GUIDELINES FOR CONCUSSION MANAGEMENT

ABILENE INDEPENDENT SCHOOL DISTRICT

Adopted: September 1, 2011
Revised: January 24, 2013
Management of Concussions

I. Purpose:
It is the protocol of the Abilene Independent School District that all students/athletes will be in a safe environment and have their health-related needs addressed through assessment, intervention, health education, and evaluation.

The Abilene Independent School District has developed this protocol to educate coaches, school nurse, counselors, school personnel, parents, athletes and students about appropriate concussion management. This protocol outlines procedures for staff to follow in managing concussions and outlines school policy as it pertains to return to play issues following a concussion.

A safe return-to-play protocol is important for all students and athletics following any injury, but is essential after a concussion. The following protocol has been developed to ensure that concussed students and athletes are identified, treated, and referred appropriately. Consistent application of this protocol will ensure the athlete receives appropriate follow-up medical care and / or academic accommodations and ensures the athlete is fully recovered prior to returning to activity.

This protocol will be reviewed annually by AISD management team. Changes or modifications will be reviewed, and written notification will be provided to the athletic departmental staff, including coaches and other school personnel. The present document will provide information on compliance with Chapter 38. Sub Chapter D of the Texas Education Code (TEC).

All athletic department staff will be required to attend a bi-annual in-service meeting to review procedures for managing sports-related concussions.

II. Concussion Oversight Team (COT):
According to TEC Section 38:153”

The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.

Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student’s return to interscholastic athletics practice or competition following the force or impact believed to have caused the concussion.

AISD Concussion Management Team:
AISD School Physician: Dr. Rob Wiley
AISD Athletic Director: Jerry Gayden
Licensed Athletic Trainers: Billy Abbe
Annette Franco
Larry Smith
Wendy Svoboda
School Nurse: Linda Langston, RN
Physician: Dr. Chad Ezzell
Dr. Steven Brown
Dr. Alexander Landfield

Health Care Providers trained in Concussion Management:
Licensed Athletic Trainers
RN School Nurses

III. Definition:
Mild traumatic brain injury (MTBI), or concussion, is a common consequence of a blow or jolt, collision, falls, and other forms of contact that disrupts the function of the brain. An MTBI or concussion may be defined as a complex patho-physiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head or body. This disturbance of brain function is typically associated with normal structural neuro-imaging findings (i.e., CT scan, MRI). MTBI results in a constellation of physical, cognitive, emotional and/or sleep-related symptoms and may or may not involve a loss of consciousness (LOC). Duration of symptoms is highly variable and may last from several minutes to days, weeks, months, or even longer in some cases.

The physician’s/health care provider’s responsibilities in assessing a student with concussion include determining the need for emergency intervention and offering guidance about the student’s plan of care. Concussion may be complicated by cerebral edema related to the second impact syndrome, cumulative neuropsychological deficits, intracranial bleeding or the post concussion syndrome. The risk of complications is increased in athletes/students who prematurely return to play and in those with prolonged loss of consciousness or post-traumatic amnesia.

Recognition of Signs and Symptoms of a Concussion:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Feeling mentally “foggy”</td>
<td>Irritability</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Nausea</td>
<td>Feeling slowed down</td>
<td>Sadness</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Difficulty concentrating</td>
<td>More emotional</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Balance problems</td>
<td>Difficulty remembering plays</td>
<td>Nervousness</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Forgetful of recent information or conversations</td>
<td>Shows behavior or personality changes</td>
<td></td>
</tr>
<tr>
<td>Visual Problems/Double or fuzzy vision</td>
<td>Confused about recent events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>Answers questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness/Tingling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dazed or stunned</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Any student/athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed immediately from the competition or practice and be evaluated by a physician.

When evaluating an individual who has sustained a concussion, always keep in mind that three separate domains of brain function are being evaluated: Physical/Motor, Cognitive, and Behavioral/Emotional. These represent functions of widely different anatomical regions in the brain, although there are cross over/dual function in some areas. Evaluation should focus on each domain separately: never assume that if one domain is symptom free the others will also be without symptoms.

IV. UIL Approved Form

1. Before any student plays in interscholastic competition, the student and the student’s parents must sign a UI-approved form that explains concussions, their symptoms and treatment, and safety guidelines for returning to competition following a concussion. (Texas Educ. Code 38.155)

V. Management and Referral Guidelines for All Staff:

Response to Suspected Concussion

According to TEC section 38.156, a student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

1) a coach;
2) a physician;
3) a licensed health care professional; or
4) the student’s parent or guardian or another person with legal authority to make medical decisions for the student.

