

Accommodations for Students with Concussions or Other Brain Injuries

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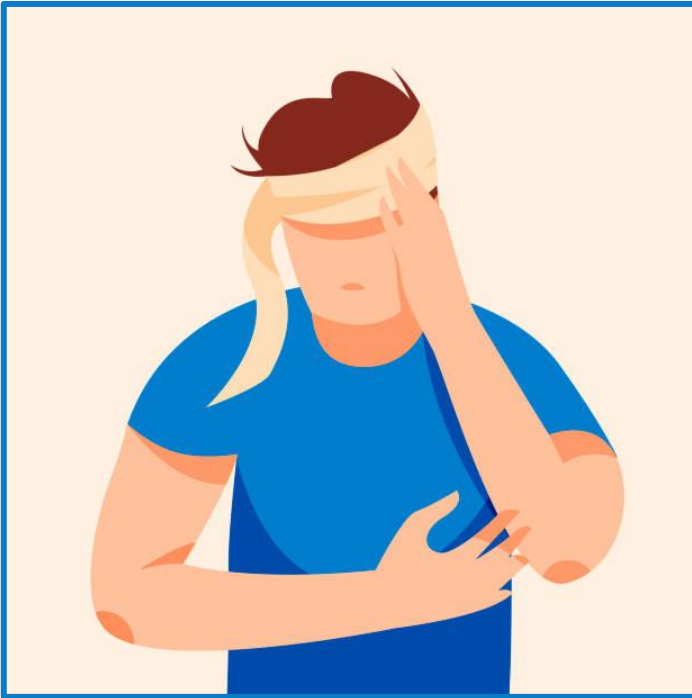
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Agenda

- Traumatic Brain Injury 101
- Legal Background
- OAR 581-021-3007
- Immediate and Temporary Accommodations Plan (ITAP) Implementation
- Discussion

Defining Brain Injury



A brain injury is most often defined in clinical and policy literature as any damage to the brain acquired after birth, encompassing both traumatic brain injury (TBI) caused by external physical force and non-traumatic acquired brain injuries (ABI) such as those resulting from stroke, tumor, hypoxia, or infection.

(Gupta & Kamel, 2019/2023; BIAA; CDC)

Traumatic Brain Injury (TBI) vs Acquired Brain Injury (ABI)

TBIs are caused by a bump, blow or jolt to the head, or a penetrating head injury

ABIs are caused by internal factors; hypoxia, toxins, pressure from a tumor, surgery

Both result in very similar adverse effects

Cognitive: attention, working memory, processing speed, exec. function, new learning

Emotional & Behavioral: mood swings, irritability, anxiety, depression, impulsivity

Social: poor social cue recognition, friendship loss, isolation

Sensory & Fatigue: cognitive fatigue, noise/light sensitivity, overstimulation

Hidden Disability: appears typical, struggles are misunderstood as laziness or defiance

Long-Term & Evolving: delayed effects, new challenges emerge as demands increase

[2023 Webinar: Jenna Pike, Jenna's Law, and Concussion Management](#)

Understanding Concussions: Key Facts

A concussion is a type of mild traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head — or a hit to the body that makes the head move rapidly back and forth. This sudden movement can cause the brain to bounce or twist inside the skull, leading to chemical changes and sometimes damage to brain cells.

- A concussion can happen even without loss of consciousness.
- Symptoms may appear immediately or develop hours later
- The risk of another brain injury increases significantly:
 - 4–6× higher after one concussion
 - 8× higher after two or more concussions



Always report and rest after a brain injury — recovery is the key to prevention.

Causes of TBI in Children and Youth



Falls are the first leading cause, especially for those under age 4. Falls from beds, playground equipment, stairs, or during general play.



Motor vehicle collisions are the second most common; being a passenger in a car or being struck as a pedestrian or a cyclist.

