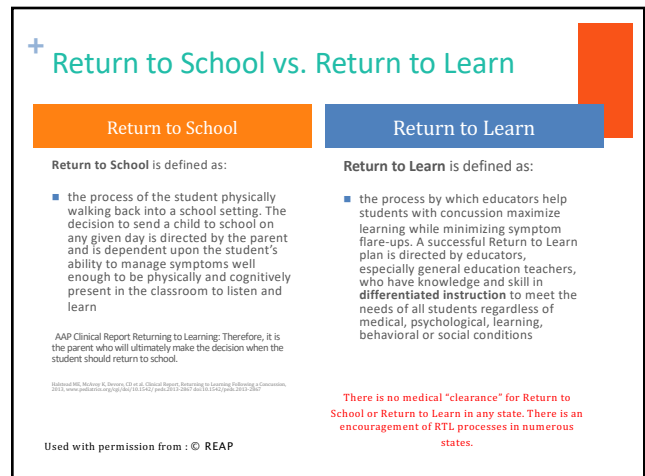
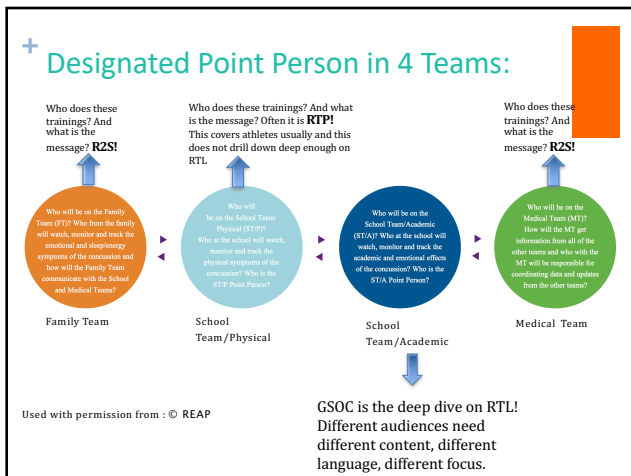
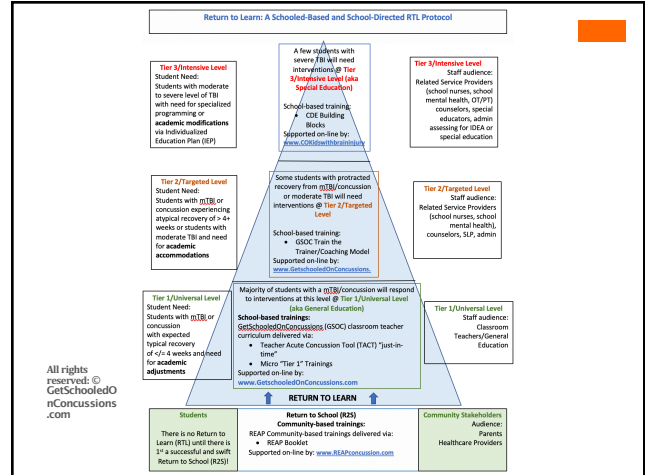




www.GetSchooledOnConcussions.com

Karen McAvoy, PsyD

All rights reserved: © GetSchooledOnConcussions.com



+ Return to School is essential for a successful Return to Learn

Benefits of Strict Rest After Acute Concussion: A Randomized Controlled Trial

Conclusions: Recommending strict rest for adolescents immediately after concussion offered no added benefit over usual care (rest for a few days followed by gradual re-integration of some cognitive and social activities). The adolescents' symptom reporting was influenced by the recommendation of strict rest.

- The Strict Rest Group showed no significant difference in neurocognitive testing or balance but showed more daily post-concussive symptoms and slower symptom resolution

• Thomas DG, Apps JN, Hoffman RG et al., Benefits of Strict Rest After Acute Concussion: A Randomized Control Trial. *PEDIATRICS* Volume 135, number 2, February 2015

American Academy of Pediatrics CLINICAL REPORT Returning to Learning Following a Concussion

... as symptoms become tolerable, short-lived, and/or amenable to rest and intervention, the student may return to school, often with the use of supplemental academic adjustments.

- Halstead ME, McKay K, Devore, CD et al. Clinical Report, Returning to Learning Following a Concussion, 2013, www.pediatrics.org/cgi/doi/10.1542/peds.2013-2867 doi:10.1542/peds.2013-2867

Need to balance the medical research suggesting students with concussion be out of school to rest for a few days against the educational literature demonstrating that students who are out of school for too long can have negative academic and social status effects.

- Rossignol, C. I., Fleig, D. K., & Knoff, K. A. (2015). Parent management of the school reintegration needs of children and youth following moderate or severe traumatic brain injury. *Disabil Rehabil*, 37(6), 523-533.

+ Return to School Considerations for:

Parent

- Help your child learn to manage symptoms throughout the day so they can successfully attend and stay at school full-days
- Communicate with the school when sending your child back to school
- Trust the teachers will "pace" your child's energy = will keep symptoms at bay so learning can take place

Healthcare Provider

- Help parents and students learn to manage symptoms throughout the day so they can successfully attend and stay at school full-days
- Communicate your findings to the school – allow each teacher to determine how they can accommodate for your concerns in their classroom
- Trust the schools to "pace" the student's energy = keeping symptoms at bay

Holding students out of school until they are "symptom-free" can potentially keep them out of school for 4 weeks. This can be devastating to the student academically and socially. Return to Learn cannot be successful until there is 1st a Return to School!

Used with permission from: © GetSchooledOnConcussions.com

+ Reality of R2S:

Families with students who do NOT fall under RTP legislation have no obligation to seek medical eval/input: (those are the non-athletes)

- 40+% (BrainSTEPS data)

1.) 40+% may not go to MD or be followed by an AT

- May not have insurance
- May not be documented
- May be distrustful of medicine
- May not believe it's a big deal

2.) When they do see an HCP, the HCP often holds them out of school until they are 100% "sx-free" => potentially up to 4 weeks => wreaks havoc on academics!

3.) If they do see an HCP, they may go 1X, then never return or not return FREQUENTLY enough for medical input to be relevant

All rights reserved: © GetSchooledOnConcussions.com

+ 4.) And lastly, when they do see an HCP, the HCP often gives academic "mandates" that are not realistic in a school!

Medical recommendations for academic adjustments are "suggestions" to schools, not mandates

Allow each teacher to determine how to adjust for your medical concern in their classroom, based upon how and what they teach

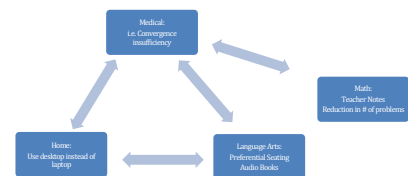
Avoid writing academic recommendations that parents expect schools to follow such as:

- NO reading
- NO computers
- NO homework

These suggestions are too restrictive, not realistic or reasonable in a school setting

There is no medical clearance or approval needed for teachers to apply or remove academic supports as they see fit for student's in their classroom...

In schools the ability for a classroom teacher to apply or remove academic supports is called **differentiated instruction** and is done for a multitude of problems every day, in every classroom, in every school.



