

# A Parent's Guide to Returning Your Child to School After a Concussion



FAMILIES

## Quick Summary

- A mild traumatic brain injury (TBI) is also known as a concussion.
- Children typically make a full recovery with the proper rest and treatment.
- Your child should rest for the first 24 hours. Cognitive, or mental, rest is as important as physical rest.
- Gradually re-introduce activity, but stop any activity that causes symptoms to return. Let the symptoms guide what you allow your child to do at school and at home.
- It can take up to three weeks for some children to recover fully from a concussion.
- No child should return to sports until completely symptom-free. Your medical provider can give you a step-by-step approach to safely return your child to sports.

## Table of Contents

<b>Section 1</b>	Signs and Symptoms .....	Page 3
<b>Section 2</b>	Support Recovery .....	Page 8
<b>Section 3</b>	Returning to School .....	Page 13
<b>Section 4</b>	For Children With Longer Recovery Times .....	Page 19
<b>References</b>	.....	Page 23

## Section 1

### Signs and Symptoms: Recognizing and Responding to a Concussion

#### What is a concussion?

A concussion is a mild traumatic brain injury (TBI). A concussion can be caused by a blow or jolt to the head that disrupts the normal function of the brain. The severity of the TBI is determined at the time of the injury and may also be classified as moderate or severe. Concussion is the most common form of TBI.

Concussions can cause physical, thinking (cognitive) and emotional/behavioral symptoms. Symptoms of concussion often fully resolve in up to three weeks.

#### What are the most common causes of TBIs?

Between 2006 and 2010, the most common causes of childhood TBIs, including concussions, are the following: falls, assaults, getting struck by or against an object (for example, sports-related injuries), and motor-vehicle crashes.<sup>1</sup>

#### When to suspect your child has had a concussion

Look for signs if your child hits his or her head or experiences a jolt to the head. A jolt to the head could be caused by a car crash, a rough hit in a game or anything that might cause the head to jerk back and forth.

Your child might have had a concussion if he or she:<sup>2, 3, 4, 5</sup>

- is dazed or confused
- has a problem remembering part or all of what happened before, during or after the injury
- answers questions slowly
- repeats questions
- shows behavior or personality changes
- loses consciousness, even for a few seconds

**True or False?** My son did not pass out, so he did not have a concussion.

**False.** Your son **does not** have to black out to have had a concussion. If your son has any one of the symptoms (listed on the previous page) after a hit or jolt to the head, he might have had a concussion.

Seek medical attention right away. A health care provider can diagnose whether your child has had a concussion.

### Concussion Danger Signs

Your child should be taken to a hospital right away if she or he shows any of the following danger signs:<sup>3, 4, 5</sup>

- worsening headache
- weakness or numbness of any part of the body
- vomiting
- slurred speech or difficulty speaking
- drowsy or cannot be awakened
- one pupil larger or smaller than the other
- seizures
- difficulty recognizing people or places
- increasingly confused, restless or agitated
- unusual behavior
- loss of consciousness for more than 30 seconds
- changes in hearing, taste or vision
- unsteadiness while walking

### What if my child hit his or her head and didn't tell me? How would I know if there was a concussion?

Sometimes children don't realize it is important to tell someone that they hit their head. Sometimes they think they will get in trouble if they admit they hurt themselves while doing something they should not have.

If your child tells you about an injury that happened earlier, watch for obvious or more subtle changes in your child's thinking skills, physical functioning, and emotional or behavioral responses. For example, look for changes in the way he or she plays, or whether your child is unsteady walking. Try asking these questions:

- Did you bump your head recently? If so, how hard?
- Did something hit your head?

### If your child is between the ages of 5 and 10, follow up with these questions:

- Have you had headaches? Has your head hurt?
- Have you felt dizzy (like things around you were spinning or moving)?
- Do you remember what happened?
- Did you feel like you wanted to throw up? Do you feel like that now?
- Has it been hard to pay attention to what you are doing (like homework or chores, listening to someone or playing a game)?

