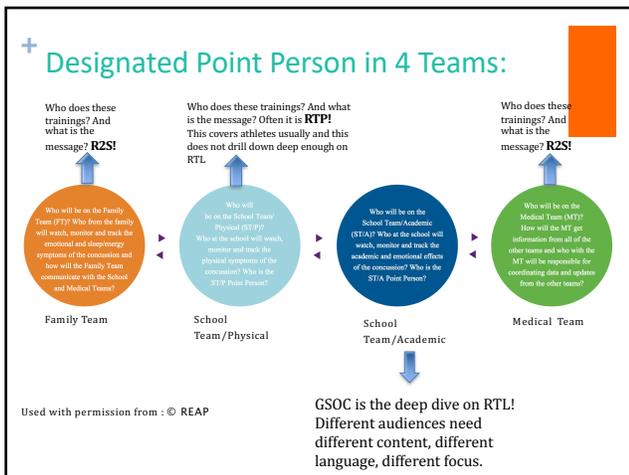
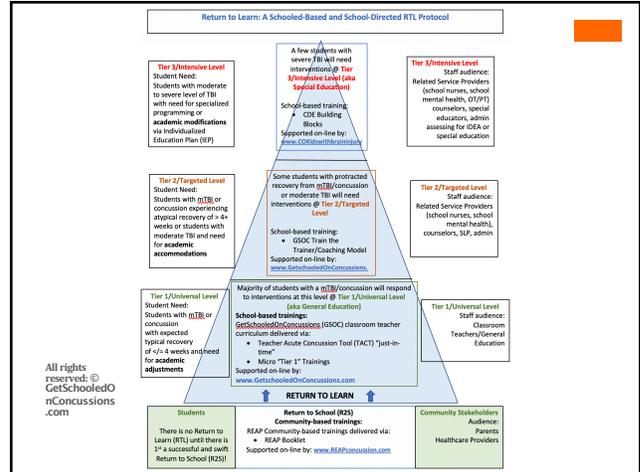


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Karen McAvoy, PsyD

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Return to School vs. Return to Learn

Return to School	Return to Learn
<p>Return to School is defined as:</p> <ul style="list-style-type: none"> the process of the student physically walking back into a school setting. The decision to send a child to school on any given day is directed by the parent and is dependent upon the student's ability to manage symptoms well enough to be physically and cognitively present in the classroom to listen and learn <p>AAP Clinical Report Returning to Learning: Therefore, it is the parent who will ultimately make the decision when the student should return to school.</p> <p>Use with permission from : © REAP</p>	<p>Return to Learn is defined as:</p> <ul style="list-style-type: none"> the process by which educators help students with concussion maximize learning while minimizing symptom flare-ups. A successful Return to Learn plan is directed by educators, especially general education teachers, who have knowledge and skill in differentiated instruction to meet the needs of all students regardless of medical, psychological, learning, behavioral or social conditions <p>There is no medical "clearance" for Return to School or Return to Learn in any state. There is an encouragement of RTL processes in numerous states.</p>

+ Return to School is essential for a successful Return to Learn

Benefits of Strict Rest After Acute Concussion: A Randomized Controlled Trial
 Conclusions: Recommending strict rest for adolescents immediately after concussion offered no added benefit over usual care (rest for a few days followed by gradual re-integration of some cognitive and social activities). The adolescents' symptom reporting was influenced by the recommendation of strict rest.

- The Strict Rest Group showed no significant difference in neurocognitive testing or balance but showed more daily post-concussive symptoms and slower symptom resolution

Thomas DG, Apps JN, Hoffman RG et al. Benefits of Strict Rest After Acute Concussion: A Randomized Control Trial. *PEDIATRICS* Volume 135, number 2, February 2015

American Academy of Pediatrics CLINICAL REPORT Returning to Learning Following a Concussion
 ...as symptoms become tolerable, short-lived, and/or amenable to rest and intervention, the student may return to school, often with the use of supplemental academic adjustments.

Halstead ME, McAvoy K, Devore, CD et al. Clinical Report, Returning to Learning Following a Concussion, 2013. www.pediatrics.org/cgi/doi/10.1542/peds.2013-2867

Need to balance the medical research suggesting students with concussion be out of school to rest for a few days against the educational literature demonstrating that students who are out of school for too long can have negative academic and social status effects.

Roussigne, C. J., Fleig, D. K., & Knoff, K. A. (2015). Parent management of the school reintegration needs of children and youth following moderate or severe traumatic brain injury. *Disabil Rehabil*, 37(6), 523-533.

+ Return to School Considerations for:

Parent

- Help your child learn to manage symptoms throughout the day so they can successfully attend and stay at school full-days
- Communicate with the school when sending your child back to school
- Trust the teachers will "pace" your child's energy = will keep symptoms at bay so learning can take place

Healthcare Provider

- Help parents and students learn to manage symptoms throughout the day so they can successfully attend and stay at school full-days
- Communicate your findings to the school – allow each teacher to determine how they can accommodate for your concerns in their classroom
- Trust the schools to "pace" the student's energy = keeping symptoms at bay

Holding students out of school until they are "symptom-free" can potentially keep them out of school for 4 weeks. This can be devastating to the student academically and socially. Return to Learn cannot be successful until there is 1st a Return to School!

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+ Reality of R2S:

Families with students who do NOT fall under RTP legislation have no obligation to seek medical eval/input: (those are the non-athletes)

- 40+% (BrainSTEPS data)

1.) 40+% may not go to MD or be followed by an AT

- May not have insurance
- May not be documented
- May be distrustful of medicine
- May not believe it's a big deal

2.) When they do see an HCP, the HCP often holds them out of school until they are 100% "sx-free" => potentially up to 4 weeks => wreaks havoc on academics!

3.) If they do see an HCP, they may go 1X, then never return or not return FREQUENTLY enough for medical input to be relevant

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+ 4.) And lastly, when they do see an HCP, the HCP often gives academic "mandates" that are not realistic in a school!

Medical recommendations for academic adjustments are "suggestions" to schools, not mandates

Allow each teacher to determine how to adjust for your medical concern in their classroom, based upon how and what they teach

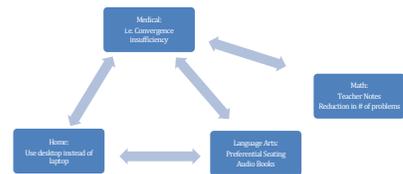
Avoid writing academic recommendations that parents expect schools to follow such as:

- NO reading
- NO computers
- NO homework

These suggestions are too restrictive, not realistic or reasonable in a school setting

There is no medical clearance or approval needed for teachers to apply or remove academic supports as they see fit for student's in their classroom...

In schools the ability for a classroom teacher to apply or remove academic supports is called **differentiated instruction** and is done for a multitude of problems every day, in every classroom, in every school.



