



Return to Learn Concussion/Brain Injury

Student Name: **OEN:**
Date:
Date of Injury: **Date of Doctor's Visit:**
Date of Next Doctor's Visit: **Review by:**

This student has been diagnosed with a concussion/brain injury by a medical doctor. The following accommodations are in place for the student where applicable as indicated below. The student will be monitored on an ongoing basis by the Principal. Please contact **Principal/Designate Name** if you have any questions.

Accommodations

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
<input type="checkbox"/> Buddy/peer tutoring <input type="checkbox"/> Note taking assistance <input type="checkbox"/> Duplicated notes <input type="checkbox"/> Organization coaching <input type="checkbox"/> Time management aids <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Visual cueing <input type="checkbox"/> Reduced/uncluttered format <input type="checkbox"/> Repetition of information <input type="checkbox"/> Rewording/rephrasing <input type="checkbox"/> Extra time for processing <input type="checkbox"/> Taped texts <input type="checkbox"/> Computer options	<input type="checkbox"/> Alternative work space <input type="checkbox"/> Strategic seating <input type="checkbox"/> Proximity to instructor <input type="checkbox"/> Reduction of audio/visual stimuli <input type="checkbox"/> Study carrel <input type="checkbox"/> Minimizing background noise <input type="checkbox"/> Quiet setting <input type="checkbox"/> Use of headphones <input type="checkbox"/> Special lighting (low intensity is usually preferred)	<input type="checkbox"/> Extended time limits <input type="checkbox"/> Verbatim scribing <input type="checkbox"/> Oral responses, including audio tapes <input type="checkbox"/> More frequent breaks <input type="checkbox"/> Prompts to return student's attention to task <input type="checkbox"/> Reduced uncluttered format <input type="checkbox"/> Extra time for processing <input type="checkbox"/> Reduction in the number of tasks used to assess a concept or skill <input type="checkbox"/> Computer options

Intervention Supports

<input type="checkbox"/> Providing class assistance <input type="checkbox"/> Providing extra help <input type="checkbox"/> Involving parent/guardian <input type="checkbox"/> Counseling in school <input type="checkbox"/> Withdrawal support	<input type="checkbox"/> TDSB Social Worker <input type="checkbox"/> Daily tracking sheet <input type="checkbox"/> Referral to school support team <input type="checkbox"/> Focus on Success
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Adapted from Ontario Ministry of Education, The Individual Education Plan (IEP) A Resource Guide 2004 and in consultation with Dr. Charles Tator founder of Think First Canada.

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<input type="checkbox"/> Vice Principal <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Guidance <input type="checkbox"/> ISST <input type="checkbox"/> Special Education/MART <input type="checkbox"/> Special Education Consultant <input type="checkbox"/> Social Worker	<input type="checkbox"/> Focus on Success <input type="checkbox"/> Itinerant Teacher(s) <input type="checkbox"/> Health and Physical Education Department (CL/ACL/Chair) <input type="checkbox"/> TDSSAA/TDESAA Representative <input type="checkbox"/> Parent/Guardian/Caregiver <input type="checkbox"/> OSR
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Principal's Signature :