### If your child is between the ages of 11 and 18, ask these additional follow-up questions:

- Have you had any balance problems or have you felt like you might fall when you walk, run or stand?
- Have bright lights bothered you more than usual (like when you were in the sunlight, when you looked at lights or watched TV)?
- Have loud noises bothered you more than usual?
- Have things looked blurry?
- Did anyone else see it happen? Did they notice anything different about you? Can I talk to them? (This helps if a friend/sibling noticed that your child lost consciousness or seemed out of it for a while.)
- Do you feel like "something is just not right"?

If your child has hit his or her head and shows signs or symptoms of a concussion, then you should visit a medical provider.

**True or False?** My child needs to have a brain scan to diagnose a concussion.

**False.** Unless your child sustained a more serious traumatic brain injury, your child may not need a brain scan. A computed tomography (CT) scan can show whether there is bleeding in the brain, but this scan is not sensitive enough to show the subtle changes to the brain that may be caused by a concussion. In fact, many patients with concussion actually have normal scans, so it is best to avoid exposure to radiation unless your medical provider determines it is necessary.

## Symptoms

If your child has been diagnosed with a concussion, it is important to watch for changes in behavior and ability to do daily tasks both at home and school.

You may notice some changes caused by a concussion right away, while others may be difficult to sort out. Each child is unique, so some changes may be present in one child, but not in another. Most children will recover from their concussion within three weeks; but for some, symptoms will last weeks, months or longer.<sup>2, 3, 4, 5</sup>

Common concussion-related symptoms are listed in the table below. Call your doctor immediately if you notice increasing problems in any of these areas during your child's recovery.

### Concussion-related Symptoms<sup>2, 3, 4, 5</sup>

Physical Abilities	Thinking (Cognitive) Skills	Emotional/ Behavioral Issues	Sleep
feeling dizzy/loss of balance	poor concentration, easily distracted	feeling anxious or tense	difficulty falling/staying asleep
numbness or tingling	forgetfulness, difficulty remembering things	feeling depressed or sad	getting tired easily
headaches	difficulty making decisions	irritability, easily annoyed	sleeping more than usual
nausea	slowed thinking	feeling easily overwhelmed by things	sleeping less than usual
vision problems	difficulty getting and staying organized	something just doesn't feel right	
sensitivity to light and/or noise	difficulty finding the right words		
hearing trouble			
loss of or increased appetite			

## Symptom Log

Use the symptom log below as an example of how to keep track of any symptoms.<sup>8,9</sup> Ask your child whether or not he/she is experiencing the symptom, and if so, whether it is a little or a lot. If you notice that symptoms are getting worse, help your child decrease the number of activities. If symptoms continue to worsen, even with rest, see your child's medical provider.

You can copy this log and use it for the symptoms your child is experiencing. For more information on how to use this log during your child's recovery, refer to Section 3, *Returning to School*.

### Symptom Log Example

Week of: <i>October 5</i>						
Are you experiencing any symptoms, if so, is it a little or a lot?						
Symptom: <i>Headache</i>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> None <input checked="" type="checkbox"/> A little <input type="checkbox"/> A lot Time <i>2 pm</i> Activity <i>Reading</i>	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____
Week of:						
Are you experiencing any symptoms, if so, is it a little or a lot?						
Symptom:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot Time ____ Activity ____

## Section 2

### What Can You Do to Support Your Child's Recovery?

**True or False?** My child will have a permanent disability because of his or her concussion.

**False.** Most children and young adults recover fully from a concussion. Recovery time depends on many factors including the age of the person, the severity of the concussion, how healthy they were before the concussion, and how they take care of themselves (including rest and reduced stimulation) after the injury.<sup>3,6</sup>

A concussion requires time to completely heal. Your doctor may advise you to keep your child at home to rest after a concussion and get medical approval before returning to school. Rest from physical activities and activities that require thinking (cognitive) have been shown to be an effective treatment after a concussion.<sup>2,3,4,5,6,7</sup> Your child should not participate in sports or other physical activities, such as gym class, until he or she has stopped experiencing symptoms during regular daily activity, including school work.