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Failure to Return to School Complicates Return to Learn

- Return to Learn is compromised if parents are highly anxious and hold their student with a concussion out of school for too long. Remember, research indicates that resting for a few days at home, followed by a gradual re-introduction of normal activity has a better outcome than staying home resting for too long.
- Return to Learn is compromised if healthcare providers tell a parent to hold a student with a concussion out of school for too long. It is not uncommon for a doctor to hold a child out of school until they are symptom-free or until the child can be assessed by a concussion specialist. These recommendations can result in a student with a concussion being out of school for weeks.
- If a student with a concussion is highly anxious and experiences symptoms quite "acutely", this tends to lead to students who lay around in bed more than needed, leaving them off-concussion. But result from being overly sedentary (i.e., postural stiffness and deconditioning).
- If a student with a concussion is bored lying around at home they may find themselves playing hour upon hour of video games or looking at an iPad, computer or TV for long periods of time. This tends to tax the visual system leading to eye strain and headaches.
- When any of us stay home "sick", we tend to nap throughout the day. Days of napping will lead to a reversal of the sleep/wake cycle and may potentially disrupt the good, long, restorative sleep at night needed for healing a concussion.
- When any of us stay home "sick" for too long, we begin to think we are sick. We tune in to every ache and pain in our body and eventually reinforce our "sickness" and heighten our anxiety.

Depending upon how long the student has been out of school, the general education teacher will have to take additional issues into consideration. Before the teacher can decide what work can be adjusted down, he/she has to think about how much instruction was missed. Re-teaching material is different than simply adjusting work output. A prolonged absence from school leads to MISSED INSTRUCTION which has serious downstream consequences, making a teacher's job of helping a child Return to Learn significantly harder.

GDOC feels that Returning to School is the first priority in a well-designed RTI plan. There can be no Return to Learn if there is not First a Return to School. Once returning to school is based upon how well the student can manage his/her symptoms then **symptom management** becomes the first order of business on a RTI plan. Having the student at school, keeping the student at school - all day, every day is the first step to a successful RTI plan.

There are some rare cases in which the student with a concussion may be so symptomatic that they cannot return to school within days, or sometimes, even within weeks. When this student does return to school, they may only be able to manage their symptoms well enough to tolerate a partial day. In those cases, close medical team-school collaboration is a must. Return to school needs to be individualized for each student. However, because the recovery trajectory for concussion is very favorable, and because we always want to start from a place of optimism and empowerment, GDOC almost always encourages students and parents to plan on and really try to return to school full days as soon as tolerated.

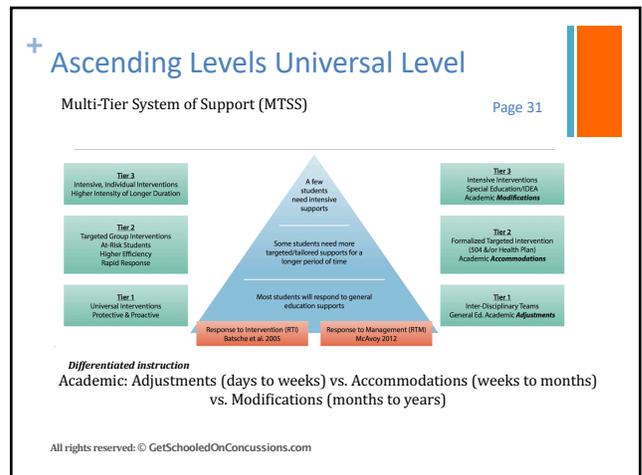
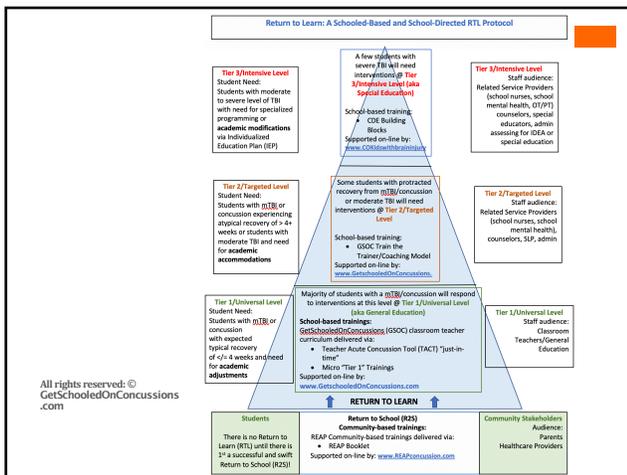
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Return to Learn (RTL)

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+ So let's recap ... The research suggests that returning to school/learn and academic performance are not necessarily negatively impacted by a concussion

A concussion is a short-term transient injury that causes functional impairment for days to weeks. Recovery from concussion for 70% of children/adolescents can last up to 28 days. (Zemek, 2016)

It is acceptable for a student to miss a few days of school but typically students can/will be back at school within 2 - 4 days to 1 week, albeit with symptoms. (Halstead, 2013; Thomas, 2015)

Schools can support students with concussion at school. It is not necessary to hold students out of school until they are 100% symptom-free!

While students may be back at school, academic dysfunction may last up to 1 month. (Wasserman, 2016)

However, in the end, especially if handled well, there are (rarely) long-term grade/credit (transcript) consequences. (Russell, 2015)

+ So...where does concussion management really happen?



YES! In the general education classroom!

(Fortunately) the majority of concussions are not a 504 issue or an IEP issue!

Good concussion management = quick, flexible, short-term, academic "adjustments"

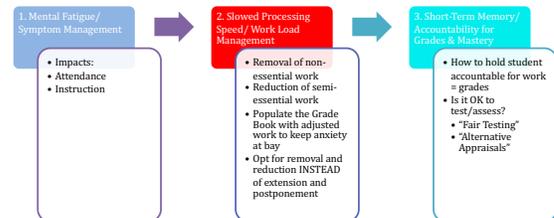
(not accommodations aka 504 nor modifications aka Special Ed)

But if recovery has not been achieved within 4 to 6+ weeks: These students should be referred to a higher level of support (that's covered in the T the T model)!

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- ✓ What to do in the classroom?
- ✓ What to do about missed instruction?
- ✓ What to do about make-up work?
- ✓ What to do about quizzes/test?
- ✓ What to do about extracurricular activities?

+ 3 Common Effects of Concussion... and their impact in the classroom



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1. Mental Fatigue: Symptom Management = Energy Management



Impacts:

- Attendance
- Instruction

↓

Poor or partial attendance

↓

Lack of exposure to classroom instruction

↓

Difficulty for classroom teacher to give the "gift" of adjusted work load

Ability to Return to School impacts Return To Learn!

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1. Mental Fatigue: Symptom Management = Energy Management

Rest Breaks:

- **"Pacing"**– eyes closed/ head down/ water breaks for 5 to 10 minutes, IN the classroom, after periods of mental exertion
- Take eyes off the book/computer and look away
- Take more water breaks – and more frequent bathroom breaks
- Take a 5 minute "bean bag" or "head on desk" rest break in the classroom as needed
- **"Strategic Rest Breaks"**– 15 to 20 minute "proactive" rest break in the school clinic 1X mid-am and 1x mid- pm as needed

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Mental Fatigue Strategies

Mental fatigue is the most common underlying reason for concussion symptoms. Headache is the most common symptom of a concussion and often the first "indicator" of inefficient energy management.

When a student with a concussion goes back to school within days to weeks, their ability to "manage their symptoms" becomes the crucial skill needed to succeed.