Get Schooled on Concussions

Failure to Return to School Complicates Return to Learn

- Return to Learn is compromised if parents are highly anxious and hold their student with a concussion out of school for too long. Remember, research indicates that resting for a few days at home, followed by a gradual re-introduction of normal activity has a better outcome than staying home resting for too long.
- Return to Learn is compromised if healthcare providers tell a parent to hold a student with a concussion out of school for too long. It is not uncommon for a doctor to hold a child out of school until they are symptom-free or until the child can be assessed by a concussion specialist. These recommendations can result in a student with a concussion being out of school for weeks.
- If a student with a concussion is highly anxious and experiences symptoms quite "acutely", this tends to lead to students who lay around in bed more than needed, causing "gain of consciousness". But result from being overly sedentary (i.e., postural distress and deconditioning).
- If a student with a concussion is bored lying around at home they may find themselves playing hour upon hour of video games or looking at an iPad, computer or TV for long periods of time. This tends to tax the visual system leading to eye strain and headaches.
- When any of us stay home "sick", we tend to nap throughout the day. Days of napping will lead to a reversal of the sleep wake cycle and may potentially disrupt the good, long, restorative sleep at night needed for healing a concussion.
- When any of us stay home "sick" for too long, we begin to think we are sick. We tune in to every ache and pain in our body and eventually reinforce our "sickness" and heighten our anxiety.

Depending upon how long the student has been out of school, the general education teacher will have to take additional issues into consideration. Before the teacher can decide what work can be adjusted down, he/she has to think about how much instruction was missed. Re-teaching material is different than simply adjusting work output. A prolonged absence from school leads to MISSED INSTRUCTION which has serious downstream consequences, making a teacher's job of helping a child Return to Learn significantly harder.

GOOC feels that Returning to School is the first priority in a well-designed RTI plan. There can be no Return to Learn if there is not first a Return to School. Since returning to school is based upon how well the student can "manage his/her symptoms" then **symptom management** becomes the first order of business on a RTI plan. Having the student *at* school, keeping the student *at* school - all day, every day, is the first step to a successful RTI plan.

There are some rare cases in which the student with a concussion may be so symptomatic that they cannot return to school within days, or sometimes, even within weeks. Without this student close return to school, they may only be able to manage their symptoms well enough to tolerate a partial day. In those cases, close medical home-school collaboration is a must. Return to school needs to be individualized for each student. However, because the recovery trajectory for concussion is very favorable, and because we always want to start from a place of optimism and empowerment, GOOC almost always encourages students and parents to plan on and really try to return to school full days as soon as tolerated.

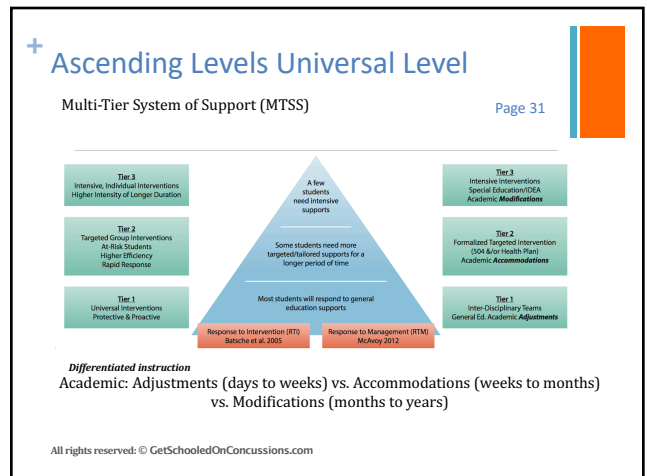
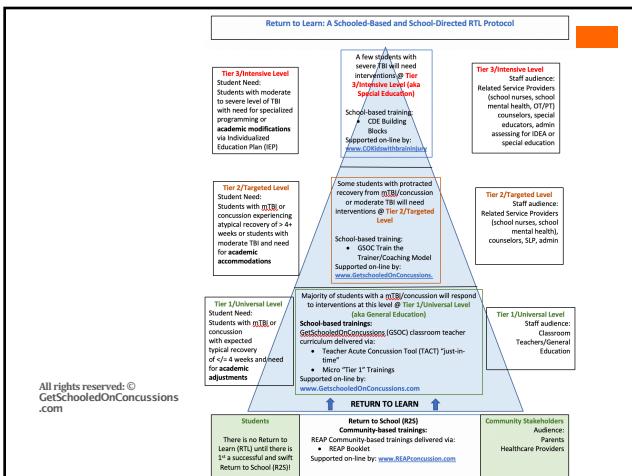
All rights reserved: © GetSchooledOnConcussions.com

#RTLB4RTIP
A 501(c)(3) Teacher Approved

© 2015 Susan McKinney & Brooke Eagan Johnson. All rights reserved.
GetSchooledOnConcussions.com

Return to Learn (RTL)

All rights reserved: © GetSchooledOnConcussions.com



+ So let's recap ... The research suggests that returning to school/learn and academic performance are not necessarily negatively impacted by a concussion

A concussion is a short-term transient injury that causes functional impairment for days to weeks. Recovery from concussion for 70% of children/adolescents can last up to 28 days. (Zemek, 2016)

It is acceptable for a student to miss a few days of school but typically students can/will be back at school within 2 - 4 days to 1 week, albeit with symptoms. (Halstead, 2013; Thomas, 2015)

Schools can support students with concussion at school. It is not necessary to hold students out of school until they are 100% symptom-free!

While students may be back at school, academic dysfunction may last up to 1 month. (Wasserman, 2016)

However, in the end, especially if handled well, there are (rarely) long-term grade/credit (transcript) consequences. (Russell, 2015)

+ So...where does concussion management really happen?



YES! In the general education classroom!

(Fortunately) the majority of concussions are not a 504 issue or an IEP issue!

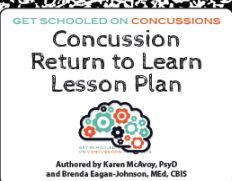
Good concussion management = quick, flexible, short-term, academic "adjustments"

(not accommodations aka 504 nor modifications aka Special Ed)

But if recovery has not been achieved within 4 to 6+ weeks:

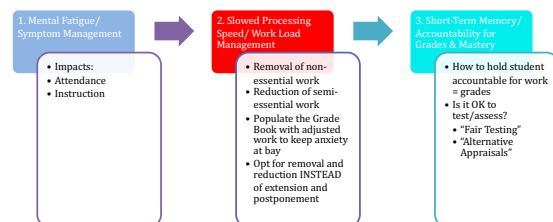
These students should be referred to a higher level of support (that's covered in the T the T model)!

All rights reserved: © GetSchooledOnConcussions.com



- ✓ What to do in the classroom?
- ✓ What to do about missed instruction?
- ✓ What to do about make-up work?
- ✓ What to do about quizzes/test?
- ✓ What to do about extracurricular activities?

+ 3 Common Effects of Concussion... and their impact in the classroom



Used with permission from: © GetSchooledOnConcussions.com

1. Mental Fatigue: Symptom Management = Energy Management



Impacts:

- Attendance
- Instruction

Poor or partial attendance

Lack of exposure to classroom instruction

Difficulty for classroom teacher to give the "gift" of adjusted work load

Ability to Return to School impacts Return To Learn!

Used with permission from: © GetSchooledOnConcussions.com

1. Mental Fatigue: Symptom Management = Energy Management

Rest Breaks:

- **"Pacing"**– eyes closed/ head down/ water breaks for 5 to 10 minutes, IN the classroom, after periods of mental exertion
- Take eyes off the book/computer and look away
- Take more water breaks – and more frequent bathroom breaks
- Take a 5 minute "bean bag" or "head on desk" rest break in the classroom as needed
- **"Strategic Rest Breaks"**– 15 to 20 minute "proactive" rest break in the school clinic 1X mid-am and 1x mid- pm as needed

Used with permission from: © GetSchooledOnConcussions.com

Get Schooled on Concussions Mental Fatigue Strategies

Mental fatigue is the most common underlying reason for concussion symptoms. Headache is the most common symptom of a concussion and often the first "indicator" of inefficient energy management.

