



## ROSELLE SCHOOL DISTRICT NO. 12

Administration Office

100 East Walnut Street • Roselle, IL 60172  
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Roselle Middle School  
500 South Park Street  
Roselle, IL 60172  
Phone: (630) 529-1600

Spring Hills School  
560 Pinecroft  
Roselle, IL 60172  
Phone: (630) 529-1883

\_\_\_\_\_ has been diagnosed with a concussion. In order to provide the appropriate academic accommodations for \_\_\_\_\_ please complete the following check list at each evaluation.

### **Attendance**

- No School for \_\_\_ days
- No School until symptom free or significant decrease in symptoms
- Once symptoms improve, please allow student to begin attending partial school days as tolerated.
- Part-time attendance as tolerated
- Please allow student to attend every other class period as tolerated, resting in the nurse's office between classes.
- Student may add classes back and decrease breaks as tolerated, progressing to a full school day as symptoms allow.
- Full school days as tolerated
- Homebound tutoring as tolerated

### **Breaks**

- Please determine a non-verbal cue for the student to notify the teacher if symptoms have increased and needs to take a break. For example, the student will lay a notecard at the corner of their desk.
- Please allow the student to put his head down on the desk for a brief rest as needed. If this does not help decrease symptoms, please allow him to go to the nurse's office.
- Allow student to go to the nurse's office if symptoms increase
- Allow student to go home if symptoms do not subside or improve to a manageable level

### **Visual Stimulus**

- Allow student to wear sunglasses in school
- Pre-printed notes for class material or note taker
- Limit smart boards, projectors, computers, TV screens, or other bright screen
- Enlarged font when possible
- Please allow for a short break (10-15 minutes) during prolonged screen time and/or reading and writing.

### **Audible Stimulus**

- Allow student to leave class 5 minutes early to avoid noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, if possible text to speech programs or Kindle, and/or audio books)
- Please allow for a short break (10-15 minutes) as needed when in a noisy environment, i.e. band and/or music class, school assembly or pep rally.
- Please allow student to refrain from band, orchestra, choir, music, and/or theater class, practices, and rehearsals.
- Please allow student to resume \*\*\* as tolerated.

### **Workload/Multi-Tasking**

- Reduce overall amount of make-up work, class work, and homework to essential materials only (enough to demonstrate concept mastery).
- No homework
- No in-class reading or writing
- Limit homework to \*\*\* minutes a night
- Resume homework as tolerated
- Please delay large assignments until student is further recovered.
- No due dates for homework assignments
- Extra time to complete homework and reading assignments
- Limit in-class reading and writing seatwork to 10 minutes/class period as tolerated

*"Opening up the future through learning!"*

**Testing**

- No testing
- No scantron testing. Please allow student to write directly on test itself.
- Extra time to complete tests
- No more than one test a day
- Divide longer tests into multiple sections to allow for up to a 30-minute break between sections
- Oral testing
- Open book testing
- Resume testing as tolerated
- Please \*\*\* standardized testing

**Physical Exertion**

- No physical exertion/athletics/physical education class
- No recess
- Begin return-to-play protocol prior to returning to PE class or athletics
- Non-contact activities/sports in Physical Education class only
- Please allow student to use their PE class period as a study hall or rest period in a quiet place.
- Please allow student to rest if symptoms increase with activity.
- The student should not participate in any activities or environments that place him at risk to further injury, i.e. the sideline.

**Additional Recommendations**

- No driving
- Limit television, text messaging, video games and computer work
- Please allow preferential seating to minimize distractions and extraneous visual and audible stimuli.
- Please provide a tutor as needed for \*\*\*.

**Current Symptom List:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Vomiting                    |
| <input type="checkbox"/> Drowsiness               | <input type="checkbox"/> Numbness or tingling     | <input type="checkbox"/> Dizziness                   |
| <input type="checkbox"/> Balance problems         | <input type="checkbox"/> Sleeping more than usual | <input type="checkbox"/> Fatigue and Visual problems |
| <input type="checkbox"/> Sleeping less than usual | <input type="checkbox"/> Sensitivity to light     | <input type="checkbox"/> Sensitivity to noise        |
| <input type="checkbox"/> Feeling slowed down      | <input type="checkbox"/> Feeling as if "in a fog" | <input type="checkbox"/> Difficulty concentrating    |
| <input type="checkbox"/> Difficulty remembering   | <input type="checkbox"/> Trouble falling asleep   | <input type="checkbox"/> More emotional than usual   |
| <input type="checkbox"/> Irritability             | <input type="checkbox"/> Sadness                  | <input type="checkbox"/> Nervousness                 |

Date of next evaluation\_\_\_\_\_

Physician signature\_\_\_\_\_ Date\_\_\_\_\_

If you have any questions, you can reach me at 630-529-1600 or shauschildt@sd12.k12.il.us.

Sincerley,

Susan Hauschildt RN PEL-CSN  
Roselle School District 12  
District Nurse