- If they feel symptomatically well enough to physically be at school (Return to School)
- If they feel symptomatically well enough to be available cognitively for learning (Return to Learn)

The MOST effective academic intervention for a student with a concussion is REMOVAL of non-essential work and REDUCTION of core essential work. These "gifts" from YOU, the general education teacher, cannot be given if the student has not been physically or cognitively present in CLASS long enough or frequently enough to hear instruction. Therefore, the ability to manage symptoms, with the goal of feeling comfortable enough to be physically and cognitively present for classroom instruction, is the KEY to a successful RTI plan.

Symptom Management is the #1 priority, especially in the beginning weeks of concussion management!

It is acceptable to be at school with "annoying" symptoms!

Strategies: Rest breaks:

- "Pacing" - Eyes closed/head down/water breaks 5 to 10 minutes, in the classroom, after periods of mental exertion
- Take eyes off the computer or off the book and look across the room or close eyes for rest
- Take more water breaks - allow for more frequent bathroom breaks if water is increased
- Take a 5 minute "bean bag" or "head on desk" rest break in the classroom once an hour if needed.
- "Strategic Rest Breaks" - 15 to 20 minute proactive rest breaks in the clinic (perhaps in place of PE class, recess, etc.) 1x in the am and 1x in the pm. The goal is to "schedule" rest breaks at a logical time of the morning or afternoon to prevent the build up of symptoms. Be proactive instead of reactive.
- Only after being physically and cognitively present for **instruction** can a general education teacher fully assess the REMOVAL of non-essential work and REDUCTION of core-essential work.

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What to Do About... Missed Instruction

The purpose of school is to receive instruction, to practice and receive learning with output for class work and homework (and demonstrate "mastery" of the material - usually with tests and ultimately by grade). Obviously, a concussion will affect mental efficiency, speed of input/output and memory of material and will impact all these areas of instruction, work output and mastery.

Did you read "What to Do About... Work Output and Test?"

If you did, then you realized that when the student isn't present and isn't to attend always dependent upon whether or not the student received the instruction.

Parents and Students

Many teachers if not states in general don't understand concussions. However, the support teacher/proxy can only be responsible for the parent's consent/assent. The parent is the one who has to read the book, have at the least a basic understanding of what a concussion is and how it affects the brain.

Tips to Students

- 1) check with each one of your teachers each to see what and when they are going to be in class
- 2) write to each of your teachers
- 3) Teachers that receive messages will be able to help you.
- 4) work with a classmate together about expectations for their classes.
- 5) write different to every one, depending upon the course. The more you do, the more likely you are to succeed.
- 6) increase daily and weekly.
- 7) 2014 Concussion Management Plan
- 8) 2014 Concussion Management Plan
- 9) 2014 Concussion Management Plan
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2. Slowed Processing Speed/ Work Load Management

Once a student with a concussion has been in class to hear instruction, the teacher can begin to focus on **differentiated instruction**:

- Removal of non-essential work
- Reduction of semi-essential work
- Clear expectations on essential work, prioritizing current work over make-up work

Extensions and postponement of work tend to heighten anxiety, especially if the concussion goes on for 3+ weeks. **A reasonable work load is necessary!**

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2. Slowed Processing Speed/ Work Load Management

Other differentiated instruction for work load management:

- Focus on comprehension, not memorization
- Focus on quality, not quantity
- Allow for more group work
- Allow for academic supplements such as:
 - Audio books
 - Teacher notes/Buddy notes
 - Colored paper/Tinted overlays
 - Ear buds for noise/passing in halls alone for balance/sunglasses for light

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Slowed Processing Speed Strategies

The second most common impact of a concussion is slowed processing speed. This might be reflected in speed of thinking, writing, driving, etc. The student may still be very capable of learning, they are just taking longer time in their ability to do so. This might feel very frustrating for the student as things that used to come easily for him/her, might not come early right now.

Used by a middle school, new learner gets through a multiplication problem?

Obviously, if a student is moving in slower motion, he/she is not able to cover as much territory. This is why REDUCTION of non-essential work and REDUCTION of semi-essential work are THE most helpful academic interventions a teacher can give a student with a concussion. These adjustments keep the most essential learning going (able to make enough for weeks on end) while keeping symptoms and frustration down. It's a WIN WIN!

Strategies:

- Call back on the amount of work. Grade completed work (Do not generate (mark down a grade) for work completed)
- Go for quality, not quantity of work
- Go for comprehension of material, not memorization of material
- Prioritize what is most important
 - To teach during the potential four weeks of recovery and
 - For student to learn during the potential four weeks of recovery
- What needs to be "covered" to earn a grade by semester end and for advancement to the next level?
- It is not possible for students with a concussion to make-up all missed work (especially if the student has missed a number of days/periods from school)
- Therefore, quickly make a reasonable make-up work plan (REDUCTION of semi-essential make-up work and REDUCTION of non-essential make-up work)
- Do not let make-up work start to pile up - it leads to ANXIETY!
- Once a reasonable plan for make-up work has been determined, put PRIORITY on keeping up with current learning. As weeks pass, continue to determine with student what non-essential current work can be removed? What were essential current work can be reduced?
- Expect student to have less symptoms over time to three to four weeks, and expect them to have more energy and to be able to keep up with more current work as weeks pass
- Do not expect the student to struggle in every single academic class. The brain may not be taxed at all in one class/hour, but it may be taxed for minutes and operations. Allow academic support in the classes where the brain energy is struggling (as manifested by symptoms) but keep the student progressing (especially in classes where the brain energy seems high)

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What to Do About - Work Output: In-Class/Homework

The purpose of school is to receive instruction, to practice and reinforce learning with output (in-class work and homework) and to demonstrate "mastery" of the material - usually with tests and ultimately by grade. Obviously a concussion will affect mental efficiency, speed of thought, motor, memory of material and speed of processing of information, organization and time spent.

For tips on these areas, see **What to Do About - Mixed Instruction**

What to Do About - In-Class

- Student is rarely concerned and is physically absent or completely unresponsive to instruction. Consider meeting with and for any goals.
- Student has been mostly concerned, but would more often than not be physically present and more cognitively available to learn.
- Student has been mostly concerned with some, but not all, of the material. Student is often present and more cognitively available to learn, but not all of the material. Student is often present and more cognitively available to learn, but not all of the material.
- For students who are not "concerned" (i.e., "not" showing student at any "low" attention)
- For students who are not "concerned" (i.e., "not" showing student at any "low" attention)

What to Do About - Homework

- Student will not respond to the instruction. Consider meeting with and for any goals.
- Teacher and student will need to determine what portion of the material and what work needs to be completed in class and what work needs to be completed at home. Consider meeting with the student to determine what portion of the material and what work needs to be completed in class and what work needs to be completed at home.
- Teacher and student will need to determine what portion of the material and what work needs to be completed in class and what work needs to be completed at home.
- Teacher and student will need to determine what portion of the material and what work needs to be completed in class and what work needs to be completed at home.

What to Do About - Mixed Instruction

- Has the student been adequately exposed to the material? If the student has not been exposed to the material, the degree of involvement of the student in class and at home should be increased to meet the needs of the student.
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What to Do About... Tests

The purpose of this test is to measure whether a student can work with symptoms while being able to do work with minimal and to demonstrate "mastery" of the material. Usually, with tests and projects, the goal is to show that a student can work with symptoms and still demonstrate "mastery" of the material. Usually, with tests and projects, the goal is to show that a student can work with symptoms and still demonstrate "mastery" of the material. Usually, with tests and projects, the goal is to show that a student can work with symptoms and still demonstrate "mastery" of the material.