Return to Activity/Play Following Concussion

1. Do not allow any player with a suspected concussion to return to the game.
2. The following situations indicate a medical emergency and require activation of Emergency Medical System:
   a. Any student/athlete with a witnessed loss of consciousness (LOC) of any duration should be boarded and transported immediately to nearest emergency department via emergency vehicle.
   b. Any student/athlete who has symptoms of a concussion and who is not stable (i.e., condition is worsening) is to be transported immediately to the nearest emergency department via emergency vehicle.
A student/athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize familiar people or places
- Becomes increasingly confused, restless, or agitated
- Loses consciousness (a brief loss of consciousness should be taken seriously)

3. A student/athlete who is symptomatic but stable (not worsening), may be transported by his/her parents. The parents should be advised to contact the student/athlete’s primary care physician or seek care at the nearest emergency room on the day of the injury.

VI. Protocol for Coaches to follow if a student/athlete demonstrates signs or symptoms consistent with concussion:

A. Recognize concussion
   1. All coaches should become familiar with the signs and symptoms of concussion.
   2. Bi-annual training will occur for coaches of every sport.

B. Remove from activity: When in doubt, sit them out!

   1. Any student/athlete who exhibits signs, symptoms, or behavior consistent with a concussion (such as LOC, headache, dizziness, confusion, or balance problems) must be removed immediately from the competition or practice and not allowed to return to play.
   2. The parent or guardian of the student/athlete will be notified and provided information about the possible concussion. Depending on the extent of the injury, an emergency vehicle or the parent(s) will transport the athlete from the event. In the event that a student/athlete’s parents cannot be reached, and the student/athlete is able to be sent home (rather than transported directly to a medical facility):
      * The coach/school personnel should ensure that the student/athlete will be with a responsible adult, who is capable of monitoring the student/athlete and understanding the home care instructions, before allowing the student/athlete to leave.
      * Student/athlete with a head injury should never be allowed to drive home.
      * If at an out-of-town competition, the coach/school personnel should
seek assistance from the host site athletic trainer or team physician.
* If there is any question about the student/athlete being monitored appropriately, a coach or designated adult should accompany the athlete and remain with the student/athlete until a parent arrives.

3. If it is determined that a concussion has occurred, the student/athlete shall not be allowed to return to participation that day regardless of how quick the signs and symptoms of the concussion resolve. Student/athlete will be required to complete the following requirements:
   a. Initial evaluation by a physician for confirmation of concussion.
   b. Cognitive and physical rests are required until student/athlete is 24 hours symptom-free of a concussion.
   c. Student/Athlete is re-evaluated by physician for medical clearance.
   d. If medical clearance is received, then Student/Athlete may begin the “return-to-play” protocol.
   e. A coach of an interscholastic athletics team may not authorize a student’s/athlete’s return-to-play protocol.
   f. If diagnosis of a concussion is not given on the initial physician visit, then student/athletic will be allowed to resume activities if student is asymptomatic.

**CONCUSSION PROTOCOL**

1. Injury occurred.
2. Initial medical evaluation by physician is done for confirmation of a concussion.
3. If concussion is diagnosed by physician, then cognitive and physical rests. Cognitive rest may include staying home from school or limiting school hours (and studying) for several days depending on the severity of the concussion. Activities requiring concentration and attention may worsen symptoms and delay recovery. Physical rest will include no physical exertion until student/athlete is 24 hours symptom-free of a concussion. Cognitive and physical rest will be monitored by the athletic trainers and school nurses.
4. Student/athlete is 24 hours symptom-free of a concussion.
5. Medical Evaluation by physician for clearance to begin the “return-to-play” protocol.
6. Begin the “return-to-play protocol” when medical clearance is given.

**Return-to-Play Protocol**

   Level 1 - Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.
   Level 2 – Moderate aerobic exercise-15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
   Level 3 – Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
   Level 4 – Full contact practice or training.
   Level 5 – Full return to play.

- Progression is individualized, and will be determined on a case by case basis.
- Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms: age of the student/athlete, and sport/activity in which the student/athlete participates.
- A student/athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be
progressed more slowly.