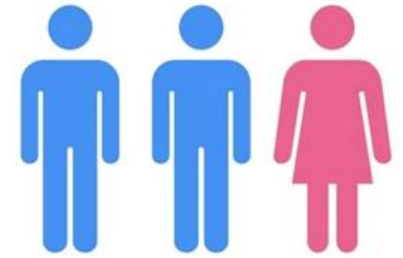


Sports-related are next; football, soccer, hockey, and basketball are common causes of concussion, particularly among adolescents.

TBI Risk Levels: Birth to 18

Age Group	Risk Level	Most Common Causes
Early Childhood (0–4)	Highest Risk	Falls predominate, shaken baby/abuse
Elementary (5–10)	Moderate Risk	Falls and being struck by an object
Middle School (11–13)	Moderate Risk (Increasing)	Sports (football, soccer, hockey), skateboards, bikes
High School (14–18)	High Risk	Motor vehicle crashes, sports injuries, falls, physical assaults

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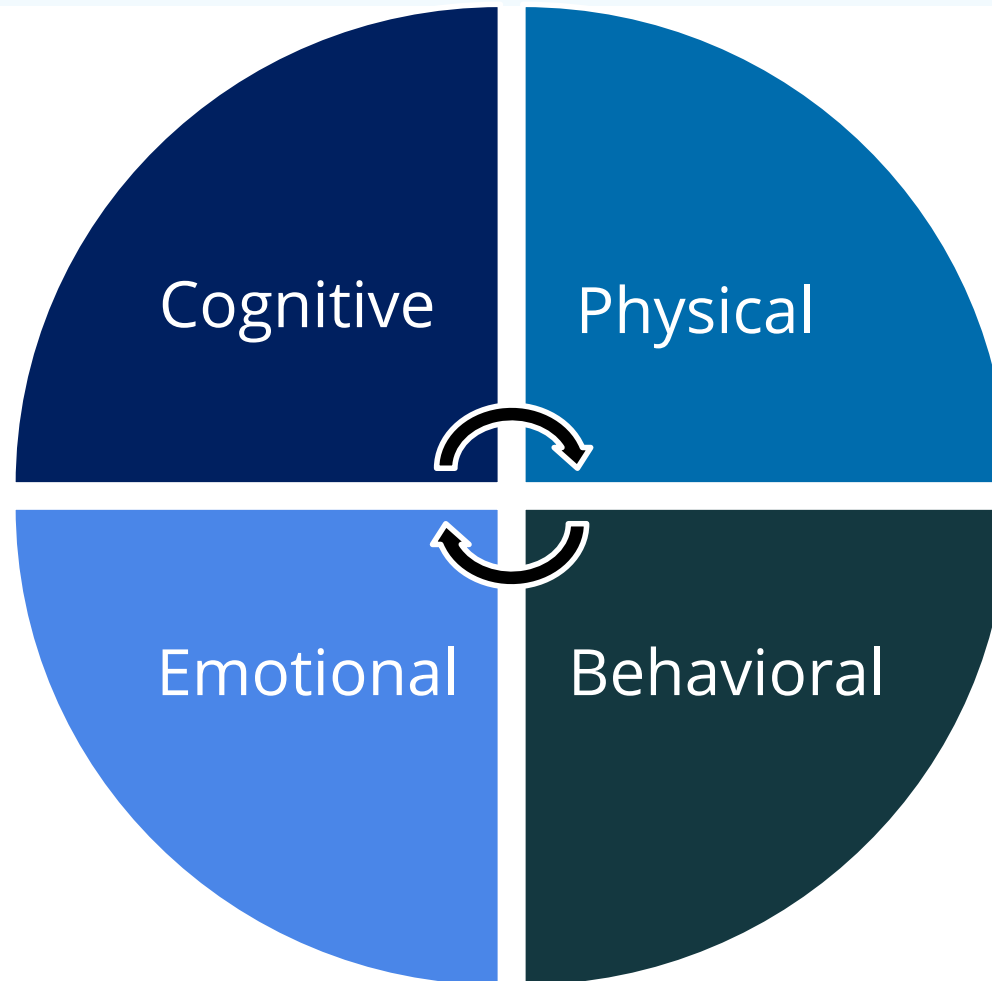
Boys outnumber **Girls** **2 to 1** across every age group due to higher participation in contact sports, roughhousing, skateboarding, and greater exposure to car crashes and physical fights during adolescence.