What to Do About... Tests and What to Do About... Mixed Instruction

- Student has been recently retested and has been physically absent or cognitively overwhelmed.
- Student has been recently retested and has been physically absent or cognitively overwhelmed.
- Student has been recently retested and has been physically absent or cognitively overwhelmed.

Starting from a previous assessment or assignment

As the student has not been in school for a while, it is OK for the student and the teacher to make a plan to "make up" or "catch up" on work and assignments. The student should be given the opportunity to make up work and assignments. The student should be given the opportunity to make up work and assignments. The student should be given the opportunity to make up work and assignments.

Adjustment of essential work (extension or postponement is OK in small amounts) STM

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Focus at Phases of Recovery

Week 1 through 4 ACUTE	Week 5 through 9 REHAB MODEL	Week 10+ PROTRACTED
SYMPTOM MANAGEMENT • "Pacing" • "Strategic rest breaks" ATTENDANCE is key! REMOVAL of non-essential REDUCTION of semi-essential - extension or postponement NOT adequate Adjustment of essential work (extension or postponement is OK in small amounts)	Balance of make-up and current work with reasonable REMOVE/REDUCE plan. Reasonable plan for essential work (limit extension or postponement) Physical Therapy/Light Cardio Rehab Symptoms should be managed (by student or medically) – No absences from school	Normalization of life Rehab Plan: originated/exacerbated/misattribution Focus on current work Stable, forward focused academic plan (no make-up work and no postponements) Symptoms should be managed - No absences from school

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Focus at Phases of Recovery

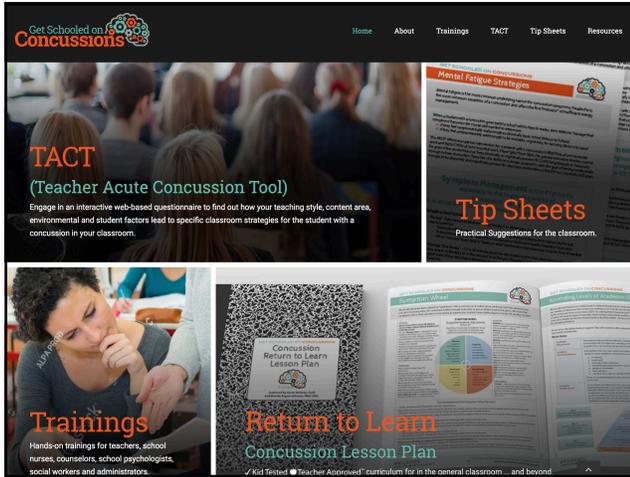
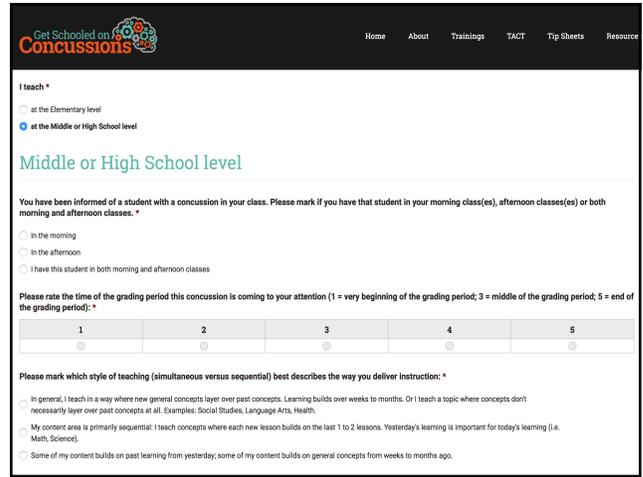
Week 1 through 4 ACUTE	Week 5 through 9 REHAB MODEL	Week 10+ PROTRACTED
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Adapted from GetSchooledOnConcussions.com

+ Rehabilitation

- Oculomotor/Convergence Insufficiency - eyes**
 - Limited computer screens/reading
 - Large print
 - Teacher/buddy notes
 - Tinted overlays
 - Preferential seating
 - Audio books
 - Corrective lenses
- Vestibular - ears/balance**
 - Auditory Processing**
 - Preferential seating
 - Passing in halls early or late
 - Extra time for locker
 - Elevator key
 - Headphones/ear buds
- Cervical Strain - increases headaches**
 - Second set of books
 - Extra time for locker
 - Head on desk
- Mood/Behavior - emotions & behaviors**
 - Extra TLC
 - Clear expectations about work
 - Check in/Check out
 - Emotion Regulation
 - Coping Mechanisms/Cog-Beh Tools
- Postural Dizziness**
 - Increased water at school
 - Frequent Water breaks
 - Bathroom breaks
 - Elevator key
 - Slowly moving from sitting to standing

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Dear Mr. [Redacted],

Thank you for taking the TACT. Here are some ideas to help you with your student with a concussion:

You selected: I have this student in both morning and afternoon classes.

- If you teach this student in both morning and afternoon classes, you can be helpful in encouraging them to pace their energy throughout the day. The first goal in supporting a student with a concussion in your classroom is to help the student manage their symptoms so they feel comfortable enough to be physically and cognitively present in class to hear your instruction. Since a concussion is an energy crisis that contributes to mental fatigue and manifests as symptoms (headaches, dizziness, irritability, concentrating, etc.), limiting your student to "good" teacher energy (5-10 minute eye/brain/water breaks in the classroom) frequently throughout the morning helps to preserve some energy for learning in the afternoon. Your student might also benefit from "strategic test breaks" (i.e. mid-morning and 1X mid-afternoon). The goal is to keep your student feeling comfortable **AT ABOUT ALL DAY** if possible so they can hear your instruction. Attendance at school and hearing instruction is a necessary first step before an adjustment of workload can be determined.
- Attachment(s):
 - Mental Fatigue Strategies

Grading:

- If research shows that students will need about 4 weeks to fully recover from a concussion, then it goes without saying that a concussion that happens in the middle third of a grading period can potentially derail the academic momentum students and teachers have in the peak of the grading period. Teachers will need to focus even harder on 1) trying to keep the student comfortable enough to be in class so that missing school (aka missing instruction) is minimized. Working closely with the student to utilize mental fatigue strategies is the best way to help the student pace energy, thereby, keeping symptoms at bay. 2) Since in-class work and homework is likely at a steady clip by mid-grading period, a teacher has no choice but to truly assess what is absolutely essential for the student with a concussion to attend to. With [reduced processing speed], it is not possible for the student with a concussion to complete all work. Learning ahead at the most important end of grading period expectations for your class, you need to remove non-essential work and reduce non-essential work early in the process of recovery from concussion and help the student keep their eye on the most essential parts of your content in preparation for the upcoming end of the grading period. If the concussion resolves before the end of the grading period, the student is likely capable of taking finals with ease. This would be the priority over spending energy on making up past in-class or homework assignments that are not essential. Except past work in favor of allowing the student to focus on the current content and upcoming end of grading period expectations.
- Attachment(s):
 - What To Do About Tests
 - Ending the Semester: Strata and Grades: Formulas Avoid Concussion

You selected: Some of my content builds on past learning from yesterday; some of my content builds on general concepts from weeks to months ago.

