

## CCHS Concussion Recovery Academic Plan

This form is for students who are recovering from an active concussion. The goal is to help students return to school without feeling overwhelmed with make-up work while keeping up with current class instruction and assignments.

**Students:** you will need to see each of your teachers for a discussion about make up assignments and obtain a signature. Take a copy to your counselor or case manager.

**Teachers:** in discussion with the student, please make a plan in determining work needing to be completed to show mastery/knowledge of essential content. Excuse non-essential work (daily participation points, homework...) for the dates of required medical accommodations or excused absences.

**Student Name:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

| CLASS PERIOD | DATE SPOKE WITH TEACHER | ASSIGNMENTS AND PLAN | TEACHER SIGNATURE |
|--------------|-------------------------|----------------------|-------------------|
| 1            |                         |                      |                   |
| 2            |                         |                      |                   |
| 3            |                         |                      |                   |
| 4            |                         |                      |                   |

| CLASS PERIOD | DATE SPOKE WITH TEACHER | ASSIGNMENTS AND PLAN | TEACHER SIGNATURE |
|--------------|-------------------------|----------------------|-------------------|
| 5            |                         |                      |                   |
| 6            |                         |                      |                   |
| 7            |                         |                      |                   |
| 8            |                         |                      |                   |

**I understand that failure to turn in the above work will result in a zero for that assignment.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_