



MODIFICATIONS TO ACADEMIC & PHYSICAL ACTIVITIES DUE TO CONCUSSION-RELATED INJURIES

The following student has been diagnosed with/is suspected of having a concussion. He/she has been placed on modified academic and/or physical activities until further notice.

Student Name:

Modifications to Academic Activities	Modifications to Physical Activities
<ul style="list-style-type: none"><input type="checkbox"/> Quiet Space Time as needed<input type="checkbox"/> Take breaks as needed<input type="checkbox"/> Permitted to wear sunglasses<input type="checkbox"/> No computer use<input type="checkbox"/> No playing of Wind / Brass Instruments<input type="checkbox"/> Scribe required<input type="checkbox"/> To have text read to student<input type="checkbox"/> Extra time for work completion<input type="checkbox"/> Notes provided for student<input type="checkbox"/> Preferred Seating<input type="checkbox"/> Other (please list below) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"><input type="checkbox"/> Light aerobic exercise only<input type="checkbox"/> No resistance training<input type="checkbox"/> Light resistance training only<input type="checkbox"/> Sport-specific exercises (e.g., ball drills, shooting drills) for 20-30 minutes<input type="checkbox"/> Limited physical education activities (no opportunity for body or head contact)<input type="checkbox"/> Take breaks as needed<input type="checkbox"/> Other (please list below) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Please refer to OPHEA Concussion Management Procedures Appendix C-1 Table 2 for more information.