- Sometimes you teach content that builds over time learned yesterday and sometimes you teach content that builds over "general concepts" that over weeks or months. Keep in mind that a concussion does not impact learning in all areas all of the time. Because a concussion is an energy crisis, it makes learning harder in areas that were already harder to start with. If your student was strong in your content area before the concussion, expect their management of symptoms on the web will be physically and cognitively comfortable enough to attend school to hear your instruction. The most common culprit for missing school (aka missing instruction) during a concussion is **mental fatigue**. The brain running empty manifests as symptoms that may result in absence from school, leaving to go to the school clinic or being unavailable to learn in the classroom because of pain. The best way to help a student with a concussion in your classroom is to encourage them to utilize "brain" (5-10 minute eye/brain/water breaks in the classroom) strategies frequently. Having a student present in your classroom is a necessary first step in laying your teaching; you cannot adjust work output until you are sure your student has been supported to your instruction. If you are teaching new content that has already been learned solidly in the past, know that a student with a concussion is going to have more success in remembering new material than **short-term memory (STM)** it is embedded in meaningful old learning long-term memory (LTM). If you are teaching content that requires mastery of a concept before moving on to the next concept, check mastery of the material by having your student complete every other problem instead of every problem. For a short time, consider having your student only report out final answers and not outline the process of discovery.
- Attachment(s):
 - Difficulty Converting New Material into Learning: Short-Term Memory Strategies

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You selected: Some of the content I teach is by lecture (auditory) and some of the content I teach has numerous visual supplements.

- If you are teaching in an auditory fashion, keep in mind that loud sounds and activity may overstimulate a student with a concussion and can lead to mental fatigue (aka flaring of symptoms). If noise is a concern, allow students with concussions to wear ear buds or noise reduction headphones to keep their concentration in class. It is acceptable to allow a student with a concussion to check out of class instructions class for 1 or 2 days, however, it is best to encourage them return with the aid of ear buds as soon as possible. Consider allowing student to have a "quiet place" to study at school (library, counseling office), a "quiet lunch" arrangement (lunch in a classroom away from the busy cafeteria) and ability to see to "quiet hall" (pass minutes before or after the bell). If you are teaching with a lot of visual supplements, keep in mind that this may be difficult for a student with a concussion due to fatigue that comes from eye strain, eye tracking in combination with head movements (moving head up and down to from desk to board, following quick movements on video). Eye/head movements with a concussion often lead to dizziness and nausea. Allow for more "listening and hearing". Allow body notes. Allow teacher outline with highlights. Allow preferred seating (closer to board if that provides less symptoms, or at the back of the room to reduce if that provides less symptoms. If paper materials are easily coordinating, consider coding your content on page or use 1-sided copies.
- Attachment(s):
 - What To Do About Mixed Instruction
 - Mental Fatigue

Technology:

- Electronic and visual technology can be taxing to students with a concussion because of the focused eye demands. Therefore, if you do not use much technology in your class, your content area and your teaching style might not provide any symptoms at all in the student with the concussion. If that is the case, hopefully the student can attend your class with no symptoms and you can keep them progressing with their peers.
- Attachment(s):
 - What To Do About Work Output
 - Concussion: Extern: Anxiety-Strategies

Reading:

- Reading can be very taxing to students with a concussion because of the focused eye demands. Therefore, if you do not use much reading in your class, your content area and your teaching style might not provoke any symptoms at all in the student with the concussion. If that is the case, hopefully the student can attend your class with no symptoms and you can keep them progressing with their peers.
- Attachment(s):
 - System (Sheet 1)

Thanks,

TACT Team

12 Attachments



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+ Week 2, Week 3 and Week 4 ...

TACT Week 2 - Follow up #1

TACT Team
 10 10 10
 10 10 10
 10 10 10

Last week you assessed the TACT to help you get started in supporting a student with a concussion in your classroom. Usually concussions get better with time and hopefully your student is beginning to feel better each day each week. As you enter week 2, remember that symptoms tend to subside for one better managed by the student and the ability to get in more activities and academics increases. Please keep encouraging your student to "breathe" until you completely understand how to help to get back to some of the "strategies" that worked in previous weeks. The goal is to continue to help your student engage, explore and learn through the process and identify comfortable ways to be at school full days in their classroom environment. That allows you to offer a safe balance between working and resting and essential in-class work/learning and having a good time in the classroom to learn every day. Because a concussion often results in lower processing speed (or confidence) in work production, it is usually not possible for a student with a concussion to keep up on all of the academic demands you encounter. That is why it is a suspension or postponement of in-class work/learning is often not regular for a student with a concussion. Instead, an important work/learning task is broken up into smaller tasks to complete over time. It is usually the best way to help a student with a concussion.

Here are some "to do's" to help you continue to help housing 1) an symptom management (to manage your student's ability to be at school full days and be available for instruction) and 2) an effectiveness evaluation to the work that is required. Remember that the student's "to do's" are not meant to be a checklist of work, but rather a guide to help you understand what the student needs to do to be successful. If you are already doing it, if you are not, continue encouraging the student from both sides and continue to work more weeks. However, look at this list, or if Fading Academic Adjustments as it is also acceptable to start trying to "top higher for a while" as you approach weeks 3 and 4.

If your student is not showing steady improvement (as evidenced by fewer symptoms while increasing social and academic activities), be sure to share your concerns with the RTI. Facilitator (the person who sent you the email) and/or the student's healthcare team as your choice.

Fading Academic Adjustments

What to do About Absent Instruction

What to do About Work Output

Thank you, the TACT Team

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GET SCHOOLED ON CONCUSSIONS

Fading Academic Adjustments

Week 1

Week 2

Week 3 and 4

GET SCHOOLED ON CONCUSSIONS

Concussion Return to Learn Lesson Plan

Authored by Karen Hickey PhD and Brenda Egan-Johnson, MEd, CIBS

Some people of concussions will require a 4 weeks with just good management. Give a student with a concussion extra time to complete assignments. FOCUS ON your academic adjustments when symptoms change during week 3 and week 4. Be organized as you go in the beginning of the concussion. As week 3 progresses, make a list of the academic adjustments you need. Make sure your supports away from your "to do" list. If the student does not show steady improvement and/or the student is not able to attend more academic opportunities to work. Link to your Concussion Management Plan. Your RTI or school health professional.

