



**NORTH ROYALTON CITY SCHOOLS**

**DEPARTMENT OF PUPIL SERVICES**

**14713 RIDGE ROAD, NORTH ROYALTON, OH 44133**

**PHONE: 440-582-9140 FAX: 440-230-5710**

**ACADEMIC ACCOMMODATIONS FOR SCHOOL**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Provider's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Duration of Accommodations:**  1 week  2 weeks  3 weeks  4 weeks  until further notice

**The student will be reassessed for revision of these accommodations in \_\_\_\_\_ weeks. This student has been diagnosed with a concussion (a brain injury). Flexibility and additional supports are needed during recovery.**

**CURRENT SYMPTOMS LIST--The student is noting these today**

**STUDENT IS REPORTING MOST DIFFICULTY WITH/IN**

<input type="checkbox"/> Headache <input type="checkbox"/> Visual problems <input type="checkbox"/> Sensitivity to noise <input type="checkbox"/> Nausea <input type="checkbox"/> Balance problems <input type="checkbox"/> Feeling foggy <input type="checkbox"/> Dizziness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Fatigue <input type="checkbox"/> Irritability <input type="checkbox"/> Memory issues	<input type="checkbox"/> All Subjects <input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> World Languages <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Music <input type="checkbox"/> Social Studies <input type="checkbox"/> Using Computers <input type="checkbox"/> Focusing <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Other: _____
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**ATTENDANCE**

**BREAKS**

<input type="checkbox"/> No school for ____ school day(s) <input type="checkbox"/> Attendance at school _____ days per week <input type="checkbox"/> Full school days at tolerated by the student <input type="checkbox"/> Partial days as tolerated by the student <input type="checkbox"/> Tutoring at home or in school as needed and tolerated	<input type="checkbox"/> Allow the student to go to the nurse's office if symptoms increase <input type="checkbox"/> Allow student to go home if symptoms do not subside <input type="checkbox"/> Allow other breaks during school day as deemed necessary and appropriate by school personnel
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**VISUAL STIMULUS**

**AUDIBLE STIMULUS**

<input type="checkbox"/> Allow student to wear sunglasses/hat in school <input type="checkbox"/> Pre-printed notes for class material or note taker <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Change classroom seating as necessary <input type="checkbox"/> Enlarged font when possible	<input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid music or manufacturing/technology classes <input type="checkbox"/> Allow to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell <input type="checkbox"/> Allow audible learning with discussion
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**WORKLOAD/MULTI-TASKING**

**TESTING**

<input type="checkbox"/> Reduce overall amount of make-up work, class work and homework <input type="checkbox"/> Prorate workload when possible <input type="checkbox"/> Reduce amount of homework given each night <input type="checkbox"/> No homework	<input type="checkbox"/> No testing <input type="checkbox"/> Additional time to complete tests <input type="checkbox"/> No standardized testing until _____ <input type="checkbox"/> Allow for scribe, oral response, and oral delivery of questions, if possible
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**PHYSICAL EXERTION**

**ADDITIONAL ACCOMMODATIONS/RECOMMENDATIONS**

<input type="checkbox"/> No physical exertion/athletics/PE/recess <input type="checkbox"/> Walking in PE class only <input type="checkbox"/> Begin return to play protocol as outlined by return to activity form	<hr/> <hr/> <hr/> <hr/>
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**Date:** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_