When a student with a concussion goes back to school within days to weeks, their ability to "manage their symptoms" becomes the crucial skill needed to determine:

- If they feel symptomatically well enough to physically be at school (Return to School)
- If they feel symptomatically well enough to be available, cognitively, for learning (Return to Learn)

The MOST effective academic intervention for a student with a concussion is REMOVAL of non-essential work and REDUCTION of some essential work. These "gifts" from YOU, the general education teacher, cannot be given if the student has not been physically or cognitively present IN CLASS long enough or frequently enough to hear instruction. Therefore, the ability to manage symptoms, with the goal of feeling comfortable enough to be physically and cognitively present for classroom instruction, is the KEY to a successful RTI plan.

Symptom Management is the #1 priority,
especially in the beginning weeks
of concussion management!
It is acceptable to be at school with "annoying" symptoms!

Strategies: Rest breaks:

- **"Pacing"**– Eyes closed/head down/water breaks 5 to 10 minutes, in the classroom, after periods of mental exertion
 - Take eyes off the computer or off the book and look across the room or close eyes for rest
 - Take more water breaks – also for more generous bathroom breaks if needed
 - Take a 5 minute "bean bag" or "head on desk" rest break in the classroom once an hour if needed.
- **"Strategic Rest Breaks"**– 15 to 20 minute proactive rest breaks in the clinic (perhaps in place of PE class, recess, enrichment) 1X in the am and 1X in the pm. The goal is to "Schedule" rest break at a logical time of the morning or afternoon to prevent the build up of symptoms. Be proactive instead of reactive.
- Only after being physically and cognitively present for **instruction** can a general education teacher fairly assess the REMOVAL of non-essential work and REDUCTION of some essential work.

#RTL4ARTP
of RTI Team • Teacher Approved

© 2013 Karna Murray & Brenda Kappeler, All rights reserved.
GetSchooledOnConcussions.com

Get Schooled on Concussions What to Do About... Missed Instruction

The purpose of school is to receive instruction, to practice and reinforce learning with output for class work and homework (and the subsequent "practice" of the material – usually with tests and ultimately by grade). Obviously a concussion will affect mental efficiency, speed of input/output and memory of material and will impact all three areas of instruction, work output and learning grade.

Did you read "What to Do About... Work Output and Test?"
If you did, then you realized that school is the shortest work output and test is a more always dependent upon whether or not the student received the instruction.



A concussion will impact the student's memory, their processing speed and their ability to learn new material for the week. After a few days of rest at home, most students will be back at school. There will need to be a lot of help for the student to catch up on the day's work, complete from work output and tests, and "gifts" from teachers.

But "gifts" given by teachers cannot happen unless the students, AT SCHOOL and the entire day, receive the instruction. During the initial week of school management, the primary goal is to have the student be present at school for as many classes as possible to maximize exposure to the lessons.

If the student with a concussion can't sit at school and can't listen, can learn, can't learn then have the student in REMOVAL of non-essential work and REDUCTION of some essential work. They will be less worried about a concussion in work output and tests. They know the student will learning a strategy to receive the learning material in class.

Goal #1: Symptoms need to be tolerable, manageable and intermittent. **Plan: "Pacing"**– Student should take frequent rest/water breaks – 5 to 10 minutes per hour in the classroom after mental exertion.

"Strategic Rest Breaks"– Student may provide a scheduled 20 minute rest break in the school clinic every day and every week, when time is needed.

Goal #2: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #3: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #4: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #5: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #6: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #7: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #8: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #9: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #10: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #11: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #12: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #13: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #14: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

Goal #15: Student should be able to do a small slice of the day's work. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion. These "small slices" will be reduced the negative effects of concussion.

2. Slowed Processing Speed/ Work Load Management

Once a student with a concussion has been in class to hear instruction, the teacher can begin to focus on **differentiated instruction**:

- Removal of non-essential work
- Reduction of semi-essential work
- Clear expectations on essential work, prioritizing current work over make-up work

Extensions and postponement of work tend to heighten anxiety, especially if the concussion goes on for 3+ weeks. **A reasonable work load is necessary!**

Used with permission from: © GetSchooledOnConcussions.com

2. Slowed Processing Speed/ Work Load Management

Other differentiated instruction for work load management:

- Focus on comprehension, not memorization
- Focus on quality, not quantity
- Allow for more group work
- Allow for academic supplements such as:
 - Audio books
 - Teacher notes/Buddy notes
 - Colored paper/Tinted overlays
 - Ear buds for noise/passing in halls alone for balance/sunglasses for light

Used with permission from: © GetSchooledOnConcussions.com

Get Schooled on Concussions Slowed Processing Speed Strategies

The second most common impact of a concussion is slowed processing speed. This might be reflected in speech, speed of thinking, writing, driving, etc. The student may still be very capable of learning, they are just taking a longer time in their ability to demonstrate it. This might feel very frustrating for the student as things that used to come easily for him/her, might not come early right now.

Used to be a math whiz, now can barely get through a multiplication problem?

Obviously, if a student is moving in slower motion, he/she is not able to cover as much territory. This is why REDUCTION of non-essential work and REDUCTION of semi-essential work are THE most helpful academic interventions a teacher can give a student with a concussion. These adjustments keep the most essential learning going (able to be made up) for weeks on end, while keeping symptoms and frustration down. It's a WIN WIN!

- Strategies:**
- Cut back on the amount of work. Grade completed work (Do not penalize (mark down a grade) for work completed)
 - Go for quality, not quantity of work
 - Go for comprehension of material, not memorization of material
 - Prioritize what is most important
 - To teach during the potential four weeks of recovery and
 - For student to learn during the potential four weeks of recovery
 - What needs to be "covered" to earn a fair grade by semester end and for advancement to the next level?
 - It is not possible for students with a concussion to make-up all missed work (especially if the student has missed a number of days/weeks from school)
 - Therefore, quickly make a reasonable make-up work plan (REMOVAL of non-essential make-up work and REDUCTION of semi-essential make-up work)
 - Do not let make-up work start to pile up → it leads to ANXIETY!
 - Once a reasonable plan for make-up work has been determined, put PRIORITY on keeping up with current learning. As a side note, continue to determine with student: what non-essential current work can be removed? What were essential current work can be reduced?
 - Expect student to have less symptoms over time to three to four weeks, and expect them to have more energy and to be able to keep up with more current work as weeks pass
 - Do not expect the student to struggle in every single academic class. The brain may not be taxed at all by art class or history, but must be taxed for calculus and computer. Allow academic support in the classes where the brain energy is struggling (as manifested by symptoms) but keep the student progressing (usually in classes where the brain energy seems high)

#RTLB4RTP
A 504 Plan Teacher Approved

© 2015 Susan M. Waring & Brenda Egan Johnson. All rights reserved.
GetSchooledOnConcussions.com

Get Schooled on Concussions What to Do About - Work Output: In-Class/Homework

The purpose of school is to receive instruction, to practice and reinforce learning with output (in-class work and homework) and to demonstrate "mastery" of the material - usually with tests and ultimately by grade. Obviously a concussion will affect mental efficiency, speed of mental work, memory of material and most of all, the speed of instruction, work output and test output. The logic all three areas, be sure to do this!

What to Do About - In-Class and What to Do About - Homework Instruction

- Student is really confused and is typically absent or completely unavailable to learn from instruction.
 - Teacher and student need to determine what is most important to teach and to learn. Consider removing work and focusing on the most important work.
- Student has been mostly confused, has missed work and is not able to keep up with current work.
 - Teacher and student need to determine what is most important to teach and to learn. Consider removing work and focusing on the most important work.
- For students who are not able to keep up with current work, consider the "right" of having student do any "homework"
 - For students who are not able to keep up with current work, consider the "right" of having student do any "homework"

As the semester ends and the work is done, it is the teacher's responsibility to determine what is most important to teach and to learn. The purpose of school is to receive instruction, to practice and reinforce learning with output (in-class work and homework) and to demonstrate "mastery" of the material - usually with tests and ultimately by grade. Obviously a concussion will affect mental efficiency, speed of mental work, memory of material and most of all, the speed of instruction, work output and test output. The logic all three areas, be sure to do this!