Symptoms of Brain Injury

Difficulty with:

- Speech-language
- Organization
- Attention
- Learning
- Memory
- Hearing

- Depression
- Anxiety
- Irritability
- Mood swings
- Blunted emotions



- Slowed movement
 - Coordination
 - Headaches
 - Balance
 - Fatigue
 - Vision
 - Pain
-
- Anger management
 - Social skills challenges
 - Aggression
 - Impulsivity

Why Brain Injuries Are Unique Compared to Other Medical Issues

- **Struggles are often Invisible:** Students following a brain injury often look and sound “fine”. Yet, beneath the surface they are often struggling with difficulties unseen by teachers: headaches, debilitating fatigue, attention and memory challenges (Danov, 2021; Oft, Simon, & Sun, 2024).
- **Insufficient Understanding or Masking:** Many students following a brain injury do not fully understand the degree to which they are struggling, and some may actively try to conceal their difficulties.
- **School Places Heavy Demands on the Developing Brain** – Attending to instruction, learning new concepts and skills, completing assigned tasks, and self-regulating behavior are demanding on the developing brain. When injured, these can overstress the recovering brain (Brown et al., 2014; CDC, 2024).

Why Immediate Accommodations Work

- While most childhood TBIs are mild and most will recover, how fully they recover depends upon how effectively healing is prioritized (Faul et al., 2010; McCrea et al., 2021).
- The first month post-injury is widely viewed as an important *window of opportunity* to maximize positive outcomes by safeguarding recovery via accommodations (e.g., activity limitations, rest and reducing demands) (Brown et al., 2014; McLeod, 2017).
- When timely accommodations are put in place at school, research confirms that the likelihood of lasting adverse effects is reduced (Takagi-Stewart et al., 2022).
- Overexertion or poorly managed recovery can prolong symptoms, worsen functioning, and in some cases contribute to structural brain changes and long-term cognitive, emotional, or behavioral deficits (Danov, 2021; McLeod, 2017; Oft, Simon, & Sun, 2024).
- Following injury, a gradual return to to pre-injury demands supports healing while maintaining engagement (McCrory et al., 2013; CDC, 2024). It's a careful balance.

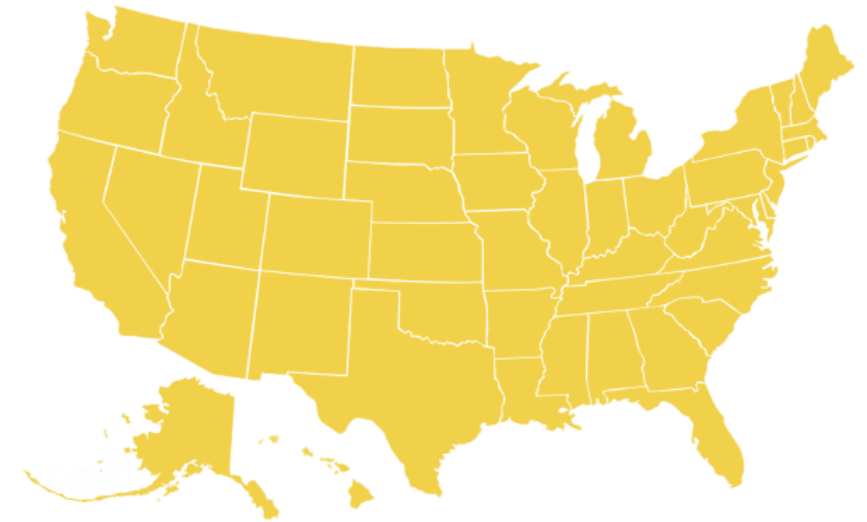
Return to Learn Laws

All 50 states have a Return-to-Play law that includes...