Limiting activities that require thinking skills is especially important. Your child's brain needs to direct energy to healing, and it cannot rest if your child is performing tasks that require thinking. You may want to gradually adjust the amount of time your child spends playing video games, sending texts, using electronics and reading books. For teens, it may also mean no driving. Returning to school or physical activity while the brain is healing may lead to problems with learning later on.<sup>4,5,6,7,8,9</sup>

It is important to emphasize to your child that he or she must be honest when reporting symptoms. Your child may feel pressured from coaches or friends to get back to "normal" quickly and return to practice or social events. They may want to "rest later" and push themselves to take that important test or go to that dance or game. However, your role is to enforce rest and reduce brain stimulation — by limiting screen time, visits with friends, etc. — during your child's recovery.<sup>9</sup>

It may be helpful to spend time explaining changes in your child to his or her siblings, especially if the siblings are younger. Depending on the age of your children, you may need to set new rules about horseplay or wrestling, remind them to be quiet during periods of rest, and ask them to be generally more patient with their brother or sister during the recovery process. You can tell them to remember that the problems are short-term, and their sibling is going to get better.

Every child's injury and recovery time is unique, but with guidance from your doctor and help from other health care team members, such as the school nurse or school psychologist, your child can safely return to school after a concussion.

#### Prevent another concussion

If your child is still recovering, a second concussion may hinder recovery or cause some problems to linger or become permanent. These tips can help prevent your child from having another concussion:<sup>2,3,4,5,6</sup>

1. **Don't rush.** Recovering from a concussion takes time. It's important to ensure that your child fully recovers before participating in activities that may lead to a second concussion.
2. **Be a good role model.** Communicate positive safety messages and model safe behavior: Wear a helmet and a seat belt, and follow safety rules. Although helmets do not prevent concussions, they do prevent skull fractures.
3. **Educate others.** Use this first concussion as an opportunity to educate your child's teachers, coaches and caregivers. The more they know, the more they will be able to help your child recover and avoid a second concussion. Talk to them about safety measures, as well as associated signs and symptoms of a concussion.



## When your child returns to sports and recreation

1. **Gear up.** Make sure they use the right protective gear (such as helmets, protective eye wear, etc.). Be sure that protective equipment is in good condition and worn correctly. Go to [nhtsa.gov/bicycles](http://nhtsa.gov/bicycles) for a step-by-step guide on how to fit a bicycle helmet.
2. **Practice makes perfect.** Teach your child to practice safety skills and proper form. For example, knowing how to tackle safely is important in preventing injuries in football. Proper form may prevent injuries in baseball, softball and other activities.

## How do I know if I am doing the right things?

There are several steps you can take to help your child:<sup>2, 3, 4, 5, 6, 7</sup>

1. **Monitor symptoms.** One of the most important things that you can do is keep track of changes in your child. Are symptoms getting better or worse? Has there been no change at all? Using a symptom log, like the one at the end of the last section, can help you determine if your child is improving.
2. **Ensure rest.** Make sure your child is getting plenty of sleep at night and rest breaks during the day. Stick to a regular sleep schedule and limit phone and computer time if they worsen symptoms.
3. **Promote independence.** Help your child learn to take care of his or her own daily routine in age-appropriate ways, such as brushing teeth for younger children. Be sure to pay attention to slight signs of confusion, irritability or frustration during these tasks. If your child has trouble, try breaking activities into steps.
4. **Allow visits with friends, with limits.** After a concussion, your child may need to be absent from school and other activities, which may cause him or her to feel isolated. You want to encourage interaction with friends, but ensure that the visits are short and do not trigger symptoms. (A phone call with one friend might be all that your child can handle.) Suggest something that is not a physical activity, such as watching a short movie or sharing a meal.

