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Accommodations Guide for Symptom-Based Return to School



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Introduction

When a student sustains a concussion or other brain injury, it can significantly affect their ability to learn, participate, and thrive in the school environment. Because the impact of brain injuries varies widely from student to student and may include physical, cognitive, emotional, and behavioral symptoms, it is essential to provide individualized supports that address their specific needs. Returning to school and maintaining a regular schedule as soon as medically appropriate, often with temporary accommodations, can help students maintain social connection, support emotional well-being, and promote cognitive recovery. This Accommodations Selection Guide is designed to help educators, school teams, and families identify appropriate academic and environmental accommodations as they establish an Immediate and Temporary Accommodations Plan (ITAP) to support the student's recovery and promote continued engagement in learning. The guide offers examples and considerations based on common symptom categories, encouraging a flexible and student-centered approach to symptom-based return to school. Each student is unique, and accommodations should be individualized based on:

- Symptom severity
- Student's age and developmental level
- Educational setting and demands
- Student and family preferences
- Available resources

General Principles for Accommodation Selection

- Assess student: Identify symptoms and impacts on learning, and determine appropriate accommodations
- Start Cautious: Begin with more support and reduce as symptoms improve
- Monitor and Adjust: Accommodations should be fluid based on daily symptoms
- Student Voice: Include student input on what helps and what does not
- Coordinate Care: Ensure accommodations align with medical recommendations
- Document Everything: Ensure documentation is aligned with district policy and licensure requirements
- Gradual Return: Phase out accommodations systematically as healing progresses
- Individual Differences: What helps one student may not help another
- Prevention Focus: Accommodations should prevent symptom exacerbation

Important: The following tables provide examples, *not prescriptions*, for accommodations related to common symptoms of a concussion or other brain injury. Each Brain Injury Management Team should use their professional judgment, knowledge of the individual student, and collaborative decision-making to create an effective support plan. Not all suggested accommodations will be appropriate for every student. Teams should select, modify, or create accommodations based on individual needs.

Physical Symptoms

A Brain Injury Management Team collaborates to develop and implement an Immediate and Temporary Accommodations Plan (ITAP) that addresses the student's unique physical, cognitive, and social emotional needs. A key component of this process is consultation with a school nurse or other qualified school health care provider who evaluates the student's physical symptoms and assists in determining appropriate accommodations, such as emergency planning, activity restrictions, modified schedules, or other supports that do not result in more than a mild exacerbation of symptoms.

Physical Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Headache or Head Pressure	Pain can decrease attention, processing speed, and stamina for academic tasks.	 Rest breaks in quiet, dimly lit space (nurse's office, counseling center) Reduced homework load to prevent prolonged mental exertion Permission to put head down during class Access to ice packs or cooling cloths Hydration breaks (water bottle at desk) Modified schedule (later start time if there are morning headaches) Limit screen time 	Reducing cognitive load and providing comfort measures can minimize headache triggers and allow the brain to heal.

Physical Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Light Sensitivity (Photophobia)	Bright lights can trigger headaches, eye strain, and difficulty focusing on visual tasks.	 Dimmed classroom lighting or lamp lighting instead of overhead fluorescents Sunglasses or tinted glasses permitted indoors Seat away from windows or bright light sources Reduced screen brightness on devices Paper copies instead of digital materials Matte paper to reduce glare Hat with brim allowed in class 	Reducing light exposure decreases neurological stress and allows better focus on learning tasks.
Sound Sensitivity (Phonophobia)	Normal classroom noise can be overwhelming, triggering headaches and anxiety.	 Noise-reducing headphones or earplugs Testing in quiet environment Alternate location for lunch (avoid cafeteria) Excused from pep rallies, assemblies Preferential seating away from noise sources Permission to leave class early to avoid bell/hallway noise Written instructions instead of verbal 	Minimizing auditory stimulation reduces sensory overload and helps maintain focus.
Smell Sensitivity	Strong odors can trigger nausea, headaches, and difficulty concentrating.	 Avoid areas with strong smells (cafeteria, science labs, art rooms) Seat near open window or door for fresh air Excused from labs using chemicals Alternative assignments for cooking/art classes Fragrance-free classroom policy 	Reducing olfactory triggers prevents symptom exacerbation and maintains comfort.
Fatigue	Mental and physical exhaustion affects all	Rest periods built into scheduleReduced course load	Managing energy expenditure allows the

