band/Chorus/Orchestra | <input type="checkbox"/> No Physical Education |
| <input type="checkbox"/> Student may go to nurse if symptomatic | |
| <input type="checkbox"/> Other _____ | |

PHASE 5 ~ RETURN TO FULL SCHOOL DAY: NO ACADEMIC RESTRICTIONS

No physical education – book work only Commence return to play protocol

Physician's Signature

Stamp

Date