Acton Public Schools/ Acton-Boxborough Regional School District

Head Injury Recovery Plan and Accommodations

Patient Name:		Date:	
The above patient was eva	aluated after sustaining a head injury on		
The following document s	summarizes our academic recovery plan a	and accommodations.	
a head injury will need time concentration and memory.	NS: Although there is significant variability if for their brains to recover. It is not unusual to These symptoms resolve over time. However term impact. Getting more rest than usual, naize symptom severity.	experience headaches and difficulties with the contract of the	n attention, levels too quickly
	DATIONS : The symptoms associated with he can provoke symptoms. Therefore, the follows:		
School Re-entry/Attendance	<u>e:</u>		
Full days as tolerated	partial day, may advance as tolerated		
No school until	, then attempt half/full days as tolerated		
Highly demanding activities	recovering from head injury often demonstra such as testing may exacerbate other sympton		processing speed.
Extra time to complete to Testing in a quiet environ			
Schedule no more than o			
	•		
	ons: udent extended time to turn in assignments. ed to rest, and therefore may need a modified		r symptoms
	elop a systematic plan for balancing the "mak ty provoking and needs to be undertaken ove		process of making
	ent to obtain class notes or outlines ahead of student photocopied notes from another stud		asking demands. If
	needed. For example, if headache worsens do e symptoms, he/she may need to go to the nur equired.		
management of sport-related proceed in a step-wise fashio 1. Complete rest, no sport-rel determined by a physician 2 Light aerobic activity such 3. Sport specific aerobic acti	ated activity until completely recovered from experienced in the management of sport-rela as walking or stationary bicycle riding. vity such as running, ice skating, swimming as and gradually progressive resistance training	e gradual, should be monitored by a physicial concussion symptoms. The length of the ded concussion. Or cycling.	an, and should
Restrictions No gym cla	Restricted gym class as follows		_
Follow-up evaluation and	revision of recommendations to occur		
DI CONTRACTOR OF THE PROPERTY			
Physician Name	Physician	Signature	Date