Physical Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
	aspects of learning and functioning.	 Core classes scheduled when most alert Extended time for assignments Permission to put head down Elevator access to conserve energy Modified PE participation Shortened school day 	brain to allocate resources to healing while maintaining educational progress.
Balance Problems	Creates safety concerns and limits participation in physical activities.	 Clear pathways in classroom Aid/Assistance carrying materials Locker on main floor Modified PE activities Seated activities when possible Extra time for transitions Avoid crowded hallways Occupational and/or Physical Therapy services 	Environmental modifications reduce fall risk and allow safe navigation of school.
Nausea and Vomiting	Significantly impacts attendance, nutrition, and ability to focus.	 Access to bathroom without asking Keep crackers/snacks available Water bottle at desk Flexible eating schedule Rest in nurse's office as needed Modified schedule (later start if there is morning nausea) Avoid strong smells Allow gum/mints for nausea 	Quick access to comfort measures and flexibility prevents symptom escalation.

Physical Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Numbness or Tingling	May affect handwriting, typing, and fine motor tasks.	 Alternative response formats (oral vs. written) Use of computer for written work Reduced writing requirements Occupational and/or Physical Therapy services Modified grip writing tools Extra time for tasks requiring fine motor skills 	Accommodations work around motor difficulties while maintaining academic engagement.
Ringing in Ears (Tinnitus)	Interferes with hearing instruction and concentration.	 Preferential seating near teacher Written instructions Use of white noise or soft background music with head phones Noise-reducing headphones during independent work Visual cues and supports Closed captioning for videos 	Compensatory strategies help overcome auditory interference
Impaired Sleep	Poor sleep affects all cognitive functions, mood, and physical symptoms.	 Later start time or flexible arrival Rest breaks during day Reduced homework to allow earlier bedtime No early morning tests Modified attendance requirements Quiet rest area available 	Accommodating sleep disruption supports the critical role of sleep in brain healing.

Physical Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Blurry or Double Vision	Significantly impacts reading, writing, and all visual tasks.	 Large print materials Reduced visual tasks Audio books/text-to-speech Oral testing options Frequent vision breaks Cover one eye if double vision Vision therapy referral Reduced copying from board 	Minimizing visual demands reduces eye strain and allows access to curriculum.
Trauma-Associated Seizures	Requires immediate medical management and safety planning by school nurse.	 Nursing services Seizure action plan Staff training or nursing delegation (depending on severity) on seizure response Staff Aide or Unlicensed Assistive Personnel (UAP) Buddy system Avoid seizure triggers (flashing lights, patterns) Safe seating (away from hard surfaces) Modified activities to ensure safety Clear emergency protocols 	Safety planning ensures appropriate response while maintaining educational access.

Cognitive Symptoms

The Brain Injury Management Team collaborates to develop and implement an Immediate and Temporary Accommodations Plan (ITAP) that addresses the student's specific physical, cognitive, and social emotional needs. A key component of this process is the evaluation of cognitive symptoms such as memory difficulties, slowed thinking, or reduced concentration to guide the selection of appropriate accommodations. All accommodations must be designed to avoid more than a mild exacerbation of symptoms.

Cognitive Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Slowed Information Processing	It takes longer to understand and respond to information.	 Extended time for all tasks (1.5x or 2x) Reduced number of problems/questions One instruction at a time Allow processing time before expecting response Provide information in multiple formats Pre-teaching of new concepts Avoid timed activities 	Extra time compensates for processing delays without reducing learning expectations.
Attention and Concentration Problems	Difficulty sustaining focus affects all academic tasks.	 Frequent breaks (5 minutes every 20-30 minutes) Break down large or complex assignments into smaller, more manageable parts Reduced distractions (study carrel, quiet space) Preferential seating Movement breaks Fidget tools Simplified directions Attention cues (tap desk, eye contact) 	Environmental modifications and pacing support sustained attention.
"Brain Fog"	Feeling mentally cloudy affects clarity of thought and expression.	 Open-note tests Word banks for tests Extended time for verbal responses 	External supports compensate for internal confusion.

Cognitive Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
		 Permission to clarify questions Reduced complexity of tasks Step-by-step instructions Morning classes for complex subjects 	
Difficulty with Memory	Impacts learning new material and recalling previously learned information.	 Written instructions for all tasks Checklists and organizers Open-book/open-note assessments Frequent review of material Memory aids (mnemonics, visual cues) Recording permission Study guides provided Avoid penalties for memory lapses 	External memory supports reduce cognitive load on injured memory systems.
Trouble Learning New Information or Retaining It	Affects ability to build on previous learning and master new concepts.	 Pre-teaching new concepts Frequent repetition and review Multi-sensory teaching approaches Peer tutoring Modified instructional pace Focus on essential concepts only Provide class notes Video lessons for review 	Multiple exposures and modalities support encoding and retention.
Unable to Follow Instructions	Multi-step directions become overwhelming and confusing.	 One direction at a time Written step-by-step instructions Visual instruction cards Demonstrate rather than explain Check for understanding Peer support for directions Simplified language Repeat instructions as needed 	Breaking down complex instructions supports sequential processing.