- Student/athlete must remain asymptomatic to progress to the next level.
- Student/athlete should not be allowed to progress more than one level per day.
- If concussion symptoms recur, student/athlete must return to previous asymptomatic level and try to progress after a 24 hour asymptomatic period of rest has passed.
C. Return-to-Play Progression:
   1. All concussions are to be reported to the Director of Health Services by the high school athletic trainer or school nurses.
   2. The information reported via e-mail will include the following:
      - Date of concussion
      - School
      - Sport
      - Event
      - Gender
      - Date of initial physician visit
      - Date completed concussion protocol
      - Date return to play is initiated
      - Date of medical clearance received
      - Date student/athlete returned to full contact play

VI. Follow-up Care of the Student/Athlete during the School Day
A. Responsibilities of the Concussion Management Team after notification of student/athlete’s concussion:
   1. The student/athlete will be instructed to report to the athletic trainer or school nurse upon his or her return to school.

B. Responsibilities of the school nurse:
   - Follow Concussion Protocol and evaluate the student/athlete using the “post-concussion symptom checklist” form.
   - Provide an individualized health care plan based on both the student’s/athlete’s current condition and initial injury information provided by the parent.
   - Notify the student’s/athlete’s counselor and teachers of the injury immediately. The parents should be advised to contact the school counselor if learning problems seem to develop during the healing phase of the concussion.
   - Notify the student/athlete’s P.E. teacher immediately that the student/athlete is restricted from all physical activity until student/athlete is evaluated by a physician, is asymptomatic for 24 hours prior to initiating the return-to-play and remain asymptomatic through the return-to-play protocol.
   - Monitor the student/athlete on a regular basis throughout the school day.
   - Middle school nurses will be responsible to monitor the progression of the Return-to-Play Protocol when student/athlete has received medical clearance. Student athlete shall be symptom free for 24 hours prior to initiating the return-to-play progression. Progression continues at 24 hour intervals as long as the student athlete is symptom-free at each level. If the student/athlete experiences any post-concussion symptoms during the return-to-play progression, activity is discontinued until symptom free for 24 hours.
   - If the student/athlete’s symptoms are expected to last 45 days or longer and there is a need for ongoing support, notify the Director of Health Services.
C. **Responsibilities of the student's counselor:**

1. Monitor the student/athlete closely and recommend appropriate academic accommodations for student/athlete who are exhibiting symptoms of concussion.
2. Communicate with school nurse or athletic trainer on a regular basis to provide the most effective care for the student/athlete.
3. Supporting a student/athlete recovering from a concussion requires a collaborative approach among school professionals, health care professionals, parents and students. Not only can they help ease the transition and make accommodations for a student/athlete if needed, they can also keep an eye out for problems like inability to pay attention, remembering, or learning new information; inappropriate or impulsive behavior during class; or other concussion symptoms such as fatigue or headaches.
4. Students/athletes who return to school after a concussion may need to:
   - take frequent rest breaks
   - be given more time to take tests or complete assignments
   - receive help with school work
   - spend less time on the computer
What is a concussion? A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

**Signs & Symptoms**
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall

**Symptoms Reported by Athlete**
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Is unsure of game, score, or opponent
- Moves clumsily
- Is unsure of game, score, or opponent
- Forgets an instruction
- Balance problems or dizziness
- Is unsure of game, score, or opponent
- Is unsure of game, score, or opponent

Your son/daughter has demonstrated and/or reported the signs or symptoms consistent with concussion. The following plan has been implemented, as per UIL requirements, as well as, compliance with Chapter 38, Sub chapter D of the Texas Education code, for concussion management in student-athletes participating in activities under the jurisdiction of the UIL.

1. The student/athlete shall be immediately removed from the game or practice (to include any weight training or conditioning sessions.)
2. The parent or guardian of the student/athlete will be notified and provided information about the possible concussion.
3. Student/athlete must be evaluated by a physician for confirmation of concussion.
4. If a diagnosis of a concussion is made, the student/athlete **shall not** be allowed to return-to-play participation that day regardless of how quick the signs and symptoms of the concussive resolve and shall be kept from activity until the following requirements have been met:
   - Must have cognitive and physical rest. Cognitive rest may include staying home from school or limiting school hours (and studying) for several days depending on the severity of the concussion. Activities requiring concentration and attention may worsen symptoms and delay recovery.
   - Physical rest will include no physical exertion until student/athlete is 24 hours symptom-free of a concussion. Cognitive and physical rest will be monitored by the athletic trainers and school nurses.
   - Student must be symptom-free of concussion for 24 hours before they may begin the return-to-play protocol.
   - A coach of an interscholastic athletics team may not authorize a student/athlete’s return-to-play.
5. Student/Athlete is re-evaluated by physician for medical clearance. When signed medical clearance is received, then student/athlete may begin “return-to-play” protocol.

