**Documentation for a Diagnosed Concussion Return to Learn/ Return to Physical Activity Plan**

This form is to be used by parents/guardians and the school contact, to communicate the student's progress through the plan.

The Return to Learn/Return to Physical Activity Plan is a combined approach, with collaborative effort between the home and school.

Return to Learn Step 2a must be completed prior to the student returning to physical activity.

Each step must take a minimum of 24 hours (Note: step 2 and 2b can occur concurrently).

All steps must be followed.

**Return to Learn/Return to Physical Activity - Step 1**

(Must be completed prior to Step 2a)

• Completed at home

• Cognitive Rest - includes limiting activities that require concentration and attention (e.g. reading, texting, television, computer, video/electronic games)

• Physical Rest - includes restricting recreational/leisure and competitive physical activities

My child/ward has completed Step 1of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward is ready to proceed to Return to Learn - Step 2a.

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is symptom free. My child/ward is ready to proceed directly to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Parent/Guardian signature: Date:

Comments:

Principal/School Contact Signature:

**Return of Symptoms**

My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

Return to Learn/Return to Physical Activity – Step of the Plan.

Parent/Guardian signature: Date:

Comments: