



**Return to Learn Form**

Today's Date: \_\_\_\_\_

\_\_\_\_\_ was cared for in our office for \_\_\_\_\_. The student may need the following marked academic adjustments at school until \_\_\_\_\_ (date).

**School Attendance:**

- No return to school. May return on (date) \_\_\_\_\_
- Shortened day. Recommend \_\_\_ hours per day until (date) \_\_\_\_\_
- Other: \_\_\_\_\_

**Breaks:**

- Allow student to go to health office if symptoms worsen
- Other: \_\_\_\_\_

**Workload:**

- Minimize overall amount of makeup work, class work, and homework when possible
- No homework  Allow extra time with homework
- Preprinted notes for class if possible  Prorate workload when possible
- Other: \_\_\_\_\_

**Testing:**

- NO testing until cleared  No more than one test per day
- Oral testing/open book/open note/take home testing  Allow extra time to complete tests/quizzes
- Other: \_\_\_\_\_

**Visual Stimulus:**

- Minimize smart boards, projectors, computers, TV screens or other bright screens
- Enlarge font if possible  No computer classes
- Other: \_\_\_\_\_

**Audible Stimulus:**

- No music or band class  No Tech Ed, shop, or automotive class
- Student should be allowed to eat lunch in quiet, supervised room
- Other: \_\_\_\_\_

Additional Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Physician Name/Signature: _____	Phone: _____
Follow up doctor appointment date: _____	
Parent Name/Signature: _____	

**Gradual Return to Play Plan**

Doctor, please indicate the following activity at this time:

**No PE**

**No Sports**

**Return to PE Class with the following restrictions: (please check one)**

**Cleared for Low Levels of physical activity ONLY** (This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).

**Cleared for Moderate levels of physical activity with body/head movement ONLY** (This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**Cleared for Heavy non-contact physical activity ONLY.** (This includes sprinting/running, high-intensity stationary biking, regular weight-lifting routine, non-contact sport-specific drills (in 3 planes of movement).

**NO RESTRICTIONS**

**Return to SPORTS with the following restrictions: (please check one)**

**Non-contact sport-specific drills (in 3 planes of movement) ONLY**

**Full contact practice ONLY**

**Full contact game play**

Comments: \_\_\_\_\_

Physician Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Name/ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Developed: 1/2014    References: CDC "Heads Up: Brain Injury in Your Practice"; Children's Hospital of Wisconsin