What to Do About - In-Class and What to Do About - Homework Instruction

#RTLB4RTP
A 504 Plan Teacher Approved

© 2015 Susan M. Waring & Brenda Egan Johnson. All rights reserved.
GetSchooledOnConcussions.com

Empty Grade Book

The **Empty Grade Book** is one of the biggest sources of anxiety in high school students as they recover from a concussion!

The "Empty Grade Book" phenomenon happens whenever a student:

- misses school completely or has spotty attendance
- has some in-class work or some homework completed but not all
- has been absent for quizzes/tests or has been allowed to "postpone" quizzes/tests
- for any significant amount of time
- for any significant medical or psychological reason, including concussion.

As educators, we always do our best to work with the hand we're dealt. One first inclination is to assume that all of the "D's" in the Grade Book will be filled in when the student returns to school given their medical or psychological condition and MOKES Up! work. And we assume that the work that will happen fairly soon – so we continue to give the "D's" of "postponement" and "extension of due date".

However, the strategy to "Postpone and extend" classroom work, homework and quizzes tends to only work well on short term medical/psychological conditions. A typical concussion can last up to 4 weeks. A lingering concussion may last weeks to months. Postponing or extending deadlines for needs to months may result in a very empty Grade Book. This can be academically devastating to a student.

- What can a teacher do to avoid the "Empty Grade Book" phenomenon?
- Try to use "Performance" or "Extension" as your primary academic support beyond week 2 or 3, definitely not beyond week 4.
- Combine with "Remedial and Reduction" (Use Slowed Process and Speed Strategies). As early as week 3, begin to consider:
 - What is the most essential information I need to teach this student with a consultation over the next few weeks?
 - Is any in-class work or homework non-essential? Can it be REDUCED?
 - Is any in-class work or homework semi-essential? Can it be REDUCED?
 - What in-class work or homework is essential? Make your expectations clear on how much work needs to be completed and how that work gets done (e.g. alternative project or option). Offer presentations, collage, etc.

#RTL84RTS™
✓ Kid Tested • Teacher Approved!

[illegible]

Some students will have a misconception that they may request attendance, work completion and tests for 10+ weeks. In those cases, it is important to let them know that you will bump up against a grading period. It is always better to approach the end of a semester with a full (even if adjusted) Grade Book than an Empty Grade Book. An Empty Grade Book close to a grading period deadline almost always leads to panic, frustration, confusion and anger. The end of the semester is not a good time to tell it all the work they might have "postponed" or "intended" because you suddenly realize you are approaching a grading period with an Empty Grade Book. Keeping the Grade Book filled throughout the semester keeps your anxiety, and your student's anxiety down (*View End of Semester Plans and Grading Periods - A Guide and Practical Conclusion*)

© 2013 Karen Wokosky & Brenda Eagan-Johnson. All rights reserved.
GetSchooledOnCancouslens.com

3. Short-Term Memory

Once a student with a concussion has been in class to hear instruction, and has been demonstrating learning with a reduced, reasonable work load, then a teacher can begin to focus on “How do I test/assess my student’s mastery and give a grade? Consider:

- **“Alternative Appraisals”** – Can I assess level of mastery in a creative, alternative fashion? (oral presentation, collage, video)
- **“Fair Testing”** – Was the student physically and cognitively present to learn the material and can retain the material?

Used with permission from: © GetSchooledOnConcussions.com

3. Short-Term Memory

Accountability for Grades and Mastery

Alternative Appraisals

- Oral presentations
- Video presentations
- Collages
- Group work

Fair Testing

If a test/final is necessary:

- Open book
- Multiple choice
- Extended time
- No more than 1 test per day

These strategies are all within the purview of the teacher and do not require medical approval. Consider forgoing testing in the first 1 to 2 weeks post-concussion. However, consider attempting some (adapted) assessments as recovery progresses into week 3 and 4 and beyond.

Used with permission from: © GetSchooledOnConcussions.com

Get Schooled on Concussions

What is our ultimate goal as educators? We teach what we love so our students get exposure to our material, digest our teachings, show us that they have mastered what we have taught – for which they “earn” a grade and a credit. So when a concussion impacts a student’s ability to think and learn for up to 4 weeks, how will we be sure they have learned our material? And how can we give them a fair grade?

The research on concussion has shown that having a concussion does not automatically forecast a negative impact on long-term measurements like grades, transcripts and credits (Russell et al., 2015). However, in the short-term, during the recovery from a concussion, it is not at all uncommon to have many 0's in the grade-book. How do we fairly measure mastery for our students with a concussion? (View "Empty Grade Book" Zip Sheet.)

Strategies

- Embed new learning into meaningful past learning
- Focus on conceptualization of material instead of memorization for tests
- Consider "auditing" – allow for learning without pressure of work output or testing
- Allow multiple modes of exposure to learning – audio books, watching the movie, discussion group, projects

Testing: mastery and grade

"Fair Testing" – Fair testing is the concept that we can only assess students on material that they were exposed to and can retain. In the very beginning of a concussion, the symptom of short-term memory loss may be so pronounced that it would not be fair to test a student with a concussion. However, it is possible that a student with a concussion may be such a great student in your subject matter that they have no memory struggles for your particular content area at all. In order to determine if it is "fair" to test a student, consider these questions:

- How long ago was the conclusion?
 - How much recovery should we expect to have as weeks have gone by?
 - Was the student physically and cognitively present enough to be exposed to your material?
 - Does essential material need to be taught before it can be assessed?
- Alternative Assessment – If mastery of material must be assessed with a test, can an alternative to testing be considered (i.e. oral presentation, group presentation, open book, preview materials, testing over 2 days in smaller chunks, collage, video)?
- If mastery has to be assessed via a test (final), consider the following:
- If testing is tried but did not go well, can the student have a "do-over"?
 - If final: a) must, consider no more than 1 or 2 finals per semester
 - b) 2 final finals fall on the same day, consider moving finals around to allow for a hard final followed by 20 minutes rest.

© 2014 John Wiley & Sons, Ltd.

#RTL84RTP®
✓ Kid Tested • Teacher Approved

© 2018 Kasey McAvoy & Brenda Eagan-Johnson. All rights reserved.
GetSchooledOnConcussions.com

Focus at Phases of Recovery		
<p>Week 1 through 4 ACUTE</p> <p>SYMPTOM MANAGEMENT</p> <ul style="list-style-type: none"> • "Pacing" • "Strategic rest breaks" <p>ATTENDANCE is key!</p> <p>REMOVAL of non-essential REDUCTION of semi-essential - extension or postponement NOT adequate</p> <p>Adjustment of essential work (extension or postponement is OK in small amounts)</p>	<p>Week 5 through 9 REHAB MODEL</p> <p>Balance of make-up and current work with reasonable REMOVE/REDUCE plan. Reasonable plan for essential work (limit extension or postponement)</p> <p>Physical Therapy/Light Cardio Rehab</p> <p>Symptoms should be managed (by student or medically) - No absences from school</p>	<p>Week 10+ PROTRACTED</p> <p>Normalization of life</p> <p>Rehab Plan: originated/exacerbated/ misattribution</p> <p>Focus on current work Stable, forward focused academic plan (no make-up work and no postponements)</p> <p>Symptoms should be managed - No absences from school</p>

