School-to-Healthcare Provider
Current School Day Symptoms & Academic Adjustments Letter
Concussion Return to Learn

Student Name:
School Contact Name:
School Contact Phone & Email:
Healthcare Provider Name:
Healthcare Provider Phone & Email:

The following academic adjustments are being used with the above named student at school to help alleviate specific concussion symptoms. If you identify new medical issues during this appointment, or would like to share additional ideas for specific symptom based academic adjustments that may benefit this student please share on the next page. Thank you.

Concussion Symptom or Learning Issue Student is Experiencing at School	Symptom-Based Academic Adjustments that are Being Implemented at School

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For Healthcare Provider to Complete
Newly Identified Post-Concussion Medical Issues
Concussion Return to Learn

Student Name:
School Contact Name:
School Contact Phone & Email:
Healthcare Provider Name:
Healthcare Provider Phone & Email:

Please list any new medical issues identified during today's appointment. Also, feel free to suggest new ideas you may have for symptom-based academic adjustments.
Please be aware that your suggestions will be shared with the school team for a final determination. Thank you for your input!

New Post-Concussion Medical Issues Identified During this Health Care Appointment	Symptom-Based Academic Adjustment Ideas/ Suggestions to Target this Medical Issue

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