Cognitive Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Inability to Multitask or Organize	Executive function deficits affect planning and task management.	 Single task focus Organizational tools (planners, apps) Color-coding systems Clear routines and schedules Help prioritizing tasks Extended time for transitions Structured work periods Teacher check-ins 	External structure compensates for internal executive dysfunction.
Difficulty Tracking Conversations	Impacts classroom discussions and social interactions.	 Written summaries of discussions Limit group size Visual supports during discussions Permission to ask for repetition Note-taker for class discussions Preferential seating in discussions One speaker at a time rule 	Modifications reduce auditory processing demands.
Feeling "Slowed Down"	Global sense of reduced cognitive efficiency.	 Overall reduced pace Extended time for tasks Reduced workload Focus on quality over quantity Self-paced learning options Flexible deadlines Modified grading criteria 	Adjusting pace allows thorough processing without rushing.

Social-Emotional Symptoms

The Brain Injury Management Team collaborates to develop and implement an ITAP that addresses the student's individual physical, cognitive, and social-emotional needs. This includes evaluating symptoms such as irritability, anxiety, or mood changes to determine appropriate supports that promote emotional regulation and reduce stress. It is important for school staff to recognize that behaviors following a brain injury may result from the injury itself rather than indicate defiance or misconduct. In such cases, exclusionary discipline should be avoided, and staff should consider whether the behavior may be a manifestation of the injury. When needed, a behavioral support plan can provide targeted strategies to help manage ongoing emotional or behavioral challenges related to the brain injury.

Social-emotional Symptoms	Impact on Learning	Potential Accommodations:	Why These Help
Irritability or Quick to Anger	Low frustration tolerance affects task persistence and relationships.	 Identify and avoid triggers Cool-down spaces Reduced task difficulty Choice in activities Positive behavior supports Frequent encouragement Modified disciplinary responses Anger management strategies 	Environmental modifications reduce frustration while building tolerance.
Unusual Sadness	Mood changes affect motivation and engagement.	 Regular counselor check-ins Peer support buddy Modified expectations during low periods Positive reinforcement Choice in activities Art/music therapy options Journaling time Family communication 	Emotional support validates experience while maintaining connection.

Social-emotional Symptoms	Impact on Learning	Potential Accommodations:	Why These Help
Decreased Motivation	A lack of drive affects work completion and quality.	 Break tasks into small steps Immediate rewards/feedback Choice in topics/projects Connect work to interests Reduced homework Focus on effort not outcome Motivational interviewing techniques Success experiences built in 	External motivation supports while internal drive recovers.
Anxiety or Depression	Mental health symptoms compound brain injury effects.	 Regular counselor check-ins Predictable routines Advance notice of changes Stress reduction techniques Modified testing environment Extended time to reduce pressure Mental health support Mindfulness practices Grounding techniques available 	Reducing stressors and building coping skills supports overall recovery.
Post-Traumatic Stress Disorder	Trauma symptoms require specialized support beyond brain injury.	 Trauma-informed approaches Avoid trauma triggers Safe person identified Predictable environment Choice and control emphasized Counseling services Modified content if triggering Safety plan in place 	Trauma-sensitive modifications create safety for healing.

Social-emotional Symptoms	Impact on Learning	Potential Accommodations:	Why These Help
Grief	Loss and adjustment affect emotional availability for learning	 Grief counseling Flexible attendance Memorial activities allowed Peer support groups Modified expectations Safe place to express emotions Connection to resources Family involvement Safe place/person identified 	Acknowledging grief supports emotional processing alongside physical healing.
Loss of Social Skills	Impacts peer relationships and classroom interactions.	 Social skills instruction Structured social opportunities Peer mentor Role-playing practice Clear social expectations Adult facilitation of interactions Limit to small group activities. Small group vs. large group Social stories/scripts 	Direct instruction and practice rebuild social competence.
Withdrawal from Friends and Family	Isolation compounds other symptoms and delays recovery.	 Gradual re-engagement plan Trusted peer connections Peer support group Structured social time Low-pressure interactions Interest-based connections Adult check-ins Family communication Virtual connections if easier 	Gentle re-engagement maintains crucial social connections for recovery.