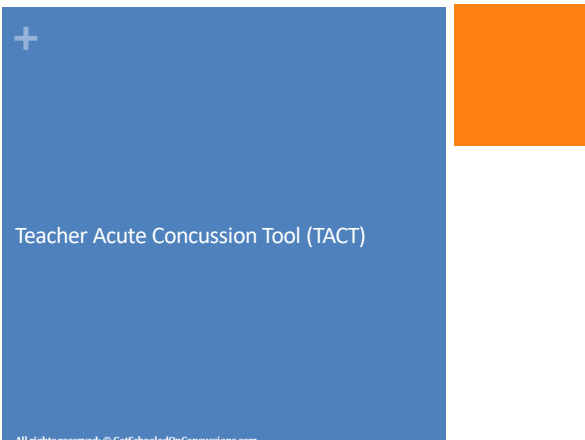
Adapted from Get SchooledOnConcussions.com

```
graph LR; R[Rehabilitation] --- OC[Oculomotor/Convergence Insufficiency]; R --- CS[Cervical Strain]; R --- VA[Vestibular/Auditory Recrossing]; R --- MB[Mood/Behavior]; OC --- OC_L["Limited computer screens/reading"]; OC --- OC_L2[Large print]; OC --- OC_L3["Teacher/buddy notes"]; OC --- OC_L4[Tinted overlays]; OC --- OC_L5[Preferential seating]; OC --- OC_L6[Audio books]; OC --- OC_L7[Corrective lenses]; CS --- CS_L1[headaches]; CS --- CS_L2[Second set of books]; CS --- CS_L3[Extra time for locker]; CS --- CS_L4[Head on desk]; VA --- VA_L1[Preferential seating]; VA --- VA_L2["Passing in halls early or late"]; VA --- VA_L3[Extra time for locker]; VA --- VA_L4[Elevator key]; VA --- VA_L5[Headphones/ear buds]; MB --- MB_L1["behaviors"]; MB --- MB_L2["Extra TLC"]; MB --- MB_L3["Clear expectations about work"]; MB --- MB_L4["Check in/Check out"]; MB --- MB_L5["Emotion Regulation"]; MB --- MB_L6["Coping Mechanisms/Cog-Beh Tools"];
```

Rehabilitation

- Oculomotor/Convergence Insufficiency** – eyes
 - Limited computer screens/reading
 - Large print
 - Teacher/buddy notes
 - Tinted overlays
 - Preferential seating
 - Audio books
 - Corrective lenses
- Cervical Strain** – increases
 - headaches
 - Second set of books
 - Extra time for locker
 - Head on desk
- Vestibular/Auditory Recrossing**
 - Preferential seating
 - Passing in halls early or late
 - Extra time for locker
 - Elevator key
 - Headphones/ear buds
- Mood/Behavior** – emotions & behaviors
 - Extra TLC
 - Clear expectations about work
 - Check in/Check out
 - Emotion Regulation
 - Coping Mechanisms/Cog-Beh Tools

Used with permission from: © GetSchooledOnConcussions.com

[illegible][illegible]

Teacher Acute Concussion Tool (TACT)

All rights reserved: © GetSchooledOnConcussions.com

The image shows the homepage of the 'Get Schooled on Concussions' website. The top navigation bar is orange with white text links: Home, About, Trainings, TACT, Tip Sheets, and Resources. The main header area has a black background with a white, textured pattern of small, interconnected shapes. In the center is a white, rounded rectangular box with a black border. Inside this box, the text 'Return to Learn' is written in a large, black, serif font. Below it, in a smaller black serif font, is 'Making concussion manageable in the classroom'. At the bottom of the box, there are two green checkmarks followed by the text 'Kid Tested' and two red hearts followed by 'Teacher Approved™'. Below the main header is a solid orange horizontal band. At the bottom of the page is a grey horizontal band. On the left side of the grey band is a teal square containing a white icon of two people and the text 'Parents'. On the right side of the grey band is a white icon of a person and the text 'Professionals'.

Get Schooled on Concussions

Home About Trainings TACT Tip Sheets Resources

TACT

(Teacher Acute Concussion Tool)

Engage in an interactive web-based questionnaire to find out how your teaching style, content area, environmental and student factors lead to specific classroom strategies for the student with a concussion in your classroom.

Tip Sheets

Practical Suggestions for the classroom.

Trainings

Hands-on trainings for teachers, school nurses, counselors, school psychologists, social workers and administrators.

Return to Learn

Concussion Lesson Plan

✓ Kid Tested • Teacher Approved* curriculum for in the general classroom...and beyond

Get Schooled on Concussions

Home About Trainings TACT Tip Sheets Resource

I teach *

☐ at the Elementary level

☒ at the Middle or High School level

Middle or High School level

You have been informed of a student with a concussion in your class. Please mark if you have that student in your morning class(es), afternoon class(es) or both morning and afternoon classes. *

☐ In the morning

☐ In the afternoon

☐ I have this student in both morning and afternoon classes

Please rate the time of the grading period this concussion is coming to your attention (1 = very beginning of the grading period; 3 = middle of the grading period; 5 = end of the grading period): *

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please mark which style of teaching (simultaneous versus sequential) best describes the way you deliver instruction: *

☐ In general, I teach in a way where new general concepts layer over past concepts. Learning builds over weeks to months. Or I teach a topic where concepts don't necessarily layer over past concepts at all. Examples: Social Studies, Language Arts, Health.

☐ My content area is primarily sequential: I teach concepts where each new lesson builds on the last 1 to 2 lessons. Yesterday's learning is important for today's learning (i.e. Math, Science).

☐ Some of my content builds on past learning from yesterday; some of my content builds on general concepts from weeks to months ago.

Dear Mr. [Redacted],

Thank you for taking the TACT. Here are some ideas to help you with your student with a concussion:

You selected: I have this student in both morning and afternoon classes

- If you teach this student in both morning and afternoon classes, you can be helpful in encouraging them to pace their energy throughout the day. The first goal in supporting a student with a concussion in your classroom is to help the student manage their symptoms so they feel comfortable enough to be physically and cognitively present in class to hear your instruction. Since a concussion is an energy crisis that contributes to **mental fatigue** and manifests as symptoms (headaches, dizziness, slowness, difficulty concentrating, etc.), limiting your student to "just" 1-hour energy (5 to 10 minute eye/head/neck breaks in the classroom) frequently throughout the morning helps to preserve some energy for learning in the afternoon. Your student might also benefit from "strategic rest breaks" 1X mid-morning and 1X mid-afternoon. The goal is to keep your student feeling comfortable **AT ABOUT ALL DAY** (if possible) so they can hear your instruction. Attendance at school and hearing instruction is a necessary first step before an adjustment of workload can be determined.
- Afterthought(s):**
 - [Mental Fatigue Strategies](#)

Grading:

- Research shows that students will need about 4 weeks to fully recover from a concussion; then it goes without saying that a concussion that happens in the middle third of a grading period can potentially derail the academic momentum students and teachers have in the peak of the grading period. Teachers will need to focus even harder on 1.) trying to keep the student comfortable enough to be in class so that missing school (aka missing instruction) is minimized. Working closely with the student to utilize **mental fatigue** strategies is the best way to help the student pace energy, thereby, keeping symptoms at bay. 2.) Since in-class work and homework is likely at a severely dip by mid-grading period, a teacher has no choice but to truly assess what is absolutely essential for the student with a concussion to attend to. With (planned) processing speed, it is not possible for the student with a concussion to complete all work. Looking ahead at the most important end of grading period expectations for your class, you need to remove non-essential work and reduce semi-essential work early in the process of recovery from concussion and help the student keep their eye on the most essential parts of your content in preparation for the upcoming end of the grading period. If the concussion recedes before the last 1/3 of the grading period, the student is likely capable of taking trade with peers. This would be the priority over spending energy on making up past in-class or homework assignments that are not essential. Except: past work in favor of allowing the student to focus on the current content and upcoming end of grading period expectations.
- Afterthought(s):**
 - [What To Do About Tests](#)
 - [Ending the Semester: State-and-grades Formula: Acute Concussion](#)

You selected: Some of my content builds on past learning from yesterday; some of my content builds on general concepts from weeks to months ago.

