



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

“Opening up the future through learning!”

____ Limit in-class reading and writing seatwork to 10 minutes/class period as tolerated

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:

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

Date of next evaluation _____

Physician signature _____ Date _____

If you have any questions, you can reach me at 630-529-1600 or lhesslink@sd12.org.

Sincerely,

Laura Hesslink RN BSN M.Ed
Roselle School District 12
District Nurse