



District 117 - Antioch Community High School

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CONCUSSION ACCOMMODATIONS

Student Name: _____

Date of Evaluation: _____

The student named above may have suffered a concussion and medical evaluation has been recommended. He/she is not permitted to participate in PE or sports activities until formally cleared by a physician (MD/DO). He/she may also need modification in the classroom during the healing process.

<u>PE/Sports:</u>	<input type="checkbox"/> No PE/Sports <input type="checkbox"/> May walk only <input type="checkbox"/> May perform warm-ups/stretching <input type="checkbox"/> May run/perform cardio activities <input type="checkbox"/> Full participation
<u>Testing:</u>	<input type="checkbox"/> Extra time to complete tests <input type="checkbox"/> Testing in a quiet environment <input type="checkbox"/> Allow testing across multiple sessions <input type="checkbox"/> Reduce length of tests <input type="checkbox"/> No significant classroom or standardized testing
<u>Note taking:</u>	<input type="checkbox"/> Allow student to obtain class notes or outlines ahead of time to aid organization and reduce multi-tasking demands. If this is not possible, allow the student to have photocopied notes from another student.
<u>Workload:</u>	<input type="checkbox"/> Reduce overall amount of make-up work, class work, and homework (50-75% recommended, may vary by class). <input type="checkbox"/> Shorten tests and projects
<u>Breaks:</u>	<input type="checkbox"/> Take breaks as needed to control symptom levels
<u>Extra time:</u>	<input type="checkbox"/> Allow student to turn in assignments late
<u>Attendance:</u>	<input type="checkbox"/> Full days as tolerated <input type="checkbox"/> Half-days as tolerated <input type="checkbox"/> Initiate homebound tutoring <input type="checkbox"/> No school until _____, then attempt half/full days as tolerated

Follow-up evaluation and revision of recommendations will occur: _____ (date)

Athletes must receive separate MD/DO clearance at time of return to play (RTP) progression

Student does not have a concussion Student is cleared of concussion (required for RTP or PE)

Student is cleared to RTL Student is cleared to RTP through RTP Progression
 (applies to athletes only)

Notes: _____

Physician signature: _____ MD/DO

***Per IHSA must be MD/DO Signature**