## 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										
Preferred communication wing In person Student agenda Email Phone	th parent/guardian Frequency: Regular meetings:			Communication  In person Email	betwee	e <b>n school cont</b> Frequency Regular me				
Symptom reporting Student self-report:  To school contact To teacher In person to  Student monitored by: Touckent monitored monitored by: Touckent monitored monitored by: Touckent monitored monitored by: Touckent monitored monitored monitored by: Touckent monitored m			Academic progress measured by  Workload Length of time tolerated Number of courses  Emotional progress  Monitored by:  In case of concerns:							
Comments:										

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## **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.

Step   Step	STUDENT:		SCHOOL CONTACT	SCHOOL CONTACT:				
Physical	Identify Stude	nt's Needs	Determine Learn	ing Accommodations	Determine School Work			
Headache	SYMPTOMS	STEP	LEARNING ACC	SCHOOL WORK				
Features   Features	Physical:	☐ STEP 1	Rest Breaks:	Processing Speed:	Attendance:			
Step disturbance     Step 2     School activities (as tolerated)     Step 3	☐ Headache	Activities of daily						
Sleep disturbance   School activities (as tollerated)   School activities (as tollerated)   School activities (as tollerated)   Strep 3   Part-time or full-time (as at shool wink accompletations)   Strep 3   Part-time or full-time (as at shool wink accompletations)   Strep 3   Part-time or full-time (as at shool wink accompletations)   Strep 3   Part-time or full-time (as at shool wink accompletations)   Strep 4   Return to School wink accompletations (if as a way from bright surigipt)   Salance problems   Strep 4   Return to School   Strep 4   Return to School   Strep 4   Stre	☐ Fatigue		☐ Duration:					
Dizzines/lightheadedness   Start time:   Start mine   Start time:   Start mine   Start time:   Start mine   Start time:   Start time:   Start mine   Start time:   Start mine   Start time:   Start mine   Start time:   Start mine   Start m				_				
Nausearvomiting   Light sensitivity   Light sensitivity   Star away from bright sunlight   Star a	· · · · · · · · · · · · · · · · · · ·							
Uight sensitivity	_ =	☐ STEP 3						
Noise sensitivity   Bandichoir   Provide supportive feedback/reassurance   Streeded		Part-time or full-time			•			
Slurred vision   Slarred vision   State   St					Limited courses:			
Strp 4   Counterly stronger   Counterly stronger	·							
Balance problems   Return to School full-time   Quiet work/rest space   Allow time for socialization   All courses   Learning Support (see page 3 for details)		· '						
Salarce proteins		Return to School			C All courses			
Learning Support	☐ Balance problems	full-time						
Counselling room	☐ Neck pain				Learning Support (see page 3 for details)			
Other   Assessment:	Other:		0 11		DUVCICAL ACTIVITY			
Poor attention/concentration   Reduce course/workload   Umited testing (1 test per day)     Slow response time   Prioritize essential work   Accommodations   Betwate time   Provide extra support/learning assistance   Extra time   Physical Education (P.E.):   No P.E.     Irritability/easily angered   Provide extra support/learning assistance   Breaks as required   Adapted P.E. program as per health care professional   Supparate setting   Written instruction   Modified content   Written medical dearance provided:   Written medical dearance provided:   Written medical dearance provided:   Written medical dearance provided:   Provide strate in the prior concussion   Chunk information into smaller pieces   Ear plugs/noise-reducing headphones   Chunk information into smaller pieces   Restrict/limit noisy environments   Restricted recess/lunch activities   Written instructions   Restricted recess/lunch activities   Chunk information into smaller pieces   Elevator pass   Elevator p	Cognitive:							
Forgetfulness/poor memory   Reduce course/workload   Limited testing (1 test per day)   Prioritize essential work   Accommodations	☐ Poor attention/concentration				7 ' '			
Slow response time	☐ Forgetfulness/poor memory			0	(provided by parentiguardian)			
Provide extra support/learning assistance   Extra time   Physical Education (P.E.):   Irritability/easily angered   Provide written instruction   Separate setting   No P.E.     Frustration/impatience   Provide class notes   Breaks as required   Adapted P.E. program as per health care professional   Modified content   Pill P.E.     Depression   Attention/Concentration:   Additional Considerations:   Written medical clearance provided:     Anxiety   Imit focus time to   mins   Sunglasses/blue light-blocking glasses     Proir concussion Dates:   Chunk information into smaller pieces   Ear plugs/noise-reducing headphones     Learning disability   Memory:   Class transition before bell   Use visual reminders and recognition cues   RestrictImit noisy environments   Written instructions   Restricted recess/lunch activities   Alternative:     History of migraines   Chunk information into smaller pieces   Chunk informat			☐ Prioritize essential work					
Irritability/easily angered			☐ Provide extra support/learning assistance	☐ Extra time	Physical Education (P.E.):			
Provide class notes			☐ Provide written instruction	Separate setting	1 , ,			
Use agenda/online school software	_ , , ,		☐ Provide class notes	☐ Breaks as required	_			
Restlessness   Other:			☐ Use agenda/online school software	☐ Open book				
Depression	Restlessness		Other:	☐ Modified content				
Pre-Existing Issues:    Shorter assignments	☐ Depression		Attention/Concentration:	Additional Considerations:				
Prior concussion   Chunk information into smaller pieces   Ear plugs/noise-reducing headphones   Chunk information into smaller pieces   Ear plugs/noise-reducing headphones   Chunk information into smaller pieces   Chunk information into smalle	☐ Anxiety		☐ Limit focus time to mins	☐ Sunglasses/blue light-blocking glasses				
Prior concussion   Chunk Information into smaller pieces   Ear plugs/noise-reducting readpriories	Pre-Existing Issues:		☐ Shorter assignments	_	NEVT DEMENU DATE:			
Class transition before bell	☐ Prior concussion		☐ Chunk information into smaller pieces	☐ Ear plugs/noise-reducing headphones	NEXT REVIEW DATE:			
Learning disability	Dates:							
ADD/ADHD   Glass transition before bell   Use visual reminders and recognition cues   Restrict/lmit noisy environments   Pepression   Written instructions   Restricted recess/lunch activities   Anxiety   Use calculator   Alternative:   History of migraines   Shorter reading passages   Elevator pass   Other:	☐ Learning disability		Other:	☐ Earbuds/headphones for music				
Depression   Written instructions   Restricted recess/lunch activities     Anxiety   Use calculator   Alternative:     History of migraines   Shorter reading passages   Elevator pass     Other:   Chunk information into smaller pieces   Other:	_ ,							
Anxiety			<u> </u>					
☐ History of migraines     ☐ Shorter reading passages     ☐ Elevator pass       Other:     ☐ Chunk information into smaller pieces     ☐ Other:				_	1			
Other: Other: Other: Other:					1			
Other.	☐ History of migraines				4			
☐ Other:	Other:			☐ Other:	4			
			Other:					

2 of 3 – Updated November 2023

\*Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.\*\* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
\*\*0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

