



CONCUSSION STAGING FORM RETURN-TO-LEARN/RETURN-TO-PLAY

Student Name: _____ Date of Birth: _____
(Last, First, Middle Initial)

Grade Level: _____ Date of Injury: _____ Date of Evaluation: _____

Return-to-Learn/Play Information

Completed by medical provider treating the student listed above. One box must be checked.

- Stage 1 – Student may not attend school at this time.** Student may not attend school to allow the brain and body to rest. Student should avoid activities that worsen symptoms. These activities include but are not limited to homework assignments, reading projects and physical activity. Continue to limit at-home activities such as computer use, television, texting, and loud music in an effort to promote healing.
- Stage 2 – Partial academic schedule and accommodations.** Student may attend school with an adjusted class schedule. Focus should be on core subjects and/or those which do not worsen symptoms. Homework, computer use, television, texting, and reading should be limited during this time. No physical activity-including recess, P.E., and participation in athletics.
- Stage 3 - Full academic schedule and accommodations.** Student may resume normal class schedule. Depending on current symptoms, some academic accommodations may be needed. Prioritize tests and homework assignments. Student may participate in music classes. Student should report any activities that worsen symptoms. Continue to avoid physical activity-including recess, P.E., and participation in athletics.
- Stage 4 – Normal classroom.** Student may resume normal class schedule and participate in classroom activities. Continue to avoid physical activity including recess, P.E. and participation in athletics. Academic support and/or classroom teachers will initiate an academic plan for student to complete missed assignments and tests.

For student athletes participating in interscholastic activities: Once normal classroom participation has resumed and all concussion symptoms have resolved, the student’s physician should initiate the Graduated Return-to-Play protocol (stage 5) by signing the Return-to-Play Consent Form (Exhibit 7.305-AP2.E2).

- Stage 5 – Graduated return to play.** Student is able to tolerate a full class schedule along with academic assignments with no concussion related symptoms present. Return-to-Play protocol can be initiated.

Medical Provider Consent

I certify that I am the student’s treating provider and have evaluated the student listed above using established medical protocols based on peer-reviewed scientific evidence consistent with the Center for Disease Control and Prevention guidelines. In my professional judgement it is safe for the student to return-to-learn and return-to-play as indicated above.

Provider Name and Title (printed)

Provider Signature

Date