- Education
- Removal from play
- Return to play

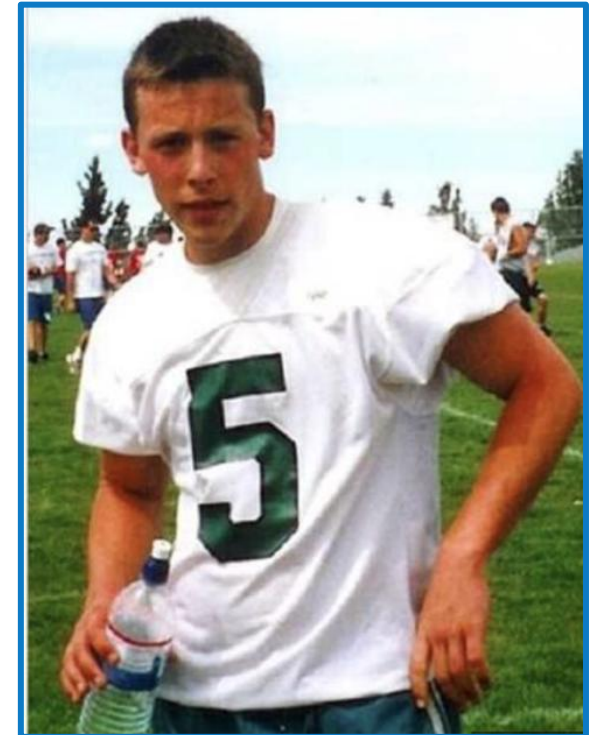
14 states have a Return-to-School law

- Massachusetts, Illinois, Maryland, Virginia, Maine, Nebraska, New York, Vermont, Idaho, Hawaii, Colorado, Pennsylvania, Texas, and Oregon.



Max's Law (Oregon Senate Bill 348)

- Enacted in 2009, view [Max's Law](#)
- Named after Max Conradt, an Oregon high school quarterback who suffered a catastrophic brain injury from returning to play after a concussion
- The law requires concussion training for coaches, removal from play if symptoms appear, and medical clearance before return.
- Requires Oregon school districts to implement concussion management guidelines for student athletes
- [OAR 581-022-0421](#) details the concussion management training requirements included in SB 348



Jenna's Law (SB 721)

- Enacted in 2013, view [Jenna's Law](#)
- Named after Jenna Sneva, a young athlete whose repeated concussions left her with long-term brain injury
- Extends concussion protections (training, removal from play, medical clearance) to youth sports outside schools.



House Bill 3007 (2025)

HB 3007: Overview

HB 3007 (2025) requires ODE to:

- Establish a procedure for public education providers to use to develop and implement an immediate and temporary accommodation plan for a student who has been diagnosed with a concussion or other brain injury.
- Prepare a sample form, and include written instructions for the sample form, to assist public education providers in following the procedure to develop and implement an immediate and temporary accommodation plan

HB 3007 (2025) Requires Public Education Providers to:

- Upon receiving written notification from a parent or guardian that a student has been diagnosed with a concussion or other brain injury by a health care professional and that accommodations are being requested, a public education provider shall initiate procedures developed by ODE to develop and implement an immediate and temporary accommodations plan.

Accommodations for Students with Concussions or Other Brain Injuries (OAR 581-021-3007): Summary of Text (1)

(1)(c) “Written notification” means a written notice from a parent or guardian, supported by medical documentation from a health care professional, informing the public education provider that they are requesting an accommodation for a student who has been diagnosed with a concussion or other brain injury by a health care professional.