- Sometimes you teach content that spans over skills learned previously and sometimes you teach content that spans over "general concepts" that over weeks or months. Keep in mind that a concussion does not impact learning in all areas, all of the time. Because a concussion is an energy crisis, it makes learning harder in areas that generally were already harder to start with. If your student was strong in your content area before the concussion, expect their management of symptoms as they will be physically and cognitively comfortable enough to attend school to hear your instruction. The most common culprit for missing school (aka missing instruction) during a concussion is **mental fatigue**. The brain running on empty manifests as symptoms which may result in absence from school, leaving to go to the school clinic or being unavailable to learn in the classroom because of pain. The best way to help a student with a concussion in your classroom is to encourage them to utilize "energy" (5 to 10 minute eye/head/neck breaks in the classroom) strategies frequently. Having a student be present to hear your instruction is a necessary first step to keeping your teaching; you cannot adjust work output until you are sure your student has been exposed to your instruction. If you are teaching new content that has already been learned solidly in the past, know that a student with a concussion is going to have more success in remembering new material **short-term memory (STM)** it is embedded in meaningful old learning (long-term memory (LTM)). If you are teaching content that requires mastery of 1 concept before moving on to the next concept, check mastery of the material by having your student complete every other problem instead of every problem. For a short time, consider having your student only report out final answers and not outline the process of discovery.
- Afterthought(s):**
 - [Difficulty Connecting New Material into Learning: Short-Term Memory Strategies](#)

All Rights reserved: © GetSchooledOnConcussions.com

You selected: Some of the content I teach is by lecture (auditory) and some of the content I teach has numerous visual supplements.

- If you are teaching in an auditory fashion, keep in mind that loud sounds and activity may reemulate a student with a concussion and can lead to **mental fatigue** (aka flaring of symptoms). If noise is a concern, allow students with concussion to wear ear buds or noise reduction headphones to keep them comfortable in class. It is acceptable to allow a student with a concussion to absent at least 1 instructional class for 1 or 2 days, however, it is best to encourage them return with the aid of ear buds as soon as possible. Consider allowing student to have a "quiet place" to study at school (library, counseling office), a "quiet lunch" arrangement (lunch in a classroom away from the busy cafeteria) and ability to pace to "quiet hall" (some minutes before or after the bell). If you are teaching with a lot of visual supplements, keep in mind that this may be difficult for a student with a concussion due to fatigue that comes from eye strain, eye tracking in combination with head movements (moving head up and down to from desk to board, following quick movements on video). Eyelid movements with a concussion often lead to dizziness and nausea. Allow for more "listening and hearing". Allow faculty notes. Allow teacher outlines with highlights. Allow preferential seating: closer to board if that provides less symptoms; or at the back of the room to reduce if that provides less symptoms. If expert handouts are already coordinating, consider calling them content on page or use 1-sided notes.
- Afterthought(s):**
 - [What To Do About Mental Instruction](#)
 - [Mental Fatigue](#)

Technology:

- Electronic and visual technology can be taxing to students with a concussion because of the focused eye demands. Therefore, if you do not use much technology in your class, your content area and your teaching style might not provide any symptoms at all in the student with the concussion. If that is the case, hopefully this student can attend your class with no symptoms and you can keep them progressing with their peers.
- Afterthought(s):**
 - [What To Do About Work Output](#)
 - [Concussion: Executive Function: Damage-1](#)

Reading:

- Reading can be very taxing to students with a concussion because of the focused eye demands. Therefore, if you do not use much reading in your class, your content area and your teaching style might not provide any symptoms at all in the student with the concussion. If that is the case, hopefully this student can attend your class with no symptoms and you can keep them progressing with their peers.
- Afterthought(s):**
 - [Symptom Sheet-1](#)

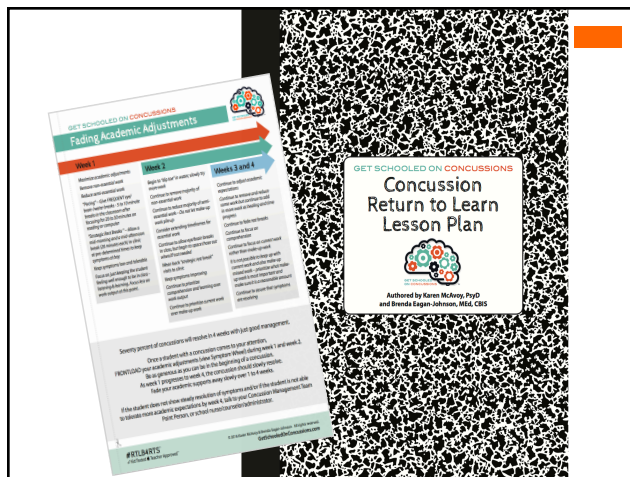
Thanks,

TACT Team

12 Attachments

SSDC_Mental_Fatigue, SSDC_What_Is_It, SSDC_Enabling_It, SSDC_Difficulty_It, SSDC_Symptoms, SSDC_Signaling_It, SSDC_How_About, SSDC_Review_Pro, SSDC_Energy_Split, SSDC_What_Is_It, SSDC_Mental_Fatigue, SSDC_What_Is_It, SSDC_Symptoms

All rights reserved: © GetSchooledOnConcussions.com



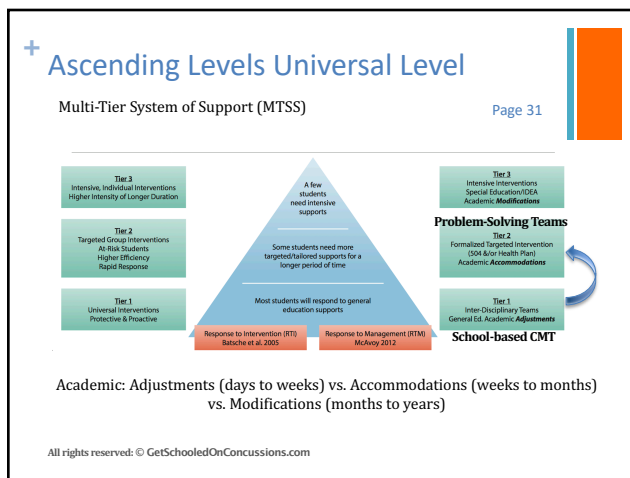
Tier 2 / Targeted Level

- Some students with protracted recovery from mild/concussion or moderate TBI will need interventions @ Tier 2/Targeted level
- School-based training:
 - GSOC Train the Trainer/Coaching Model
- Supported on-line by:
[www.GetSchooledOnConcussions.com](#).

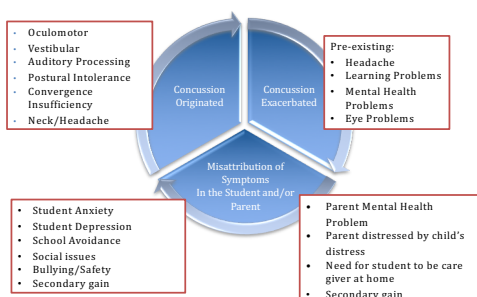
Tier 2/Targeted Level

Staff audience:

Related Service Providers
(school nurses, school mental health),
counselors, SLP, admin



+ Possible contributors to protracted recovery from concussion



Used with permission from: © GetSchooledOnConcussions.com

Focus at Phases of Recovery

Week 1 through 4 ACUTE	Week 5 through 9 REHAB MODEL	Week 10+ PROTRACTED
SYMPTOM MANAGEMENT MF <ul style="list-style-type: none"> "Pacing" "Strategic rest breaks" ATTENDANCE is key!	Balance of make-up and current work with reasonable REMOVE/REDUCE plan. Reasonable plan for essential work (limit extension or postponement) PS/STM Physical Therapy/Light Cardio Rehab Symptoms should be managed (by student or medically) – No/Few absences from school MF	Normalization of life Rehab Plan: originated/exacerbated/misattribution Focus on current work Stable, forward focused academic plan (no make-up work and no postponements) PS/STM Symptoms should be managed - No absences from school MF
REMOVAL of non-essential REDUCTION of semi-essential - extension or postponement NOT adequate PS Adjustment of essential work (extension or postponement is OK in small amounts) STM		

Adapted from GetSchooledOnConcussions.com

Is there an appropriate time to initiate a more formal plan and/or a 504 plan?

