Teacher/Student Plan for Missed Work
Return to Learn Concussion Management Team

STUDENT NAME:
TEACHER NAME: **DATE:**

Each teacher should meet with the student to determine making up missed work. This plan should NOT be completed while the student is still experiencing many symptoms, or severe symptoms. This is a plan for work that is missed and needs to be completed. Copies of this form should be made and provided to the following people by the teacher: Student, parent, and guidance counselor.

Class:						
List Missed Class Work Below	**Does this need to be Made Up?**		**If YES, Will assignment be:**		**Will Assignment be Changed in Any Way?**	**Proposed Date For Completion**
	YES	**NO**	**Graded?**	**Not Graded?**	**If YES, How?**	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

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