5. **Manage stressors.** Deployments and other military-related duties that decrease the amount of time that a parent can be with the family can be stressful for everyone.
  - Help manage feelings of stress by making sure you and your spouse agree on the approach to your child's recovery. Take advantage of military support organizations or participate in stress-relieving activities. [MilitaryOneSource.mil](http://MilitaryOneSource.mil)<sup>10</sup> provides specific information about coping with the challenges of military life. The Military Kids Connect™ website is a good resource for children to share their feelings with other military children.
  - If you have other children, let them tell you how they feel about their sibling's injury. Involve them in the recovery process by giving them ideas for how they could help.
6. **Consider parenting strategies.** In addition to the injury, your child might be struggling with other issues, such as adjusting to a new school after a recent move. Focus on providing emotional support through a patient and nurturing home environment. Below are some steps you can take to help accomplish this:
  - Be reasonable with your expectations, but continue to empower your child to accept responsibility for his or her actions.
  - Be open and honest about what your child can and cannot do.
  - Establish boundaries for your child's behavior based on his or her age. For example, a teenager may respond to creating a written list of expectations. A young child may respond to a behavior chart that spells out the positive behavior and provides a visual reward (happy face) every time the child repeats that behavior.<sup>11, 12</sup>
  - See a counselor who can give you feedback on what you or your child might need right now, especially if your child seems to be having behavioral issues. You can go to the school (or district) psychologist, who can meet with your child, if necessary.

### Talking to Your Child

Your brain is like a tree. When it is healthy, a tree has lots of leaves, a strong trunk and many branches. Just like the tree, your brain has a lot of strong parts that work together when it is healthy.

To understand a concussion, think about what would happen to the tree if a storm came. The storm would have strong winds and lightning that would blow some of the leaves off the tree. It might also damage some of the branches and the trunk of the tree.

Your brain works in the same way. When it is hurt by a concussion, it may not be as strong or work the same way as it did before it was hurt. Just as the tree takes time to grow back the leaves and branches, your brain may take some time to be strong again after a concussion.



## Section 3

### Returning to School

Recovery is different for each child. Deciding when your child is ready to go back to school after a concussion can be difficult. Many factors play a role, including the amount of time since your child's concussion, the symptoms your child is experiencing, advice from medical providers, and your own observations of your child's ability to participate in activities. As a parent or primary caregiver, you are the best person to keep track of your child's symptoms and his or her ability to tolerate physical activities (running, chores, sports) and tasks that require thinking skills (reading, organizing information, math).<sup>2, 3, 4, 5, 6, 8, 9</sup>

Although most children will recover from their concussion within three weeks of their injury, some may experience symptoms that last longer. It is important to keep track of your child's symptoms throughout recovery to make sure your child is getting better. You will also want to pay attention to any specific activities or times of the day during which symptoms worsen. You can use the symptom log in Section 1 of this guide to track changes.

#### What should I ask my medical provider before sending my child back to school?

- How many days should my child stay home from school? (Discuss the symptoms from the symptom log.)
- Should my child go back for a half day or a full day at first?
- What types of adjustments might help at school at the beginning (light adjustment, avoid eating in cafeteria because of noise, extra time for routine tests etc.)?
- Should my child take the bus (for example, because of dizziness, noise and overstimulation)?

## Return to School Stages<sup>8,13,14</sup>

Every child's injury and recovery time is unique; but with guidance from your doctor, help from other health care team members and school support, your child can safely return to school after a concussion.

Here is an example of a return to school plan to use with your child:

### Stage 1: Rest

#### Minimum 24 hours and up to several days



- Visit your child's medical provider.
- Have your child **REST** from physical activities and tasks that require thinking skills.
- Your child should stay home from school and any after-school job for the first 24 hours. To return to sports, your child may be required to get signed clearance from a medical provider.
- Help your child avoid tasks that require thinking or processing (homework, computer surfing, reading, texting, video games, playing musical instruments). This includes driving for teenagers.
- Do not allow your child to participate in activities that require physical activity (such as exercise, sports, walking long distances).
- Remind your child that he or she can participate in activities such as watching a little television, engaging in light conversation and playing simple board games.
- Avoid activities that might aggravate symptoms, such as listening to loud music.
- Avoid drinks with caffeine (energy drinks and soda) because they can interfere with sleep and disrupt recovery.