Accommodations for Students with Concussions or Other Brain Injuries (OAR 581-021-3007): Summary of Text (2)

(2) When a public education provider receives written notification from a parent or guardian that a student has been diagnosed with a concussion or other brain injury, the public education provider shall follow all procedures developed by the Oregon Department of Education to develop and implement an Immediate and Temporary Accommodation Plan.

Accommodations for Students with Concussions or Other Brain Injuries (OAR 581-021-3007): Summary of Text (3)

(3) A public education provider shall use a sample form developed by the department or a district form that includes all content from the department's sample form when developing the accommodation plan described in section (2) of this rule.

Accommodations for Students with Concussions or Other Brain Injuries (OAR 581-021-3007): Summary of Text (4)

(4)(b) In considering the requirements of section (3)(a) of this rule, the public education provider shall consider all physical activities occurring while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities, including but not limited to physical education, recess, unstructured play and similar activities provided by or sponsored through the public education provider that involve running, jumping, climbing, throwing, catching or other movements that pose a risk of falls, collisions or physical injury.

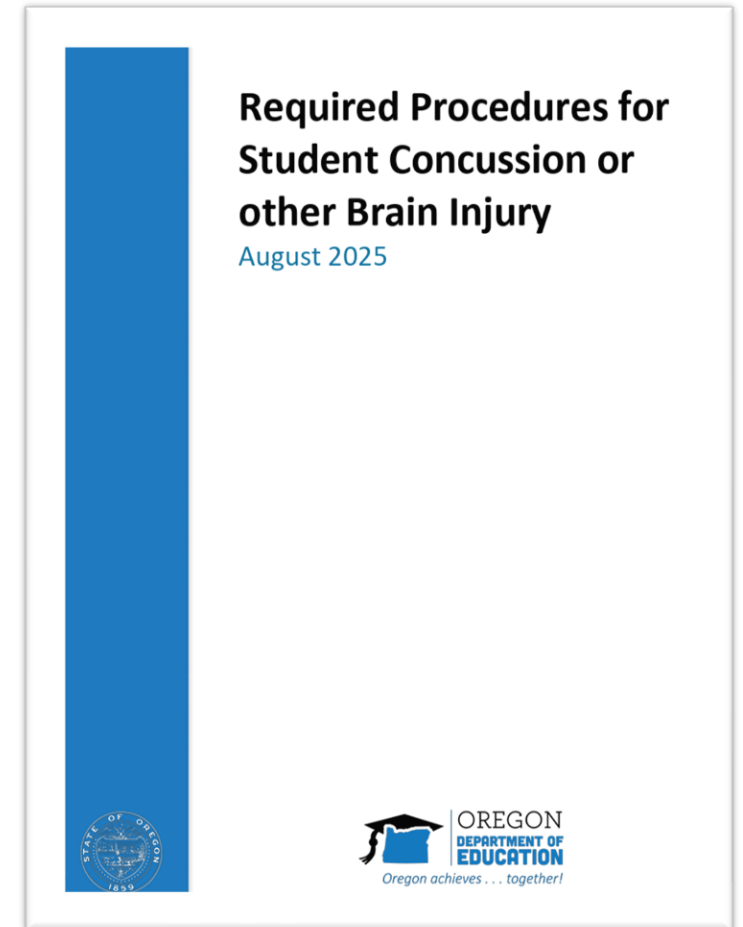
Accommodations for Students with Concussions or Other Brain Injuries (OAR 581-021-3007): Summary of Text (5)

(5) Nothing in this rule prohibits a public education provider from determining that a student needs an immediate and temporary accommodation plan without receiving written notice from the parent or guardian that the student has been diagnosed with a concussion or other brain injury.

ODE Concussion and Brain Injury Procedures: Context

- A timely and coordinated school response to a concussion or other brain injury is essential to ensuring student safety, supporting recovery, and maintaining academic progress.
- Early identification and the use of temporary accommodations can help reduce symptom severity, prevent further injury, and promote a smoother recovery.
- Returning to school as soon as medically appropriate, often with accommodations, helps students stay connected, emotionally supported, and cognitively engaged.