**Return-to-Play Progression Protocol**
Supervised progression of activities, based on standardized protocol, following compliance with the above information. Progression will be initiated by the AISD Certified Athletic Trainers/school nurses. All steps of the progression will be documented.

- Student/athlete shall be symptom free for 24 hours prior to initiating the return to play progression.
- Progress continues at 24-hour intervals as long as student/athlete is symptom free at each level.
- If the student/athlete experiences any post-concussion symptoms during the return-to-play progression, activity is discontinued and student must be cognitive and physical symptom free for 24 hours before protocol is begun again.

**Level 1:** Light aerobic exercise-5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

**Level 2:** Moderate aerobic exercise-15 to 20 minutes of running at moderate intensity in the gym or on the field with a helmet or other equipment.

**Level 3:** Non-contact training drills in full uniform. May begin weight lifting, resistance training, or other exercises.

**Level 4:** Full contact practice or training.

**Level 5:** Full return to play
**Abilene Independent School District/ Concussion Management Protocol**  
*Return to Play Documentation*

<table>
<thead>
<tr>
<th>Student’s name:</th>
</tr>
</thead>
</table>
Coach: | Sport: |  
Parent/Guardian: |  
Phone Number: |  
Date of Injury: |  
School Counselor: |  
Cause of Injury: |  

<table>
<thead>
<tr>
<th>At the time of a <strong>Suspected</strong></th>
<th>The student/athlete is removed from participation. (athletics, PE class, weight training, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concussion:</td>
<td>Coach/Athletic Trainer/School Nurse contacted the parent/guardian.</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Athlete must be evaluated by a physician.</td>
<td>Parent/Guardian received concussion information sheet.</td>
</tr>
<tr>
<td>Follow</td>
<td>Athletic trainer/school nurse informs the Director of Health Services via e-mail.</td>
</tr>
<tr>
<td>Concussion:</td>
<td>Athletic trainer/school nurse will follow-up with parent to:</td>
</tr>
<tr>
<td>Check on student/athlete’s status, review steps of <strong>concussion protocol</strong> and <strong>return-to-play protocol</strong>.</td>
<td></td>
</tr>
<tr>
<td>Athletic trainer/school nurse administered symptoms check list to the student/athlete, (record date) date</td>
<td></td>
</tr>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>Score______________</td>
</tr>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>Score______________</td>
</tr>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>Score______________</td>
</tr>
</tbody>
</table>

**NOTE:** If the symptoms are present for more than 45 days, please contact Director of Health Services.

<table>
<thead>
<tr>
<th>If Student is Experiencing Symptoms:</th>
<th>Athletic trainer/school nurse monitored <strong>concussion protocol</strong> graduated steps and accommodation as noted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Counselor notified.</td>
<td>Email sent to teachers.</td>
</tr>
<tr>
<td>* Accommodations sent to the teachers.</td>
<td>Continue to monitor symptom checklist-record below</td>
</tr>
<tr>
<td></td>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em> Score______________</td>
</tr>
<tr>
<td></td>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em> Score______________</td>
</tr>
<tr>
<td></td>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em> Score______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When student/athlete is symptom-free for 24 hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em> When student/athlete is 24 hours symptom free</td>
</tr>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em> Impact Re-evaluation test is performed.</td>
</tr>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em> Medical Evaluation by physician for clearance to begin the “<strong>return-to-play</strong>” protocol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When student/athlete is symptom-free for 24 hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom free for:</strong></td>
</tr>
<tr>
<td><strong>24 hours:</strong></td>
</tr>
<tr>
<td>Level 1-Light aerobic activity</td>
</tr>
<tr>
<td>Date_______/<em><strong><strong><strong>/</strong></strong></strong></em></td>
</tr>
<tr>
<td>Level 4-Full Contact Practice</td>
</tr>
<tr>
<td>Level 5- Full Return-to-Play</td>
</tr>
</tbody>
</table>

| 11 |
Abilene Independent School District

To be on-file with all required UIL documentation.