**Move on to Stage 2 when your child feels like the symptoms are much less or gone.**

### Stage 2: Get Ready

#### Continued recovery; length varies based on your child's response



- Have your child attend school for half days or full days.
- Inform the school about absence(s) due to medical issues. You will need a doctor's note to give to the school. Keep in mind the strategy of "**Not too much, but not too little**" throughout this stage. Every concussion — and its recovery — is different. Let the symptoms guide what you allow your child to do at school and at home. For example, if your daughter or son starts to have symptoms when using the computer, limit screen time.
- If symptoms get worse, decrease the amount of time at school.
- If your child has become sensitive to noise or light, it might be best to stay home from a school dance where loud music, flashing lights or large crowds could worsen symptoms. Your child might also want to sit out band or chorus practice.
- Continue to encourage your child to rest after coming home from school and postpone extracurricular activities for now.
- Continue to track symptoms in the symptom log. If your child's symptoms get worse, decrease the amount of mental activity (thinking skills) and physical activity.
- Make sure rest breaks are scheduled throughout the day.
- For teens: Whether your child should return to work or drive depends on how well he or she is coping with symptoms. Speak with your child to see whether symptoms return or get worse at work or while driving. If so, talk to your medical provider about getting a note for work accommodations.
- Talk with your child's teachers about a plan for assigning light cognitive and physical tasks (for example, less homework, more time for assignments, less exercise in gym classes and recess). Your child could benefit from some of the school supports listed in the next table.



## School Supports

Your child may need accommodations from the school to help reach his or her educational goals. Some examples are below.

Symptom/ Problem	Elementary School	Middle School	High School
Physical abilities (dizziness, balance, headache, sensitivity to noise or light)	<ul style="list-style-type: none"> <li>Give student preferential seating in a classroom</li> <li>Allow the student to wear sunglasses</li> </ul>	<ul style="list-style-type: none"> <li>Give student preferential seating in a classroom</li> <li>Allow the student to wear sunglasses</li> </ul>	<ul style="list-style-type: none"> <li>Give student preferential seating in a classroom</li> <li>Allow the student to wear sunglasses</li> </ul>
Thinking (cognitive) skills (forgetfulness, concentration, comprehension, word finding)	<ul style="list-style-type: none"> <li>Allow extra time for homework/tests</li> <li>Refocus student with verbal, nonverbal cues</li> <li>Allow student extra time to speak</li> </ul>	<ul style="list-style-type: none"> <li>Allow extra time for homework/tests</li> <li>Refocus student with verbal, nonverbal cues</li> <li>Allow student extra time to speak</li> </ul>	<ul style="list-style-type: none"> <li>Allow extra time for homework/tests</li> <li>Refocus student with verbal, nonverbal cues</li> <li>Allow student extra time to speak</li> </ul>
Emotional/behavioral issues (anxiety, depression, irritability, feeling overwhelmed)	<ul style="list-style-type: none"> <li>Allow frequent breaks</li> <li>Remind child to take a deep breath when he or she gets overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>Allow frequent breaks</li> <li>Teach self-talk to relieve stress and anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Allow frequent breaks</li> <li>Teach self-talk to relieve stress and anxiety</li> </ul>

### Tip

The best indicator of how much is too much is whether your child starts to have symptoms. If your child does not experience symptoms during an activity, then it is OK to continue that activity. If your child starts to feel symptoms, then he or she must stop that activity right away and rest. Symptoms are a sign that the brain is being overtaxed.<sup>2, 8, 9</sup>

### Talking to Your Child's Teacher

- Explain your child's diagnosis and specific challenges that he or she may be experiencing.
- If he or she is out of school, keep the teacher informed of your child's recovery progress on a regular basis.
- Ask the teacher to keep you informed if your child is experiencing difficulties at school.
- Notify the teacher of any specific strategies that may help your child (such as taking breaks).

