

Educator Guide



Purpose of the checklist

- Track a student's recovery following a concussion.
- Guide the return to full academic participation.
- Simplify communication between educators, healthcare providers and families.
- Ensure accommodations are in place as needed during recovery.

Role educators play

- Monitor daily functioning, concentration and fatigue.
- Adjust workload and expectations based on observed recovery.
- Collaborate with families and healthcare providers.
- Use this checklist as a shared tool for communication and planning.
- If there are any immediate concerns at school, follow the normal emergency response protocol and call for emergency assistance.
- If symptoms reappear from the checklist, inform the principal and contact the family to share your concerns. Recommend that the family seek medical attention or follow up with their healthcare provider.

Tips for effective use

- Keep a copy in the student's confidential file.
- Revisit and update the symptoms timeline as needed.
- Communicate clearly with parents/guardians and students about expectations and progress.
- Maintain flexibility, recovery is not always linear.

Step-by-Step Checklist Walkthrough

1. Student Information

- Gather the demographic details as shown on the checklist.
- Record the date of the concussion.
- This foundational information helps tailor support to the individual need of the student.

2. Protocol, Care and Resource Inquiry

- Refer to your school's concussion protocol, if available. If not, follow the return-to-school strategy in Appendix A.
- Gather information about the student's healthcare provider to streamline communication.
- Determine whether accommodations have been prescribed by the health care provider. If not, implement them as needed based on the student's progress.

3. Monitoring Symptoms

- Keep an eye out for returning or worsening symptoms during any task.
 - Headaches, dizziness, sensitivity to light or sound, fatigue, nausea, trouble concentrating or sleep disturbances in class.
- Use the notes section below to document any additional symptoms.
 - Keep in mind – *having some mild symptoms while completing tasks may be expected. If symptoms return, worsen or are new, the student should be referred to their healthcare provider for reassessment.*

4. Symptom Timeline Assessment

- Track the student's symptoms over time in this section.
- Record your observations and symptoms reported by the student or their family.
 - **Check-ins** – Day 1, Day 5, Week 2 and 1 month. You can do more frequent check-ins if they are needed.

5. Accommodations Used in Class

- Use this section to track the support the students received. While these tools are temporary, they are crucial in helping the student successfully reintegrate back to school.
- Examples:
 - Reduced workload or chunked tasks.
 - Breaks during and between tasks.
 - Preferential seating (i.e. at the front of the class to aid concentration).
 - Extra time on assignments or tests.
 - Quiet room for testing.
 - Reduced lighting and permission to wear a hat or sunglasses.
 - Other customizable and necessary accommodations.

School Approval

- The principal will sign to acknowledge that the accommodations checklist has been completed to the best of their abilities. The checklist will then be sent home to the family to streamline communication with parents/guardians and the healthcare provider.

6. Parents/Guardians

- Send the checklist back home to the parents.
- Parents and guardians can confirm the readiness of their child by monitoring their behaviour at home, including:
 - Homework performance,
 - Sleep patterns,
 - Mood and social interactions,
 - Reactions to screen use and physical activity,
- Parents sign once they are confident their child is ready to resume full academics.
- They then schedule an appointment with their healthcare provider.

7. Healthcare Provider

- The healthcare provider will review the students' progress, add notes or recommendations and determine readiness.
- They will confirm whether the student is medically cleared for full return or if they require continued academic support.
- The healthcare provider's signature confirms the medical clearance.

You are a Collaborator

Concussion management is a team effort. Your role as an educator is essential in identifying, documenting and supporting students through their recovery.

- Stay alert, stay informed and stay connected to the student's team.
- A safe return to learning is just as important as a safe return to play.
- Your care, patience and awareness ensure students recover fully and feel supported every step of the way.

Reach Out!

For further clarification, guidance or questions regarding this checklist, please contact us:

- Northeastern Public Health: healthandwell-being@neph.ca
- The Seizure and Brain Injury Centre: info@sabic.ca

Return to School Safety Checklist: Post-Concussion

This checklist was developed to ensure careful planning for a safe and successful recovery after a concussion. This checklist should be used to evaluate progress and coordinate care amongst educators, parents and healthcare providers to manage student symptoms and provide necessary support.

Student Information

Name: _____ Age: _____
Grade: _____ School: _____
Date of concussion: _____

School Concussion Protocol
 YES NO

Have you seen a healthcare provider?
 YES NO

Accommodations upon return?
 YES NO
If yes, specify which accommodations were prescribed by the health care provider:

Referrals and Community Resources?
 YES NO
If yes, who:

Monitoring of Symptoms (relapse)

Headache Fatigue Sleep disturbances
 Dizziness Nausea Other:
 Sensitivity to light/sound Trouble concentrating

*If symptoms return, worsen or are new, the student should be referred to their health care provider for reassessment. *

Symptom Timeline Assessment

Did the student report symptoms on:

Day 1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Additional Notes:
Day 5	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
2 weeks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
1 month	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	

Accommodations Used in class

Reduced workload – breaking down tasks/work into manageable chunks. YES NO N/A

Allow increased breaks throughout the day and in-between tasks. YES NO N/A

Offer preferential seating in the classroom – to monitor attention and energy levels. YES NO N/A

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Provide extra time for assignments and tests. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| Provide a quiet room for testing to minimize distraction. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| Wear sunglasses or sit in a place with reduced lighting. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |

Other accommodations tried – additional notes:

By signing below, you acknowledge that the accommodations checklist has been completed to the best of your abilities.

Principal signature: _____

Parents/Guardians

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| My child can complete homework without a return or worsening of symptoms. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| My child can focus on reading or writing for gradually longer periods of time without needing extended breaks. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| My child is sleeping through the night, wakes up rested and seems to have stable energy levels throughout the day. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| My child’s mood has returned to baseline and is interacting well with family and friends. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| My child can tolerate screens without triggering symptoms. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| Light physical activity no longer worsens symptoms, my child is coordinated, steady and not easily tired. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |

Additional notes:

By signing below, you confirm that you have reviewed your child’s progress at home, and based on their current condition, you believe they are ready to return to full academic and physical activities.

Parents/Guardian signature: _____

Healthcare Provider

Notes and Recommendations:

- | | |
|--|--|
| <input type="checkbox"/> Medically cleared for full return | <input type="checkbox"/> Requires continued academic support |
|--|--|

Healthcare providers signature: _____