School Re-Entry Following TBI

_________________________________________ is safe to return to school following a TBI on (date) __________. The following accommodations are recommended by physician (check all that apply).

**Academic Accommodations:**

- [ ] Shorter assignments
- [ ] Break down tasks
- [ ] Repetition
- [ ] Written instructions
- [ ] Use of calculator
- [ ] Shorter reading passages
- [ ] Smaller chunks to learn
- [ ] Recognition cues
- [ ] Extended time
- [ ] Slow down verbal information
- [ ] Comprehension checking
- [ ] Rest breaks during classes, homework and tests
- [ ] Rest breaks
- [ ] Wear sunglasses
- [ ] Seating away from bright sunlight or other light
- [ ] Avoid noisy crowded environments such as lunchroom, assemblies, hallways
- [ ] Elevator pass
- [ ] Class transition before bell
- [ ] Later start time
- [ ] Shortened day
- [ ] Workload reduction
- [ ] Alternate forms of testing
- [ ] Time built in for socialization
- [ ] Reduce cognitive or physical demands below symptom threshold
- [ ] Complete workload in small increments until threshold increases
- [ ] Other: ________________________________

**Sports & Physical Activity:**

- [ ] Do not return to PE class at this time
- [ ] Return to PE class
- [ ] Do not return to sports practices/games at this time
- [ ] Do return to sports practices/games at this time
- [ ] Gradual return. Please explain in detail: __________________________________________

Physician’s Name (Printed)  

Physician’s Signature  

Date