

Dear Medical Provider for: _____

Thank you for seeing this student regarding his/her recent concussion and recovery. In order to help us work with you in managing this student's recovery in school, please indicate below which phase of recovery you think this student is in. Below are the zone concepts that we use to identify a student's progress and what educational activities they should/should not be permitted to do. Please indicate which recovery zone is most appropriate for this student at this time. We will resend this form with each follow-up appointment we are aware of. Thank you very much for your time.

Goal: Decrease educational time lost due to injury by adapting methods of learning
 Foundation Care Rules:

Date of evaluation: _____

1. Allow the Student to carry a water bottle and snacks throughout the school day.
2. Monitor for return of symptoms when doing activities that require a lot of attention or concentration.
3. Allow the Student to take rest breaks throughout the school day (as needed) for symptom exacerbation.

The below progression has the potential to take only days, a few weeks or longer dependent upon severity of injury and level of impairment.

Zone	Definition	Instructional Modifications	Details
1	No School	Not attending school Learning spectrum = Falling behind	Are there any additional modification you would like to further specify for this zone? Please list any below:
2	Limited School Day • Limited Physical Class Attendance	*Class attendance limited *Clear Desk – auditory learning ONLY; no device *No tests/quizzes *Peer notes/worksheets for use at a later date *No homework *Rest breaks in Health Room up to 20 minutes *Periodic rest breaks from active classroom participation (head on desk/close eyes) *Allow Student to progress their classroom participation as tolerated Learning spectrum = Falling behind	No PE class; no additional assignments. Foreign language/fine arts/performing arts classes may require a slower progression due to multi-level processing demands. Are there any additional modification you would like to further specify for this zone? Please list any below:
3	Student attends full day of school Limited class time with possible partial mental class attendance	*Classroom participation as tolerated *Clear desk or desktop learning as needed; device usage as tolerated *Classwork as tolerated *Student may need periods of mental and/or physical rest within the classroom (head on desk/close eyes) *Extra time on classwork, assignments, homework *Emphasis on formative rather than summative assessments *Develop and maintain a schedule for completing assignments Learning spectrum = Maintaining	No PE class; no additional assignments. Foreign language/fine arts/performing arts classes may require a slower progression due to multi-level processing demands. Are there any additional modification you would like to further specify for this zone? Please list any below:
4	Full class attendance (both mental and physical) with instructional modifications	*Student attends full class *Instructional modifications to be determined by the Educator, as appropriate for each individual Student's needs *Increasing amounts of classwork/testing *Actively working on completing assignments as tolerated Learning spectrum = Maintaining	No PE class; no additional assignments. Foreign language/fine arts/performing arts classes may require a slower progression due to multi-level processing demands. Are there any additional modification you would like to further specify for this zone? Please list any below:
5	Full class without instructional modifications. Student still may be unable to participate in PE class. Learning spectrum = Make up work/On Pace		
Post	Follow up in 1 to 3 weeks post return to unrestricted activity to determine that the student has truly returned to their pre-injury level of academic performance and success.		