

# STUDENT RETURN TO LEARN PLAN

[CLEAR FORM](#)

STUDENT INFORMATION			
STUDENT NAME:		HOMEROOM TEACHER:	
GRADE:		INJURY DATE:	
PARENT/GUARDIAN:		PHONE:	
EMAIL:			
SCHOOL CONTACT:		PHONE:	
EMAIL:			

STUDENT SUPPORT SYSTEM		
NAME	ROLE	CONTACT INFORMATION (PHONE/EMAIL)

MONITORING AND EVALUATION	
<b>Preferred communication with parent/guardian</b> <input type="checkbox"/> In person      Frequency: <input type="text"/> <input type="checkbox"/> Student agenda <input type="checkbox"/> Email      Regular meetings: <input type="text"/> <input type="checkbox"/> Phone	<b>Communication between school contact and teachers</b> <input type="checkbox"/> In person      Frequency: <input type="text"/> <input type="checkbox"/> Email      Regular meetings: <input type="text"/>
<b>Symptom reporting</b> Student self-report: <input type="checkbox"/> To school contact <input type="checkbox"/> To teacher <input type="checkbox"/> In person to <input type="text"/> Student monitored by: <input type="checkbox"/> School contact <input type="checkbox"/> Teacher <input type="checkbox"/> Other <input type="text"/>	<b>Academic progress measured by</b> <input type="checkbox"/> Workload <input type="checkbox"/> Length of time tolerated <input type="checkbox"/> Number of courses <b>Emotional progress</b> Monitored by: <input type="text"/> In case of concerns: <input type="text"/>
<b>Comments:</b> <input type="text"/>	

## RETURN TO LEARN PLANNING TOOL

The student's individual symptoms will guide the creation of this planning document. Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation\*; however, missing more than one week of school is not generally recommended.

STUDENT: <span style="border: 1px solid black; display: inline-block; width: 250px; height: 20px;"></span>	SCHOOL CONTACT: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span>	DATE: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
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Identify Student's Needs		Determine Learning Accommodations		Determine School Work
SYMPTOMS	STEP	LEARNING ACCOMMODATIONS		SCHOOL WORK
<b>Physical:</b> <input type="checkbox"/> Headache <input type="checkbox"/> Fatigue <input type="checkbox"/> Sleep disturbance <input type="checkbox"/> Dizziness/lightheadedness <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Light sensitivity <input type="checkbox"/> Noise sensitivity <input type="checkbox"/> Blurred vision <input type="checkbox"/> Double vision <input type="checkbox"/> Balance problems <input type="checkbox"/> Neck pain Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<input type="checkbox"/> <b>STEP 1</b> Activities of daily living and relative rest <input type="checkbox"/> <b>STEP 2</b> School activities (as tolerated) <input type="checkbox"/> <b>STEP 3</b> Part-time or full-time days at school with accommodations (if needed) <input type="checkbox"/> <b>STEP 4</b> Return to School full-time	<b>Rest Breaks:</b> <input type="checkbox"/> Frequency: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> <input type="checkbox"/> Duration: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> <input type="checkbox"/> Location: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>Classroom Environment:</b> <input type="checkbox"/> Sit at front of class <input type="checkbox"/> Sit away from bright sunlight <input type="checkbox"/> Limit classes with noise/safety issues <input type="checkbox"/> Band/choir <input type="checkbox"/> Wood/metalwork <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <input type="checkbox"/> Quiet work/rest space <input type="checkbox"/> Library <input type="checkbox"/> Learning Support <input type="checkbox"/> Counselling room <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>General Classroom Learning:</b> <input type="checkbox"/> Reduce course/workload <input type="checkbox"/> Prioritize essential work <input type="checkbox"/> Provide extra support/learning assistance <input type="checkbox"/> Provide written instruction <input type="checkbox"/> Provide class notes <input type="checkbox"/> Use agenda/online school software <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>Attention/Concentration:</b> <input type="checkbox"/> Limit focus time to <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> mins <input type="checkbox"/> Shorter assignments <input type="checkbox"/> Chunk information into smaller pieces <input type="checkbox"/> Lighter workload <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>Memory:</b> <input type="checkbox"/> Use visual reminders and recognition cues <input type="checkbox"/> Written instructions <input type="checkbox"/> Use calculator <input type="checkbox"/> Shorter reading passages <input type="checkbox"/> Chunk information into smaller pieces <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<b>Processing Speed:</b> <input type="checkbox"/> Extra time for tasks and tests <input type="checkbox"/> Slow down verbal information <input type="checkbox"/> Check comprehension vs. memorization <input type="checkbox"/> Provide notes/notetaker <b>Mood:</b> <input type="checkbox"/> Facilitate access to school counsellor <input type="checkbox"/> Reduce stressful situations <input type="checkbox"/> Provide supportive feedback/reassurance <input type="checkbox"/> Can leave class when needed <input type="checkbox"/> Facilitate avenues to express themselves <input type="checkbox"/> Allow time for socialization <input type="checkbox"/> Set appropriate goals with student <b>Homework:</b> <input type="checkbox"/> Limited to <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> mins per day <b>Assessment:</b> <input type="checkbox"/> No testing <input type="checkbox"/> Limited testing (1 test per day) <input type="checkbox"/> Accommodations <input type="checkbox"/> Extra time <input type="checkbox"/> Separate setting <input type="checkbox"/> Breaks as required <input type="checkbox"/> Open book <input type="checkbox"/> Modified content <b>Additional Considerations:</b> <input type="checkbox"/> Sunglasses/blue light-blocking glasses <input type="checkbox"/> Hat <input type="checkbox"/> Ear plugs/noise-reducing headphones <input type="checkbox"/> Water bottle <input type="checkbox"/> Earbuds/headphones for music <input type="checkbox"/> Class transition before bell <input type="checkbox"/> Restrict/limit noisy environments <input type="checkbox"/> Restricted recess/lunch activities Alternative: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <input type="checkbox"/> Elevator pass <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<b>Attendance:</b> <input type="checkbox"/> All school days <input type="checkbox"/> Limited days: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <input type="checkbox"/> Adjusted school hours Start time: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> End time: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>Course Expectations:</b> <input type="checkbox"/> Limited courses: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <input type="checkbox"/> All courses <input type="checkbox"/> Learning Support (see page 3 for details)  <b>PHYSICAL ACTIVITY</b> <b>Physical Activity Permitted:</b> (provided by parent/guardian) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>Physical Education (P.E.):</b> <input type="checkbox"/> No P.E. <input type="checkbox"/> Adapted P.E. program as per health care professional <input type="checkbox"/> Full P.E. <input type="checkbox"/> Written medical clearance provided: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>  <b>NEXT REVIEW DATE:</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

### LEARNING SUPPORT DETAILS



### COMMENTS