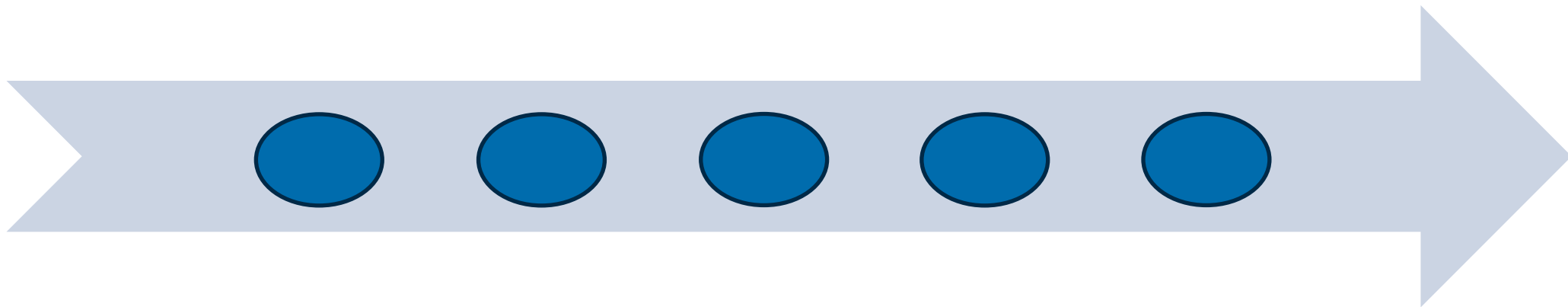
Link: [Required Procedures for Student Concussion or Other Brain Injury](#)



ODE Concussion and Brain Injury Procedures: Key Timelines

Key Timelines Upon Receipt of Written Notification:

- Immediate: Physical activity restrictions upon determination
- Schedule a ITAP meeting within 2 days
- Within 10 school days: Full ITAP implementation
- Within 5 school days of implementation of the ITAP: First review
- Every 2 months maximum: Subsequent reviews after first review



School Brain Injury Management (SBIM) Team

Every public education provider must have policies and practices in place to ensure all students have access to a Brain Injury Management Team and receive appropriate accommodations following a brain injury. Policies and practices must ensure:

1. A symptom-based return-to-school approach that adjusts academic expectations and supports in response to the student's current symptoms and stage of recovery.
2. Implementation and training of concussion protocols across all school buildings.
3. Oversight and consultation are provided for Brain Injury Management Teams.
4. Public education provider-wide documentation is maintained, and use of ODE's Immediate Temporary Accommodations Plan (ITAP) form and procedures are regularly reviewed.
5. Public education provider policies are updated and aligned with current state and medical guidelines.

SBIM Team Composition

At a minimum, a School Brain Injury Management Team must include individuals who collectively meet the following qualifications and areas of expertise. In some cases, a single individual may meet multiple qualifications and fulfill more than one role on the team.

- At least one person who is qualified to interpret medical information and determine necessary health related services and accommodations.
- At least one person who is knowledgeable about brain injuries and concussions including the physical, cognitive, and social-emotional symptoms a student may experience.
- At least one person who is qualified to determine physical, cognitive, and social-emotional accommodations based on the student's circumstances.
- At least one person who is knowledgeable of the student's baseline functioning.
- Other school personnel, if not already included, as appropriate (i.e. counselors, behavioral support staff, athletic trainers, school psychologists, or administrators.)

SBIM Team Responsibilities

The SBBIM responsibilities include:

- Initiate ITAP process upon notification of a concussion or other brain injury.
- Using the ITAP, Identify symptoms and impacts on learning, and determine appropriate accommodations
- Monitor student progress and adjust supports.
- Ensure compliance with all timelines.
- Coordinate with public education provider-level support.
- Include the student in planning when developmentally appropriate.