Return to Play Activity Documentation

<table>
<thead>
<tr>
<th>Student’s name: _____________________________</th>
<th>Grade: _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach: ___________________________</td>
<td>Sport: ___________________________</td>
</tr>
<tr>
<td>Parent/Guardian: ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Phone Number: ___________________________</td>
<td>Cause of Injury: ___________________________</td>
</tr>
<tr>
<td>Date of Injury: __________ / __________ / __________</td>
<td>Date of Initial Medical Evaluation: __________ / __________ / __________</td>
</tr>
<tr>
<td>Date of Medical Clearance for Student/Athlete to “return to play” Received: ___________________________</td>
<td>Physician: ___________________________</td>
</tr>
</tbody>
</table>


Concussion Management Protocol
Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)  
School Name (Please Print)

Designated school district official verifies:

☐ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.

☐ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.

☐ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature
Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

☐ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.

☐ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.

☐ Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.

☐ Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature
Date

Parent/Responsible Decision-Maker Name (Please Print)
### POST-CONCUSSION PROTOCOL SYMPTOM CHECKLIST

Name____________________ Date ______/_____/______/

Instructions: For each item please indicate how much the symptom has bothered you over the last 24 hours.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Visual Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Numbness/tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pain other than Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling Mentally Fogy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Slowed Down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Remembering</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleep</td>
<td></td>
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<td></td>
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<tr>
<td>Drowsiness</td>
<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping Less than Usual</td>
<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping More than Usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble Falling Asleep</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Emotional</td>
<td></td>
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<td></td>
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<tr>
<td>Irritability</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
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<td>3</td>
</tr>
<tr>
<td>Nervousness</td>
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<td>3</td>
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<tr>
<td>Feeling More Emotional</td>
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<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Exertion:** Do these symptoms worsen with:

Physical Activity: _____Yes _____No _____Not Applicable

Thinking/Cognitive Activity: _____Yes _____No _____Not Applicable

**Overall Rating:** How different is the person acting compared to his/her usual self?

Same as Usual 0 1 2 3 4 5 6 Very Different

Activity Level: Over the past two days, compared to what I would typically do, my level of activity has been_________% of what it would be normally.

MILD TBI/CONCUSSION LEARNING ACCOMMODATION PROTOCOL

Student Name____________________________________Date of Evaluation_____________________

As you know, the student named above has recently suffered a concussion and may have the following symptoms from the injury: headaches, nausea, fatigue, visual problems, balance problems, sensitivity to light or noise, dizziness, feeling mentally foggy, problems concentrating or remembering, irritability, sadness, nervousness, drowsiness and feeling easily overwhelmed. The signs and symptoms of a concussion can persist for days to weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. We ask you to please make the following accommodations to aid in the recovery process.

GENERAL RECOMMENDATIONS

___  No school until specified, to be reviewed on ________________________________

___  Abbreviated daily class schedule (every other day, shortened day).

___  No physical education classes (including weight training, aerobics, yoga).

___  Consider reducing make-up work.

___  No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared.

RECOMMENDATIONS FOR COGNITIVE ISSUES

___  Provide extended time to complete assignments and/or shortened assignments.

___  Provide extended time to take tests in quiet environment.

___  Provide a quiet environment to take tests.

___  Provide written instructions for homework

___  Provide class notes by teacher or peer.

___  Allow utilization of notes for test taking due to memory issues.

___  Consider using tape recorder for note taking.

RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES

___  Allow time to visit school nurse for treatment of headaches or other symptoms, if needed.

___  Allow rest breaks during the day, if needed.

___  Allow “hall passing time” before or after the crowds have cleared the hallways

___  Allow student to wear sunglasses indoors to control for light sensitivity.

___  Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity.

RECOMMENDATIONS FOR EMOTIONAL ISSUES

___  Share progress and difficulties with parents, school nurse, counselor, physician, and athletic trainer.

___  Develop an emotional support plan for the student, this may include an adult with whom he/she can talk if feeling overwhelmed.

If student/athlete’s symptoms require ongoing accommodations, contact Bud Turnage, AISD 504 coordinator, to determine if a 504 plan would be beneficial for the student.

ABILENE INDEPENDENT SCHOOL DISTRICT

Dr. Burns, Superintendent of Schools

Date

Dr. Rob Wiley, School Physician

Date

Jerry Gayden, Athletic Director

Date

Abilene Independent School District
September 2011