### Talking to Your Child's Coach

- Ensure the coach is aware of your child's diagnosis and describe specific challenges that he or she may be experiencing.
- In most states, your coach will need to get a signed clearance form from your child's medical provider to return your child to play.
- Check with the coach to see how your child can remain actively engaged with the team, even if he or she cannot return to play yet.

**Move on to Stage 3 when your child can attend a full day of school and complete his or her assignments without symptoms.**

If your child continues to need academic support, such as more time for assignments, you may need to talk with your child's teacher about pursuing a 504 accommodations plan, described in the next section. A general rule of thumb is to ease your child into school routines slowly, paying close attention to his or her symptoms. Recovery may take longer if your child engages in too much physical or cognitive activity before he or she is ready. Be sure to talk to your child's medical provider about your plans to help him or her return to school. If symptoms have not resolved after three weeks, take your child back to the doctor for an evaluation.<sup>9</sup>

### Stage 3: Go

#### Return to normal learning activity when symptoms go away



- Allow your child to return to normal cognitive (mental) activities at school and at home.
- In many states, your child will be required to get clearance from his or her medical provider to return to sports. Regardless of whether that is required in your state, your child should not return to sports until he or she is completely symptom-free. Your medical provider can give you a step-by-step approach to safely return your child to sports.
- Continue to monitor your child to see whether symptoms return.



## Section 4

### For Children With Longer Recovery Times

For children who take longer to recover, you may need to talk to your child's school about setting up 504 accommodations for continued — and possibly increased — school support.

#### What are 504 accommodations?

Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law that protects the rights of individuals with disabilities in programs and activities that receive federal financial assistance. It provides for accommodations that will allow your child — if eligible — to continue with the general curriculum. These accommodations could include taking a test alone in a quiet room, receiving a printed copy of class notes or being allowed to leave class five minutes early to avoid the rush as students change classes.<sup>15, 16, 17</sup>

A 504 accommodations plan is different from special education in that the curriculum itself does not change, just the way your child gains access to it. With special education, the curriculum and standards themselves are being modified.

In addition to a school nurse and school psychologist, related service providers in the school setting — including occupational therapists, physical therapists and speech-language pathologists — can help your child improve in areas where symptoms do not improve on their own. These may include worsening symptoms during physical activities and continuing problems with thinking, understanding or communicating. Related service providers may provide home exercise and activity programs for you to do with your child. Before related service providers can offer services in the school setting, a 504 accommodations plan will need to be put in place.<sup>16</sup>

## Section 504 Planner

### Tip

A permanent change of station can complicate arrangements that you are making with your medical provider and your school. To help make a smooth transition, be sure your medical providers communicate with one another and that there is communication with the new receiving school to prepare for any necessary accommodations. If you have a 504 accommodations plan with your old school, ask the school to forward the plan to the new one. The new school has about 30 days to implement the current plan or propose changes to it. You may want to give the new school a copy of the plan while waiting for the old school to send it.

To be thorough, ask your child’s teacher for a list of the accommodations the school is able to provide. Accommodations also are allowed for state testing; check with your child’s teacher for state-specific testing guidelines.

It is possible that, when all is said and done, your child will not want any accommodations. This may be particularly true for older children regarding accommodations that may separate them from peers. You can remind your child that education plans can change, that accommodations don’t have to last forever and that you are working to make things “get back to normal” as soon as possible. Although it is challenging as a parent, sometimes allowing your child to struggle academically (for example, perform poorly on a test or quiz) is the best way for him or her to recognize and accept the need for accommodations.

### Tip

Always talk to your child before requesting or agreeing to accommodations that will affect the daily school routine. Your child should never be surprised by extra help.

Section 504 meetings can be stressful and emotional for parents, but they do not have to be this way. The following planner includes steps you can take to help you get ready to navigate the 504 process.