SBIM Decision making Approach

The Brain Injury Management Team must use a collaborative, data-informed, student-centered approach to determine appropriate supports following a concussion or other brain injury.

- The team shall work toward consensus decisions firmly grounded in available assessment data, medical information, educational records, and observed student needs.
- In the absence of complete information or documentation, the team shall continue to determine accommodations using this collaborative, student-centered process, documenting the basis for decisions with available evidence.
- This responsibility includes implementing necessary accommodations promptly, monitoring their effectiveness through data collection, and making timely adjustments as the student's recovery progresses.
- This same evidence based, collaborative approach must also guide decisions to adjust or discontinue accommodations as the student's needs evolve, with consistent documentation of the rationale for changes.

Parent/Guardian Participation

The participation of a parent or guardian on the Brain Injury Management Team is strongly encouraged to ensure a comprehensive, student-centered approach to recovery. The Team must:

- Provide timely notification and invitation to participate.
- Offer multiple ways to participate (in-person, phone, video).
- Document efforts to include parents/guardians.
- Share completed ITAP and provide clear instructions for input.
- Meaningfully consider parent/guardian input regarding accommodations.

Immediate and Temporary Accommodations Plan (ITAP)

ITAP Link: [Immediate and Temporary Accommodations Plan \(ITAP\)](#)

TBI sustained on: _____ Date Written Notification Received: _____
Return to School Anticipated: _____ Date ITAP completed on: _____ By: _____
List other team members consulted _____
Parent/Guardian Name: _____ Contact _____
Medical Provider Name: _____ Contact _____

A concussion or other brain injury can significantly affect a student's ability to participate in learning by impacting physical, cognitive, emotional, and behavioral functioning. Each student's recovery is unique and may include periods of progress and setbacks. A timely, symptom-based response, including temporary physical, cognitive, and social-emotional accommodations is critical to ensuring safety, supporting recovery, and promoting continued access to education. In accordance with House Bill 3007 (2025) and OAR 581-021-3007 public education providers are required to follow [ODE's brain injury procedure](#) and use this Immediate and Temporary Accommodations Plan (ITAP) upon receiving written notification that a student has been diagnosed with a concussion or other brain injury. Plan components may be adjusted or discontinued by the Brain Injury Management Team as needed and must remain in effect until formally revised/discontinued.

Medical Documentation Date: _____ Notes: _____
Abbreviated Day Recommended? ☐ Y ☐ N Notes: _____
Related Medication in the Health Room ☐ Y ☐ N Notes: _____

The student reports the following signs and symptoms:

(See: [ODE's Symptom-Based Accommodation Guide](#))

PHYSICAL:

☐ Headache or head pressure ☐ Light sensitivity ☐ Sound sensitivity ☐ Smell sensitivity ☐ Fatigue
☐ Dizziness, ☐ Balance problems ☐ Nausea and vomiting ☐ Numbness or Tingling ☐ Ringing in ears ☐
Impaired sleep (more, less, or fragmented) ☐ Blurry or double vision ☐ Trauma associated seizures
☐ Other: _____ ☐ Other: _____

COGNITIVE:

☐ Slowed information processing ☐ Difficulty with Attention and concentration ☐ "Brain fog" ☐ Difficulty with memory ☐ Trouble learning new information or retaining it ☐ Unable to follow instruction ☐ Inability to multitask or organize ☐ Difficulty tracking conversations ☐ Feeling "slowed down"
☐ Other: _____ ☐ Other: _____

ITAP Purpose

The SBBIM Team must follow ODE procedures and use the Immediate Temporary Accommodations Plan (ITAP) form to:

- To Determine whether immediate physical activity limitations are necessary to protect the student's safety, support recovery, and reduce the risk of reinjury.
- Use the ITAP form to review the student's current symptoms and their academic and functional impacts.
- Use the ITAP form to identify appropriate temporary physical, cognitive, social emotional and other necessary accommodations that support the student's meaningful participation in educational activities.

