



NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.™

Class/Period: _____

Instructor: _____

Classroom Concussion Assessment Form

Name: _____ Date: _____ Time: _____

Instructions to the Student:

Read the symptoms in the left-hand column. For each symptom, circle one answer in the center column. Be honest and do not skip any questions. Then, answer the question at the bottom of this page. Give the sheet to your educator once complete.

Instructions to the Educator:

Use the student's responses to the following questions to devise in-class, symptom-based accommodations. Refer back to Concussions in the Classroom for more specific explanations of the accommodations.

Symptoms	Circle ONE in each row	Accommodations
Headache	none mild moderate severe	- Mild/moderate: Allow classroom participation
Dizziness/balance problems	none mild moderate severe	- Avoid symptom triggers
Feeling sick to stomach (nausea)	none mild moderate severe	- If severe, refer to nurse/parent
Tiredness/drowsiness	none mild moderate severe	

Symptoms	Circle ONE	Accommodations
Sensitivity to light	no yes	- Move away from windows - Dim lights/draw shades - Allow sunglasses/hat in class
Sensitivity to noise	no yes	- Remove from loud environments - Reduce classroom noise - Avoid headphones and loud music
Feeling mentally foggy	no yes	- Give breaks between tasks - Simplify tasks
Difficulty concentrating on schoolwork	no yes	- Shorten task duration - Give breaks between tasks
Difficulty paying attention to teacher	no yes	- Front room seating - Work/test in quiet room
Difficulty remembering	no yes	- Provide class notes - Provide memory aids - Use alternative testing methods
Difficulty staying organized	no yes	- Use agenda/planner for schedule and due dates - Check comprehension of instructions - Use "to-do" lists and checklists

What tasks in school are most difficult for you? Please write specific examples.
