

## RETURN TO LEARN: DAILY SCHOOL CHECKLIST OF CONCUSSION-RELATED SYMPTOMS

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ Date of Concussion: \_\_\_\_\_

“Cognitive rest” improves outcomes after concussion. Students may stay home the day after a concussion and try a half-day upon return. Teachers must provide accommodations (examples on [www.ConcussionSmartMarin.org](http://www.ConcussionSmartMarin.org)) based on physical, emotional, cognitive and sleep/energy ability. Teacher or school nurse (based on teacher input) should record symptoms on this sheet during week(s) post-concussion. Share with: (i) school nurse, (ii) student’s licensed healthcare provider/doctor, (iii) parent. May share with athletic trainer [If multiple classes per day, may use multiple forms per day.] Also see Return to Play form for activity.

Date:	/ /	/ /	/ /	/ /	/ /
NO SYMPTOMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache or pressure					
Neck pain					
Nausea or vomiting					
Dizziness					
Balance problem					
Blurred vision					
Sensitivity to light					
Sensitivity to sound					
Slowed down; fatigue					
"In a fog"; Not "right"					
Difficulty concentrating					
Difficulty remembering					
Confused					
Drowsy					
More emotional					
Irritable/moody					
Sad					
Nervous or anxious					
Rest Periods Taken (number & duration)					
Accommodations provided (see pg. 2) : (e.g.: exams missed, shortened, given orally) scribe; earplugs, quiet place at lunch/recess, dim lights; sunglasses; hat; printed class notes; waived homework; modified school day; frequent snacks; water bottle; front row seating)					
OTHER/COMMENTS					
Name of staff member completing questionnaire:					