✓	BEFORE THE MEETING
	Request blank 504 forms or a draft of the 504 accommodations plan a few days before the meeting. Give yourself time to review the draft and write your questions down to bring to the meeting.
	Organize relevant communication with the school, such as notes or emails, in a binder and bring it to the meeting. Your child’s school will have a coordinator who will collect report cards, progress reports, school-work samples and formal assessments.
	Confirm that you can attend the proposed date and time of the meeting. <ul style="list-style-type: none"> <li>■ If appropriate, your child should participate.</li> <li>■ If the proposed date and time are not convenient, it is your right to request an alternate meeting time or a phone or video conference.</li> </ul>
	Ask a family member or friend to attend the meeting with you for support.
	Request and review a copy of the Parent and Student Rights pamphlet from your child’s school district, which outlines parental rights.
	Document your contributions by writing them down and sharing them at the meeting. Contributions may include: <ul style="list-style-type: none"> <li>■ strengths and weaknesses of your child, or strategies that work well</li> <li>■ your concerns regarding progress in developmental and academic areas</li> <li>■ information on your child’s postsecondary goals (such as college, careers)</li> </ul>

✓	AT THE MEETING
	Ask questions if you need further clarification on anything. It is important you fully understand all aspects of your child’s education plan.
	Remember, you do not have to sign the 504 accommodations plan at the meeting. It is your right to take a final copy home to review further. You can sign and return it to the school at any time, but remember that your child’s current education program will not change without your signature. You also can sign only for portions of the plan you agree with and delay others if you do not agree with the full plan. Provide written explanation of your objection.

✓	AFTER THE MEETING
	Discuss the meeting with your child, if he or she did not attend. It is important that your child is not surprised about upcoming changes.
	Follow up with your child’s teacher to ensure the implementation of the 504 accommodations plan. Share your concerns and successes with the teacher.
	Consult your copy of the Parent and Student Rights pamphlet for details on how to file an objection, if you disagree with the recommendations.

## U.S. Department of Defense Education Activity (DoDEA) Schools<sup>18</sup>

It is important to note that, while federal laws apply to DoDEA schools, state regulations may not. DoDEA Regulation 2500.14 supports the implementation of 504 accommodations plans. For more information, visit [www.dodea.edu/StudentServices/accommodations.cfm](http://www.dodea.edu/StudentServices/accommodations.cfm).

### What if problems persist?

A very small percentage of children may have problems after six months. If you are still concerned about your child's progress, you may want to talk to the school about an evaluation for special education or related services. If your child is eligible for special education, then the school district will be able to start an individualized education program (IEP). An IEP is covered under the Individuals With Disabilities Education Act (IDEA).<sup>19</sup>

### Key Points

- Your child should completely recover from a concussion with the proper rest and treatment; but everyone recovers at their own pace.
- Track your child's symptoms in a symptom log to see whether they get better or worse.
- Stay in close communication with your child's health care provider, teachers and coaches.
- If your child has not improved after three weeks, consult your health care provider and talk to your child's teacher about a Section 504 accommodations plan.