Ask yourself:

Have you maximized your immediate, flexible, fluid and generous academic adjustments from Day 1 to Week 4?

Student is not yet recovered?

Student needs more time?

Perhaps due to:

- History/Family Hx of headaches/migraines
- History of past concussions
- Learning issues; Attentional issues
- Underlying psychological issues (anxiety, depression, school avoidance/phobia)
- Multiple past concussions
- Oculomotor issues/Convergence Insufficiency
- Vestibular issues
- Dysautonomia
- Poor management?

Is may be time to offer **academic accommodations?**
Maybe!

30%?

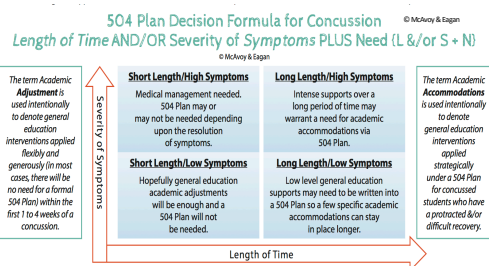
Adapted from GetSchooledOnConcussions.com

+ Section 504 Plan?

- Not a specific length of time – but the longer symptoms go on, the longer the need for support. Zirkel and Brown – 6 months but there is precedent for a implementing sooner... how long before academics get impacted? 1 month? 2 months?
- Not a specific severity of symptom, but severe sx = immediate medical attention (education on hold); low sx are less medically concerning but are educationally impactful.
- Educational Impact? Begin to narrow focus
 - Prescriptive
 - Progress-monitoring
 - Data driven decisions

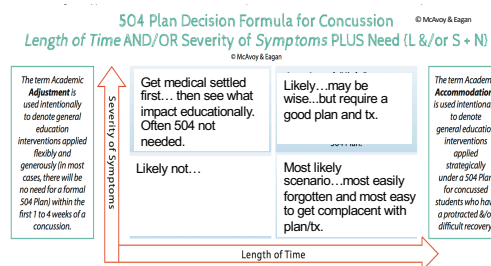
Adapted from GetSchooledOnConcussions.com

+ Section 504 Decision Formula for Concussion
 Length of Time AND/OR Severity of Symptoms PLUS Need
 {L &/or S + N}.



All rights reserved: © GetSchooledOnConcussions.com

+ Section 504 Decision Formula for Concussion
 Length of Time AND/OR Severity of Symptoms PLUS Need
 {L &/or S + N}.



All rights reserved: © GetSchooledOnConcussions.com

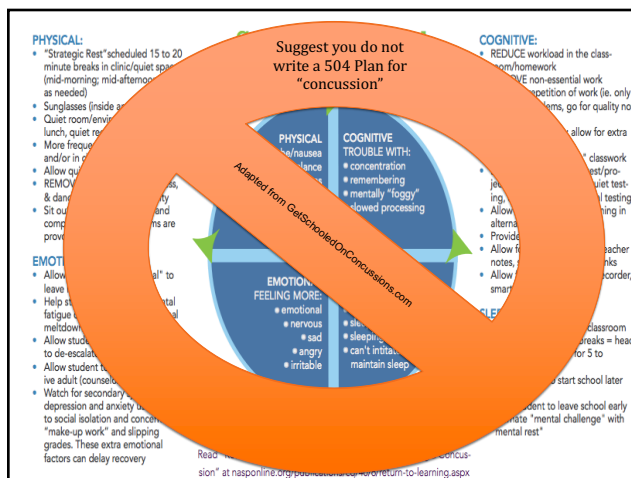
+ L &/or S + Need

What is need?

- Intangible human factors that are not objective
- Usually, often, parent anxiety
- Sometimes, school/admin anxiety
- Parent + school factors = trust?
- Sometimes, teacher comfort level

Check with your district legal on interpretation of application of 504 in case of concussion.

Adapted from GetSchooledOnConcussions.com



+ What is a 504 NOT?

- A plan to stay home – 504 is about access AT school!
- A plan to force teachers to make accommodations because they refuse to make adjustments.
- A educational plan that absolves family from seeking treatment – in the right area... medical or psych?
- A plan to “water down” AP, IB or Honors classes long term.
- A plan to guarantee high grades for long term.
- Not all academic requirements are accommodatable!

Adapted from GetSchooledOnConcussions.com

Tier 3 Special Education

All rights reserved: © GetSchooledOnConcussions.com

Is there ever an appropriate time to initiate an IEP?

Have you maximized your longer-term, prescriptive and specific academic **accommodations** over months, potentially years, and now are convinced that this concussion has led to

- Permanent brain damage
- Inability for the student to benefit from general education alone?
- Student now needs specialized instruction, programming or placement
- Student needs **modification** of the curriculum?

Student needs an IEP and/or special education.

<5%?

In those rare circumstances, a school may consider special education for a traumatic brain injury, that started with a concussion, resulting now in a significant impairment. Follow procedures for IEP under IDEA for TBI.

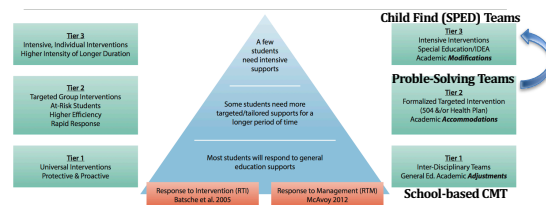
No student ever should receive an IEP for “concussion” – they should receive an IEP for a TBI that started with a (or multiple) concussion(s).

