

FORM 3
Blackstone-Millville Regional School District
Academic Recovery Plan and Accommodations

Student Name: _____

Date form completed: _____

Date of injury: _____

Grade: _____

The symptoms associated with a head injury may affect academic performance. Although there is significant variability in symptoms presentation and duration, all individuals who sustain a head injury can be expected to need time for their brains to recover. The cognitive exertion that school requires may provoke symptoms. Given my evaluation of the student's symptoms, the following accommodations are recommended:

School Re-entry/Attendance:

____ Full days as tolerated

____ Half days as tolerated

____ Initiate homebound education

No school until _____ then attempt half/full days as tolerated Other: _____

***Full or partial days missed due to post-concussion symptoms should be medically excused*

Academic Testing:

____ Extra time to complete tests ____ Eliminate tests when possible ____ Allow testing in multiple sessions

____ Reduce length of tests ____ Test in a quiet environment ____ Defer MCAS/SAT/ACT/high stakes testing

____ Provide multiple choice/word band test formats ____ Provide note cards for formulas/equations

____ Schedule only one test per day ____ Other: _____

Curriculum Accommodations:

____ Extended time for assignments ____ Reduce use of technology: i.e. computer, white board

____ Reduce workload: reduce overall amount of make-up work, class work, and homework, i.e. reduce length of essay, do every other problem

____ Provide class notes or outlines: ahead of time if possible, otherwise photocopied notes from another student

____ Allow breaks as needed: either in class or in health office for more severe symptoms

____ Make up/Keep up: Develop a systemic plan for balancing work during recovery

____ Other: _____

If recommendations are **NOT** to be "advanced as tolerated," I plan to make a follow-up evaluation and revise recommendations on _____

Physician name _____

Physician signature _____

Phone number _____

Fax number _____