#TULBARTS
 #TULBARTS

+ Tier 2- Train the Trainer (T the T) Model

Afternoon training on 8/19/2019

Some students with protracted recovery from mTBI/concussion or moderate TBI will need interventions @ Tier 2/Targeted Level

School-based training:

- GSOC Train the Trainer/Coaching Model

Supported on-line by: www.getschooledonconcussions.com

Tier 2/Targeted Level
 Staff audience: Related Service Providers (school nurses, school mental health), counselors, SLP, admin

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+ Ascending Levels Universal Level

Multi-Tier System of Support (MTSS)

Page 31

Tier 3
 Intensive, Individual Interventions
 Higher Intensity of Longer Duration

Tier 2
 Targeted Group Interventions
 At-Risk Students
 Higher Efficiency
 Rapid Response

Tier 1
 Universal Interventions
 Protective & Proactive

Tier 3
 Intensive Interventions
 Special Education/IEA
 Academic Modifications

Problem-Solving Teams

Tier 2
 Formalized Targeted Intervention
 (SOA &/or Health Plan)
 Academic Accommodations

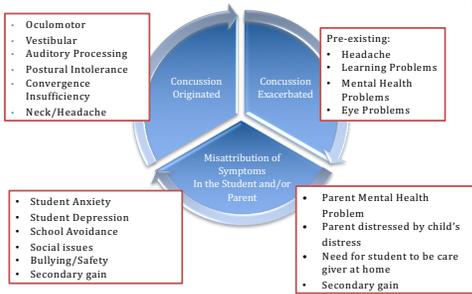
Tier 1
 Inter-Disciplinary Teams
 General Ed. Academic Adjustments

School-based CMT

Academic: Adjustments (days to weeks) vs. Accommodations (weeks to months) vs. Modifications (months to years)

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+ Possible contributors to protracted recovery from concussion



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Focus at Phases of Recovery

Week 1 through 4 ACUTE	Week 5 through 9 REHAB MODEL	Week 10+ PROTRACTED
<p>SYMPTOM MANAGEMENT MF</p> <ul style="list-style-type: none"> "Pacing" "Strategic rest breaks" <p>ATTENDANCE is key!</p> <p>REMOVAL of non-essential</p> <p>REDUCTION of semi-essential - extension or postponement NOT adequate PS</p> <p>Adjustment of essential work (extension or postponement is OK in small amounts) STM</p>	<p>Balance of make-up and current work with reasonable</p> <p>REMOVE/REDUCE plan. Reasonable plan for essential work (limit extension or postponement) PS/STM</p> <p>Physical Therapy/Light Cardio Rehab</p> <p>Symptoms should be managed (by student or medically) - No/Few absences from school MF</p>	<p>Normalization of life</p> <p>Rehab Plan: originated/exacerbated/misattribution</p> <p>Focus on current work Stable, forward focused academic plan (no make-up work and no postponements) PS/STM</p> <p>Symptoms should be managed - No absences from school MF</p>

Adapted from GetSchooledOnConcussions.com

Is there an appropriate time to initiate a more formal plan and/or a 504 plan?

30%

Ask yourself:
 Have you maximized your immediate, flexible, fluid and generous academic adjustments from Day 1 to Week 4?
 Student is not yet recovered?
 Student needs more time?
 Perhaps due to:

- History/Family Hx of headaches/migraines
- History of past concussions
- Learning issues, Attentional issues
- Underlying psychological issues (anxiety, depression, school avoidance/phobia)
- Multiple past concussions
- Oculomotor issues/Convergence Insufficiency
- Vestibular issues
- Dysautonomia
- Poor management?

Is may be time to offer **academic accommodations?**
Maybe!

Adapted from GetSchooledOnConcussions.com

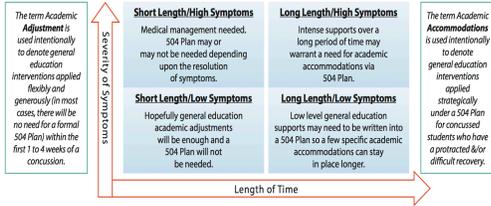
+ Section 504 Plan?

- Not a specific length of time - but the longer symptoms go on, the longer the need for support. Zirkel and Brown - 6 months but there is precedent for a implementing sooner... how long before academics get impacted? 1 month? 2 months?
- Not a specific severity of symptom, but severe sx = immediate medical attention (education on hold); low sx are less medically concerning but are educationally impactful.
- Educational Impact? Begin to narrow focus
 - Prescriptive
 - Progress-monitoring
 - Data driven decisions

Adapted from GetSchooledOnConcussions.com

+ Section 504 Decision Formula for Concussion
 Length of Time AND/OR Severity of Symptoms PLUS Need
 {L &/or S + N}.

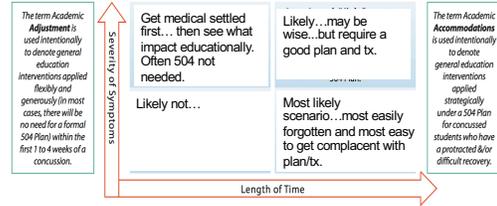
504 Plan Decision Formula for Concussion
 Length of Time AND/OR Severity of Symptoms PLUS Need (L &/or S + N)



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+ Section 504 Decision Formula for Concussion
 Length of Time AND/OR Severity of Symptoms PLUS Need
 {L &/or S + N}.

504 Plan Decision Formula for Concussion
 Length of Time AND/OR Severity of Symptoms PLUS Need (L &/or S + N)



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+ L &/or S + Need

What is need?

- Intangible human factors that are not objective
- Usually, often, parent anxiety
- Sometimes, school/admin anxiety
- Parent + school factors = trust?
- Sometimes, teacher comfort level

Check with your district legal on interpretation of application of 504 in case of concussion.

Adapted from GetSchooledOnConcussions.com

Suggest you do not write a 504 Plan for "concussion"

PHYSICAL:

- "Strategic Rest" scheduled 15 to 20 minute breaks in clinic/quiet space (mid-morning; mid-afternoon; as needed)
- Sunglasses (inside & outside)
- Quiet room/empty room for lunch; quiet eye
- More frequent breaks
- and/or in quiet room
- Allow quiet time
- REMOVAL from classroom
- Sit out of classroom
- and/or in quiet room

COGNITIVE:

- REDUCE workload in the classroom/homework
- REDUCE non-essential work
- Allow for extra time for completion of work (ie. only for testing)
- Allow for extra time for classwork
- Allow for extra time for test/proctored testing
- Allow for extra time for testing
- Provide alternatives
- Allow for extra time for notes
- Allow for extra time for smartboard
- Allow for extra time for teacher
- Allow for extra time for recorder
- Allow for extra time for classroom
- Allow for extra time for breaks = head
- Allow for extra time for 5 to
- Allow for extra time for start school later
- Allow for extra time for student to leave school early
- Allow for extra time for "mental challenges" with
- Allow for extra time for "mental rest"

EMOTIONAL:

- Allow for extra time for "leave" to
- Help student with emotional
- fatigue
- meltdowns
- Allow student to de-escalate
- Allow student to leave adult (counselor)
- Watch for secondary depression and anxiety
- Watch for social isolation and concern
- "make-up work" and slipping grades. These extra emotional factors can delay recovery

SLEEP:

- nervous
- sad
- angry
- irritable
- sleep
- can't initiate
- maintain sleep

Adapted from GetSchooledOnConcussions.com

Get narrow, get prescriptive... 1. Mental Fatigue:

Rest Breaks:

- "Pacing" – eyes closed/ head down/ water 10 minutes, IN the classroom, after periods of exertion
- Take eyes off the book/computer and look out the window
- Take more water breaks – and more frequent breaks
- Take a 5 minute "bean bag" or "head on c" in the classroom as needed