ITAP Procedures

The ITAP sample form provides a structure to support teams to:

1. Determine if immediate physical activity limitations are necessary to ensure the safety of the student and minimize risk of additional injury.
 - Activities such as P.E., recess, unstructured play and activities that involve running, jumping, climbing, throwing, catching or movements that pose a risk of falls, collisions or physical injury.
2. Identify present challenges and symptoms associated with the student's concussion or other brain injury.

ITAP Procedures (2)

1. Determine physical, cognitive, social emotional and other necessary accommodations that support the student's meaningful participation in educational activities.
2. Communicate the accommodations to all teachers who provide instruction to the student and other school staff who have regular responsibilities for the student's supervision or health
 - May include school nurses, counselors, physical education teachers, coaches, athletic trainers and staff supervising recess or other physical activities.

ITAP Procedures (3)

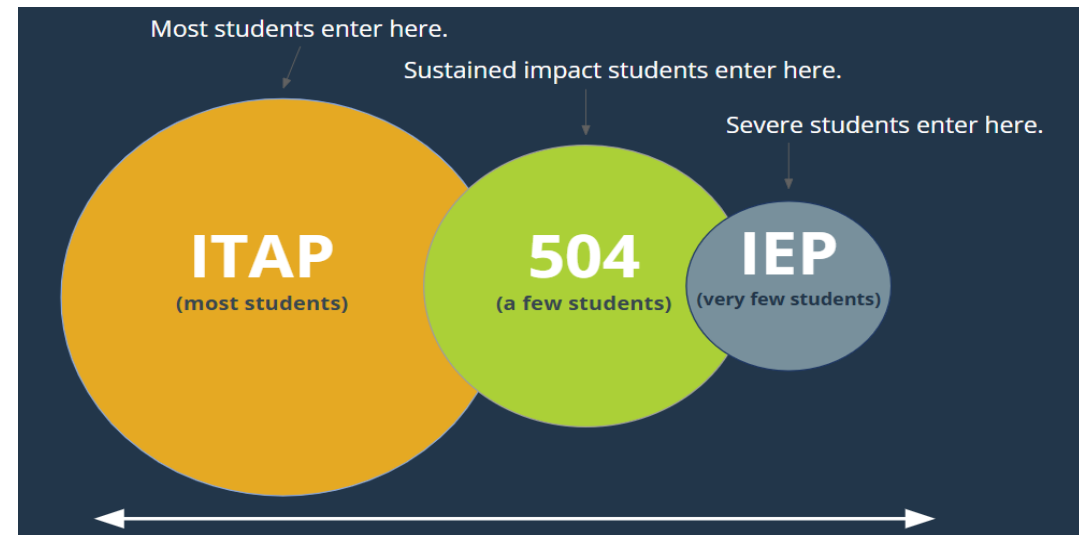
The ITAP sample form provides a structure to support teams to:

1. Ensure that the accommodations are in effect within ten school days after receipt of written notification
2. Review within 5 days, and then no later than two months.

Three Levels of Support

1. **Immediate Temporary Accommodation Plan (ITAP)** - an initial, temporary Support Plan focused on health and gradual reintegration
2. **Section 504 Plan** - if extended accommodations are necessary
3. **Individualized Education Plan (IEP)**- if specially designed instruction is required

Team decisions should be deliberate and data driven, ensuring support matches evolving student needs.



Resource: Accommodations Guide for Symptom-Based Return to Learn

Physical Symptom	Impact on Learning	Potential Accommodations	Why Accommodations Help
Numbness or Tingling	May affect handwriting, typing, and fine motor tasks.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Preferential seating near teacher• Written instructions• Use of white noise or soft background music with head phones• Noise-reducing headphones during	Compensatory strategies help overcome auditory interference

Link: [Accommodations Guide for Symptom-Based Return to Learn](#)

Thank You

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