Student : _____ Date: _____ Licensed Healthcare Provider Signature: _____

Graduated Return-to-Learn

Recommended by The Amsterdam Consensus Statement on Concussion in Sports*

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Believing in the spirit of a child.

Communication among the student, parents, coaches and healthcare provider is crucial. Students should return to academics with support and guidance from the healthcare provider in collaboration with others involved with the student. Concussion symptoms will often create learning difficulties for students. An individualized plan for learning should be started immediately after diagnosis with a gradual, monitored return to full academics as symptoms clear. Although most symptoms clear within 4-6 weeks, in some cases, symptoms may not clear for months. In rare cases, deficits may be permanent. For students with prolonged symptoms, formal procedures for learning supports will be recommended.

STEP	MENTAL ACTIVITY	ACTIVITY AT EACH STEP	GOAL
1	**Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion**	Typical activities during the day *(ex: reading)* while minimizing screen time. Start with 5–15 minutes at a time and increase gradually.	Gradual return to typical activities
	Notes:		
2	**School Activities**	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
	Notes:		
3	**Return to school part-time**	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
	Notes:		
4	**Return to school full-time**	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work
	Notes:		

Following an initial period of relative rest (24–48 hours following an injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

**Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity*

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