504 Plan for "headaches" secondary to concussion:
Accommodations:

- h/a always start to leave at 10:30 => prescribe a strategic rest break AT 10:30.
- Rest in school clinic
- Increase water intake
- Pain Rx OTC prn

■ "Strategic Rest Breaks" – 15 to 20 minute "proactive" rest break in the school clinic 1X mid-am and 1x mid- pm as needed

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Get narrow, get prescriptive... 2. Slowed Processing Speed/ Work Load Management

Other differentiated instruction for work load management:

- Focus on comprehension, not memorization
- Focus on quality, not quantity
- Allow for more group work
- Allow for academic supplements such as:
 - Audio books
 - Teacher notes/Buddy notes
 - Colored paper/Tinted overlays
 - Ear buds for noise/passing in halls alone for light

504 Plan for slowed processing speed secondary to a concussion:
Accommodations:

- reduction in math problems- every other problem (= 50%) but work reduction not needed in any other classes
- allow for teacher/buddy notes
- extra time on tests and assignments deemed essential

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Get narrow, get prescriptive... 3. Short-Term Memory Accountability for Grades and Mastery

Once a student with a concussion has been demoted, reasonable work load focus on "How do I test/assess a grade? Consider:

- "Alternative Appraisals" – Creative, alternative fashion? video)
- "Fair Testing" – Was the student physically and cognitively present to learn the material and can retain the material?

504 Plan for slowed short-term memory secondary to a concussion:
Accommodations for finals:

- Freeze highest (1-2) grades with no final
- Drop (or give incomplete) lowest (1-2) grades and pick up later
- Focus preparation for finals on the 1-2 "on the fence" classes

See Formula for Finals (Protracted Recovery)

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Get Schooled on Concussions

End of Semester (finals and grades) Formula

Protracted Concussion

- ✓ Did the concussion occur more than 1 month ago (protracted recovery)?
- ✓ Did the student miss a significant amount of school? (i.e., has the student absent for classroom instruction?)
- ✓ Was the student significantly symptomatic even when at school? (i.e., was the student cognitively unavailable to take in classroom instruction?)

IF the answer is "yes" to any of the questions above, FIRST consider:

What classes has the student been able to keep up with best, covered the most material in, and is currently earning the highest grade in? Ask yourself and the grade to focus right now, with no further work until after the break?

- If yes, does student still need to attend that class or can student drop that time and energy now toward salvaging another class?
- If no, can student "drop" the rest of semester? (attend class with resources to work on tests?)

FINALLY: Teachers and student together: Assess what work MUST still be done to pass the rest of the classes including:

- Do any essential material need to be re-taught?
- Regarding make up work:
 - o If it is not essential, can it still be re-taught?
 - o If it is not essential, can it still be re-taught?
 - o Consider only re-typing work essential for your submission or presentation. For other make up work, must be reasonable. It is not possible to make up ALL missed work before semester...
- If a final test is required?
 - o Does the teacher have to be a part? Can an alternate project be considered?
 - o If it has to be a test, can the test be altered or re-written? (open book, multiple choice, etc.)
 - o If a final exam, had more an necessary, can that be spread out to be more than 1 or 2 final exams per day?

Make a CLEAR plan to finish off semester as successfully as possible!

SECOND: What class has student kept up with best and has a grade that is unchangeable?
Can this class be put "on hold" or dropped with a "medical withdrawal" with the intent to do over again later?

- If yes, can student take the decision, withdraw or re-en in summer school? (See Summer Options below)
- Can student stop attending this class now and take time and energy toward another class with a more salvageable outcome?

Determine a way to completely finish the semester rather than "carry-over" work into the winter break or summer recesses.

INCOMPLETE: over the break (with final) or work due in January/August are not recommended as a good option for concussion recovery. The winter and summer breaks are often used as time to bring down the amount of stress to an effort to achieve full recovery of the concussion.

Academic: can be a reasonable and necessary option when a student has that ability to make up work on break.

Summer: should be used for the reasonable and necessary classes, especially for work on test or for level advancement. Consider the options for long term.

Practice work: can be helpful for a student with a concussion who has not yet fully recovered. Consider the water or summer break, to do small amounts of "practice work" to help ease into the fall. (1-2 practice math problems per day, read 30 minutes 3 days a week)

#RTLB4RTP
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+ What is a 504 NOT?

- A plan to stay home – 504 is about access AT school!
- A plan to force teachers to make accommodations because they refuse to make adjustments.
- A educational plan that absolves family from seeking treatment – in the right area... medical or psych?
- A plan to “water down” AP, IB or Honors classes long term.
- A plan to guarantee high grades for long term.
- Not all academic requirements are accommodatable!

Adapted from GetSchooledOnConcussions.com

+ Tier 3 Special Education

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Is there ever an appropriate time to initiate an IEP?

Have you maximized your longer-term, prescriptive and specific academic **accommodations** over months, potentially years, and now are convinced that this concussion has led to

- Permanent brain damage
- Inability for the student to benefit from general education alone?
- Student now needs specialized instruction, programming or placement
- Student needs **modification** of the curriculum?

Student needs an IEP and/or special education.

<5%?

In those rare circumstances, a school may consider special education for a traumatic brain injury, that started with a concussion, resulting now in a significant impairment. Follow procedures for IEP under IDEA for TBI.

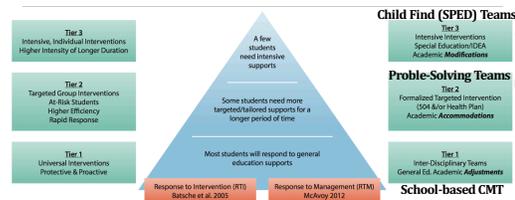
No student ever should receive an IEP for “concussion” – they should receive an IEP for a TBI that started with a (or multiple) concussion(s).

Adapted from GetSchooledOnConcussions.com

+ Ascending Levels Universal Level

Multi-Tier System of Support (MTSS)

Page 31



Academic: Adjustments (days to weeks) vs. Accommodations (weeks to months) vs. Modifications (months to years)

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Brain Injury Alliance **Colorado Brain Injury Program** **COLORADO** Department of Education

COLORADO KIDS Brain Injury Resource Network

HOME FOR EDUCATORS AND PROFESSIONALS FOR PARENTS UPCOMING EVENTS KEY TERMS CONTACT US

WELCOME TO THE COLORADO KIDS BRAIN INJURY RESOURCE NETWORK

The website was designed through funding from the Colorado Kids Brain Injury Resource Network. This website should serve as a tool for educators, school administrators, school psychologists, related services professionals, and families. Feel free to join in the discussion and learn more about how to support our kids in Colorado with brain injuries.