Adapted from GetSchooledOnConcussions.com

+ Ascending Levels Universal Level

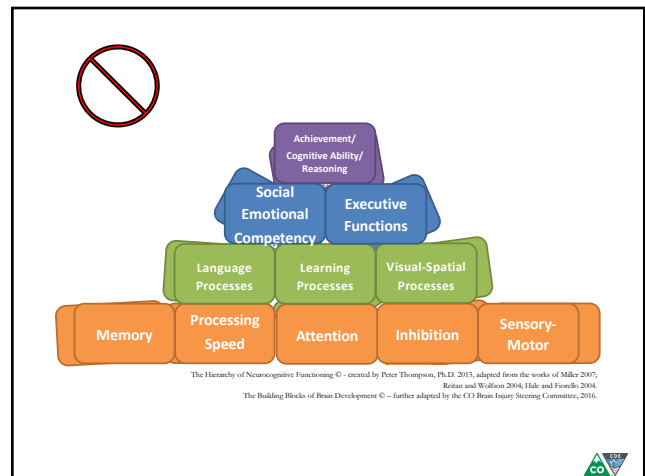
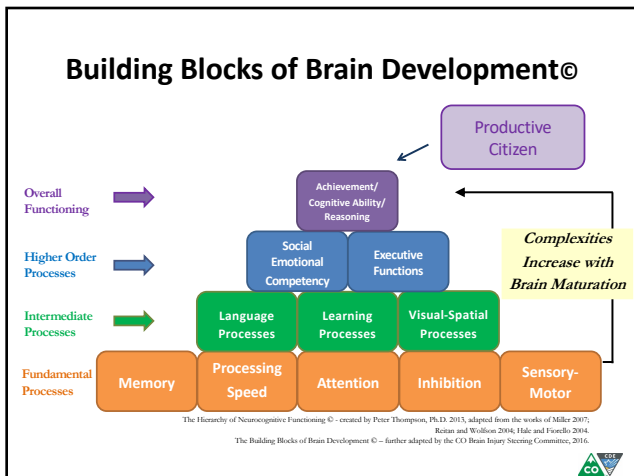
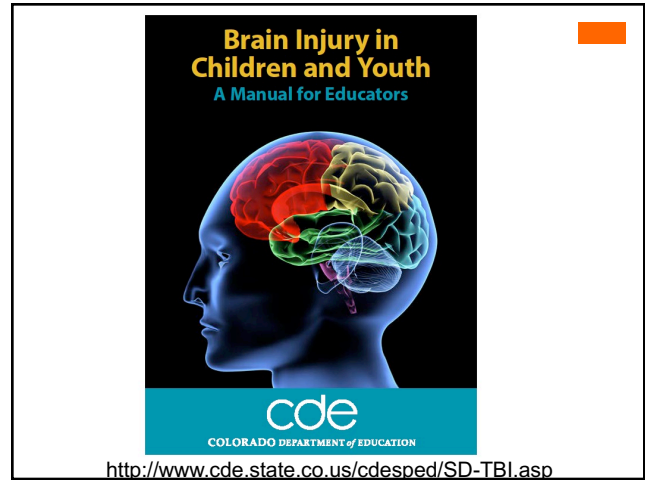
Multi-Tier System of Support (MTSS)

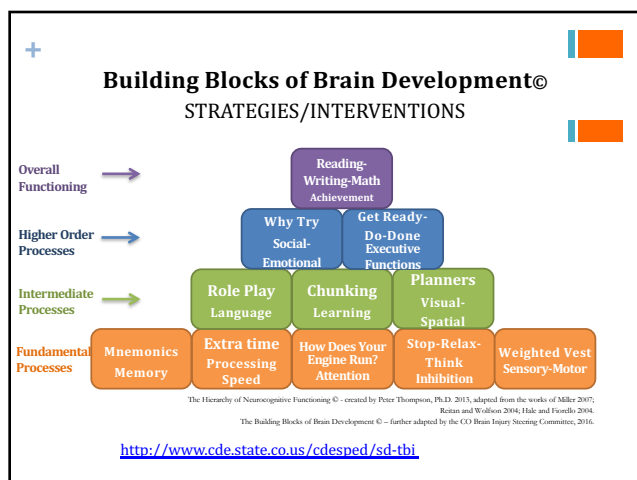
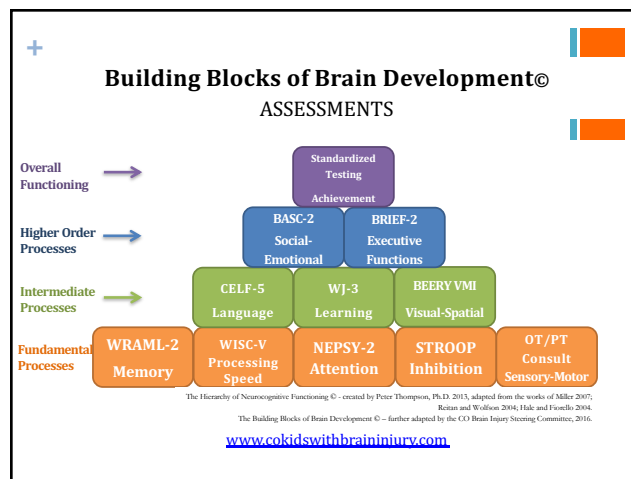
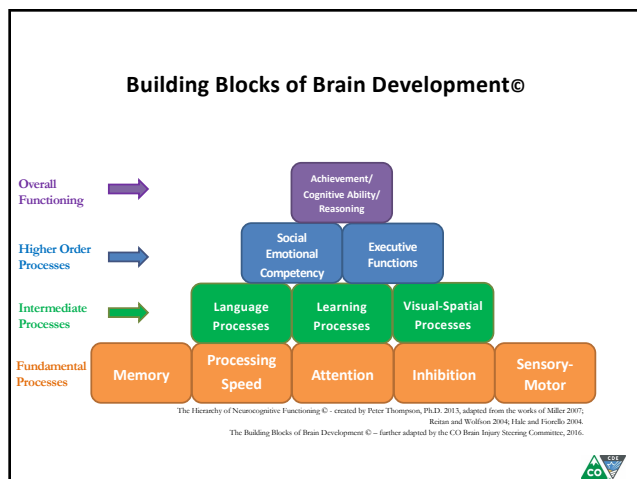
Page 31



Academic: Adjustments (days to weeks) vs. Accommodations (weeks to months)
vs. Modifications (months to years)

All rights reserved: © GetSchooledOnConcussions.com





Is there ever an appropriate time to initiate Homebound Instruction?

Homebound instruction was initially seen as an educational service for students with impairments that made them physically incapable of attending school (Wilson, 1973). Essentially, a student with a concussion that results in the inability to leave the bed or leave the house is, first and foremost, a statistical and medical outlier. In these atypical occasions, medical investigation and stabilization is the primary goal; ability to educate the child in the school setting takes a backseat.

Options for homebound instruction for concussion are usually limited to:

- On-line (provokes sx's and grade is based on completion of work)
- Teacher at home 1 to 2 hrs a day (no exposure to instruction, majority of other hrs filled with technology, napping disrupts normal sleep cycle, social isolation, de-conditioning leads to dysautonomia, reinforces underlying school avoidance /phobia)

There is virtually never a reason for Homebound instruction for concussion: if an MD is concerned about a severe medical issue, pursue urgent medical intervention. Once stabilized, have student return to school – with supports.

All rights reserved © GetSchooledOnConcussions.com

+ Goes without saying ... #RTLB4RTP!

There is NO RTP without first a successful/complete RTL!

- If a student is not back to pre-concussion learning, behavioral or emotional levels ... then that student is still considered symptomatic. A student cannot start graduated Return to Play (G RTP) until 100% symptom-free, therefore, if a student still needs academic, behavioral or emotional support of any kind, they cannot be considered symptom-free and cannot be allowed to start G RTP.
- Differential Diagnoses: need to untangle pre-concussion learning, behavioral, emotional and physical symptoms from current non-specific concussion symptoms.

All rights reserved: © GetSchooledOnConcussions.com

+ Resources



Get Schooled On Concussions:
 "Free website FOR educators, BY educators – to empower teachers, especially general education teachers to differentiate instruction for students with concussion immediately, flexibly and nimbly."
www.GetSchooledOnConcussions.com

Get Schooled On Concussions RTL Lesson Plan



REAP Concussion Management Program:
 "Community-based model for Concussion Management"
www.RF2Concussion.com

Colorado Department of Education - Brain Injury Manual
http://www.cde.state.co.us/cdespecial/manual_braininjury2016



CO Kids with Brain Injury
 Website for school professionals and families which includes materials, publications and resources for kids who have sustained a mild, moderate or severe brain injury
www.co.kidswithbraininjury.com



Centers for Disease Control and Prevention:
 Educational materials for School Nurses, Coaches, Teachers, Counselors, Parents, Students, and Athletes. * Materials can be viewed on-line or ordered for free.
www.cdc.gov/concussion/



Karen
McAvoy,
PsyD

Karen@GetSchooledOnConcussions.com

Call: 970-984-8765

All rights reserved: © GetSchooledOnConcussions.com