## References

1. Centers for Disease Control and Prevention. (2014). *Percent distributions of TBI-related hospitalizations by age group and injury mechanism – United States, 2006-2010*. Retrieved from [cdc.gov/traumaticbraininjury/data/dist\\_ed.html](http://cdc.gov/traumaticbraininjury/data/dist_ed.html)
2. Centers for Disease Control and Prevention. (2010). *Preventing TBI*. Retrieved from [cdc.gov/Features/BrainInjury](http://cdc.gov/Features/BrainInjury)
3. Centers for Disease Control and Prevention. (2010). *Facts about concussion and brain injury: Where to get help*. Retrieved from [cdc.gov/concussion/pdf/Facts\\_about\\_Concussion\\_TBI-a.pdf](http://cdc.gov/concussion/pdf/Facts_about_Concussion_TBI-a.pdf)
4. Centers for Disease Control. (n.d.). *Heads up to schools: Know your concussion ABCs*. Retrieved from [cdc.gov/concussion/pdf/TBI\\_factsheets\\_PARENTS-508-a.pdf](http://cdc.gov/concussion/pdf/TBI_factsheets_PARENTS-508-a.pdf)
5. Centers for Disease Control and Prevention. (2010). *Heads up to schools: Know your concussion ABCs. A fact sheet for teachers, counselors and school professionals*. Retrieved from [cdc.gov/concussion/pdf/TBI\\_factsheet\\_TEACHERS-508-a.pdf](http://cdc.gov/concussion/pdf/TBI_factsheet_TEACHERS-508-a.pdf)
6. Centers for Disease Control and Prevention. (2012). *What can I do to help feel better after a concussion?* Retrieved from [cdc.gov/concussion/feel\\_better.html#1](http://cdc.gov/concussion/feel_better.html#1)
7. Moser, R.S., Glatts, C., & Schatz, P. (2012). Efficacy of immediate and delayed cognitive and physical rest for treatment of sports-related concussion. *Journal of Pediatrics*, 161(5), 922-926.
8. Master, C.L., Gioia, G.A., Leddy, J.J., & Grady, M.F. (2012). Importance of 'return-to-learn' in pediatric and adolescent concussion. *Pediatric Annals*, 41(9), 1-6.
9. Halstead, M.E., McAvoy, K., Devore, C.D., Carl, R., Lee, M., & Logan, K. (2013). Returning to learning following a concussion. *Pediatrics*, 132(5), 948-957. doi:10.1542/peds.2013-2867
10. Military One Source. (n.d.) *The DoD special needs parent tool kit*. Retrieved from [militaryonesource.mil/efmp/parent-tool-kit?content\\_id=268726](http://militaryonesource.mil/efmp/parent-tool-kit?content_id=268726)
11. Woods, D.T., Catroppa, C., Barnett, P., & Anderson, V.A. (2011). Parental disciplinary practices following acquired brain injury in children. *Developmental NeuroRehabilitation*, 14(5), 274-282.
12. Wade, S.L., Cassedy, A., Walz, N.C., Taylor, H.G., Stancin, T., & Yeates, K.O. (2011). The relationship of parental warm responsiveness and negativity to emerging behavior problems following traumatic brain injury in young children [Abstract]. *Developmental Psychology*, 47(1), 119-133. Retrieved from [ncbi.nlm.nih.gov/pmc/articles/PMC3750965/](http://ncbi.nlm.nih.gov/pmc/articles/PMC3750965/)
13. Colorado Department of Education. (2014). *Concussion management guidelines*. Retrieved from <http://www.cde.state.co.us/sites/default/files/Final%20Concussion%20Guidelines%204%2024%2014.pdf>
14. Rocky Mountain Hospital for Children Center for Concussion. (2013). *REAP the benefits of good concussion management*. Retrieved from [http://issuu.com/healthone/docs/reap\\_oct21/1?e=1811185/5400960](http://issuu.com/healthone/docs/reap_oct21/1?e=1811185/5400960)
15. U.S. Department of Education. (n.d.). *Landing Page*. Retrieved from [www2.ed.gov/parents/landing.jhtml](http://www2.ed.gov/parents/landing.jhtml)
16. U.S. Department of Education. (2010). *Free appropriate public education for students with disabilities: Requirements under Section 504 of The Rehabilitation Act of 1973*. Retrieved from [ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html](http://ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html)
17. U.S. Department of Education. (2003). *Guidance on standards, assessments, and accountability*. Retrieved from <http://www2.ed.gov/policy/elsec/guid/standardsassessment/accom.html>
18. Department of Defense Education Activity (n.d.) *DoDEA special education handbook*. [Parent Guide]. Retrieved from [am.dodea.edu/scstewartcuba/Forms/MAX-268\\_ParentGuide\\_12-13.pdf](http://am.dodea.edu/scstewartcuba/Forms/MAX-268_ParentGuide_12-13.pdf)
19. U.S. Department of Education (n.d.) *Building the legacy: IDEA 2004*. Retrieved from <http://idea.ed.gov/>





U.S. Marine Corps photo by Cpl. Reece E. Lodder



DVBIC is proud to partner with the Army, Navy, Air Force, Marine Corps and Coast Guard on this product.



September 2014

[dvbic.dcoe.mil](http://dvbic.dcoe.mil) | [info@dvbic.org](mailto:info@dvbic.org)