ANNOUNCEMENTS & UPDATES

Brain Injury in Children and Youth: A Manual for Educators. [Click here to view manual.](#)

CDE Concussion Management Guidelines (Updated April 2014). [Click here to view.](#)

Youth Brain Injury Connections Flyer. [English Flyer.](#) [Spanish Flyer.](#)

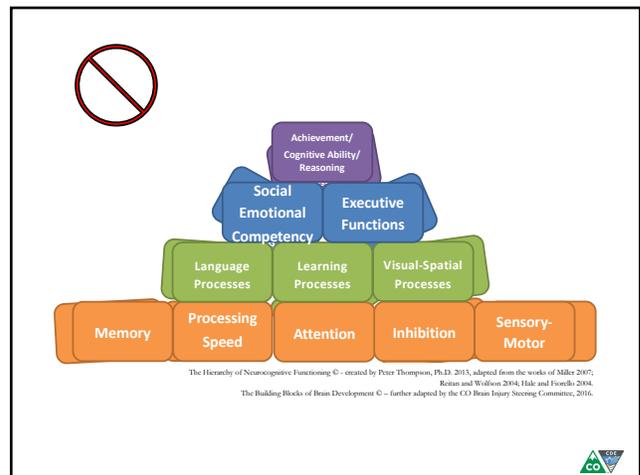
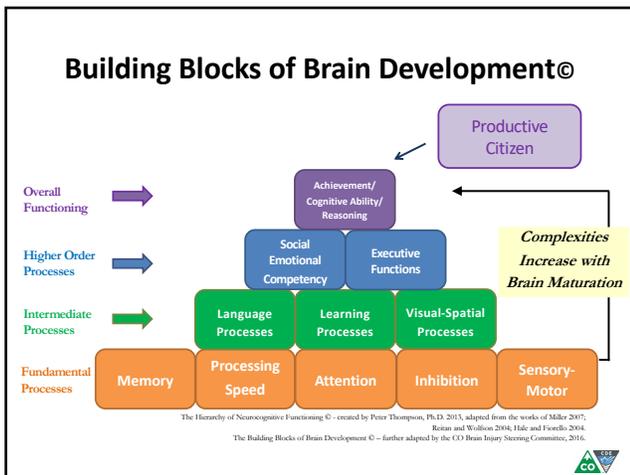
Educators and Professionals ENTER HERE

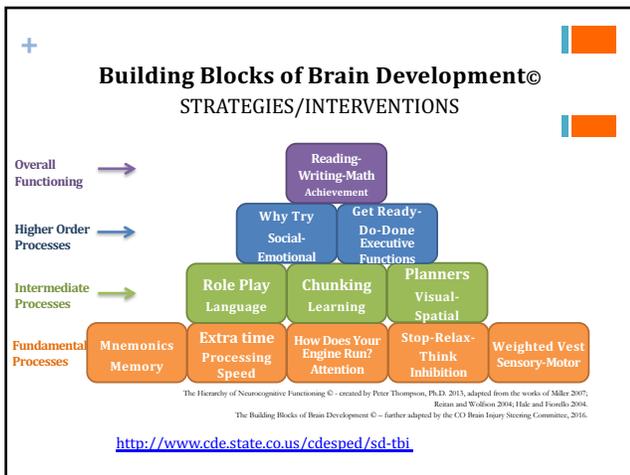
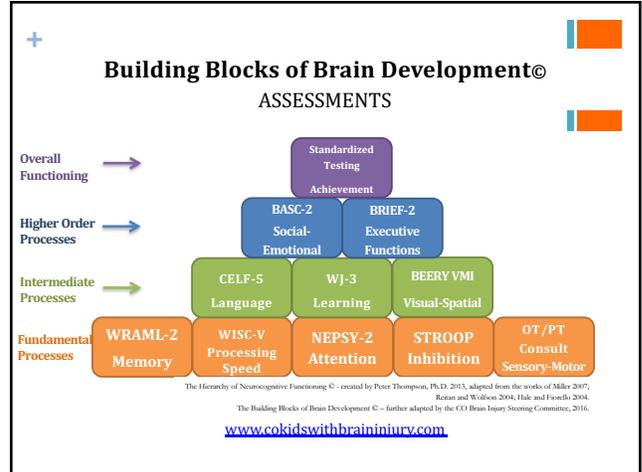
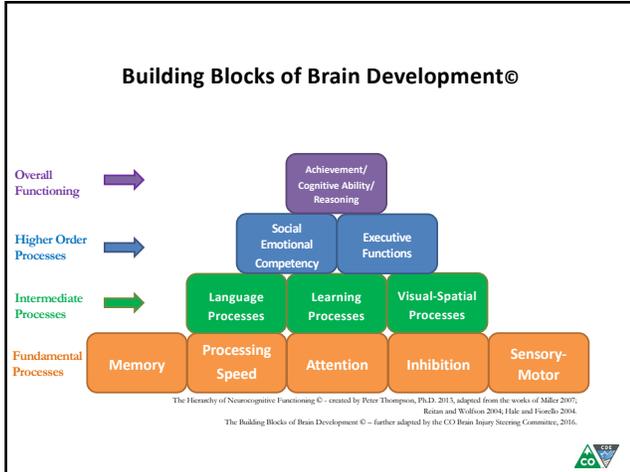
Parents ENTER HERE

Brain Injury in Children and Youth
A Manual for Educators

cde
COLORADO DEPARTMENT OF EDUCATION

<http://www.cde.state.co.us/cdesped/SD-TBI.asp>





Is there ever an appropriate time to initiate Homebound Instruction?

Homebound instruction was initially seen as an educational service for students with impairments that made them physically incapable of attending school (Wilson, 1973). Essentially, a student with a concussion that results in the inability to leave the bed or leave the house is, first and foremost, a statistical and medical outlier. In these atypical occasions, medical investigation and stabilization is the primary goal; ability to educate the child in the school setting takes a backseat.

Options for homebound instruction for concussion are usually limited to:

- On-line (provokes sx's and grade is based on completion of work)
- Teacher at home 1 to 2 hrs a day (no exposure to instruction, majority of other hrs filled with technology, napping disrupts normal sleep cycle, social isolation, de-conditioning leads to dysautonomia, reinforces underlying school avoidance /phobia)

There is virtually never a reason for Homebound instruction for concussion: if an MD is concerned about a severe medical issue, pursue urgent medical intervention. Once stabilized, have student return to school – with supports.

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+ Goes without saying ... #RTLB4RTP!

There is NO RTP without first a successful/complete RTL!

- If a student is not back to pre-concussion learning, behavioral or emotional levels ... then that student is still considered symptomatic. A student cannot start graduated Return to Play (GRTP) until 100% symptom-free, therefore, if a student still needs academic, behavioral or emotional support of any kind, they cannot be considered symptom-free and cannot be allowed to start GRTP.
- Differential Diagnoses: need to untangle pre-concussion learning, behavioral, emotional and physical symptoms from current non-specific concussion symptoms.

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+ Resources



Get Schooled On Concussions:
 *Free website FOR educators, BY educators – to empower teachers, especially general education teachers to differentiate instruction for students with concussion immediately, flexibly and nimbly
www.getschooledonconcussions.com



Get Schooled On Concussions RTL Lesson Plan



REAP Concussion Management Program:
 *Community-based model for Concussion Management
www.reap-concussion.com



Colorado Department of Education - Brain Injury Manual
http://www.cde.state.co.us/cdespedata_manual_braininjury2016



CO Kids with Brain Injury
 Website for school professionals and families which includes materials, publications and resources for kids who have sustained a mild, moderate or severe brain injury
www.cokidswithbraininjury.com



Centers for Disease Control and Prevention:
 Educational materials for School Nurses, Coaches, Teachers, Counselors, Parents, Students, and Athletes. * Materials can be viewed on-line or ordered for free.
www.cdc.gov/concussion



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