

IMMEDIATE AND TEMPORARY ACCOMMODATIONS PLAN (ITAP) FOR STUDENTS WITH CONCUSSIONS OR OTHER BRAIN INJURIES (OAR 581- 021-3007)

FREQUENTLY ASKED QUESTIONS



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Introduction

This Frequently Asked Questions (FAQ) guide is a supplementary resource for Oregon public school administrators, educators, and school health staff. Oregon public education programs must follow the Oregon Department of Education’s (ODE’s) [Brain Injury Procedures](#) to establish an [Immediate and Temporary Accommodations Plan \(ITAP\)](#) when they receive written notification that a student has been diagnosed with a concussion or other brain injury. The Procedures, ITAP form, and related documents are available at: <https://www.oregon.gov/ode/students-and-family/healthsafety/pages/return-to-learn-after-a-concussion-or-other-brain-injury.aspx>.

This FAQ was prepared by the ODE for informational purposes only. It does not constitute legal advice and does not supersede [HB 3007 \(2025\)](#), [OAR 581-021-3007](#), or the ODE Brain Injury Procedures. For questions about specific situations, public education providers should consult legal counsel and/or ODE directly.

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Frequently Asked Questions

Section 1: Legal Framework and the ODE Procedures

Q1: What is the legal basis requiring public education programs to follow the ODE Brain Injury Procedures and use the ITAP?

House Bill 3007 (2025) and OAR 581-021-3007 (effective June 2025) established the requirement that Oregon public education providers, upon written notification, develop and implement an Immediate and Temporary Accommodations Plan (ITAP) for students diagnosed with a concussion or other brain injury.

OAR 581-021-3007(2) requires that public education providers follow all procedures developed by ODE when developing and implementing the ITAP. Those procedures are found in the ODE Brain Injury Procedures guidance document.

Q2: Who must comply with the ODE Brain Injury Procedures and use the ODE sample ITAP form?

All Oregon public education providers must comply with the ODE Brain Injury Procedures and use the ODE ITAP form. OAR 581-021-3007(1)(b) defines “public education provider” as a school district, a public charter school, or an education service district (ESD). Private schools are not required to comply, though they may choose to adopt similar practices. Per OAR 581-021-3007(3), all covered providers must use the ODE sample ITAP form or a public education provider-developed form that includes all required elements.

Q3: What policies and practices must be in place to support ITAP implementation?

The ODE Brain Injury Procedures require every public education provider to have policies and practices in place to ensure all students have access to a Brain Injury Management Team (BIMT) and receive appropriate accommodations following a brain injury. Public education policies and practices should establish:

- A clear protocol for receiving and routing written notifications from parents or guardians;
- Procedures for promptly convening the BIMT after written notification is received;
- Training for relevant staff on the ITAP process and recognizing signs of a concussion;
- Systems for tracking ITAP timelines, review dates, and discontinuation; and
- Processes for communicating the ITAP to all staff responsible for student supervision.

ODE’s Brain Injury Procedures and the ITAP Checklist can help public education providers structure their internal protocols to meet these requirements.

Section 2: Triggering the ITAP Process

Q4: What triggers a school's obligation to follow the Procedures and initiate the ITAP?

The obligation is initiated upon receipt of “**written notification**” as defined in OAR 581-021-3007(1)(c): a written notice from a parent or guardian, supported by medical documentation from a qualified health care professional, requesting accommodation for a student diagnosed with a concussion or other brain injury. The ODE Brain Injury Procedures set out the specific steps that public education providers must take beginning the moment written notification is received.

Q5: Who is considered a qualified health care professional for ITAP purposes?

Per OAR 581-021-3007(1)(a), a qualifying health care professional is a person licensed or registered under the laws of this state as a physician, a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician associate or a nurse practitioner.

Q6: Can a school initiate the ITAP without written notification from a parent or guardian?

Yes. OAR 581-021-3007(5) expressly provides that nothing in the rule prevents a school from determining that a student needs an ITAP without receiving parental written notification. If school personnel (e.g., a coach, nurse, teacher, or administrator) observes signs of a concussion or learns of an injury through other means, the school may initiate the process without written notification. Public education programs should follow local policy and practice when they suspect a concussion or other brain injury and provide necessary accommodations to ensure student safety and access to school. It is important to note that an ITAP is not a replacement for an evaluation by a qualified healthcare professional. A school district should follow emergency response protocols if applicable and communicate with the student's parent or guardian regarding importance of further evaluation by a qualified health care professional.

Section 3: The Brain Injury Management Team (BIMT)

Q7: What is the Brain Injury Management Team (BIMT) and who must be on it?

Every public education provider must have policies and practices in place to ensure all students have access to a BIMT and receive appropriate accommodations following a brain injury. The BIMT is the school-based team responsible for developing and implementing the Immediate Temporary Accommodations Plan (ITAP), coordinating with the student's family and medical providers, monitoring the student's recovery, and formally discontinuing the plan when appropriate. The ODE Brain Injury Procedures specifies the required composition and roles of the BIMT. In some cases, a single individual may meet multiple qualifications and fulfill more than one role on the team, provided that the team maintains a collaborative, student-centered approach. At minimum, the school BIMT must include individuals who collectively meet the following qualifications and areas of expertise:

- 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.)

Q8: What communication obligations does the rule impose on the BIMT?

The ODE Brain Injury Procedures require that public education programs provide timely notification and invitation to a student’s parent or guardian to participate in the ITAP process. In addition, the BIMT must share the completed ITAP form with the parent or guardian, all teachers who provide instruction to the student, and any school personnel responsible for the student’s supervision or health including school administrators, school nurses, counselors, physical education teachers, coaches, athletic trainers and staff supervising recess or other physical activities.

Q9: Is a school nurse required to assess a student who has been diagnosed with a concussion?

Yes. [OAR 581-022-2220](#)(1) requires school districts, education service districts, and public charter schools to develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must include services for all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individualized education programs (IEPs), and individualized health care plans or special health care needs. [OAR 581-022-2220](#)(1)(h) further requires a process to assess and determine a student’s health services needs, including availability of a nurse to assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student’s access to education, and implement the student’s individual health plan prior to attending as per [ORS 336.201](#). A student with a diagnosed concussion is an injured student with a special health care need, and the school nurse’s professional assessment of that student is a core component of the district’s obligation under these provisions.

This nursing assessment obligation operates independently of, and in addition to, the ITAP process under [OAR 581-021-3007](#). Per [ORS 336.201](#), a registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student. The registered nurse or school nurse must work in partnership with the student’s parent or guardian, health care provider and appropriate school staff. The school nurse’s assessment findings are a critical input for the BIMT, which must use a collaborative, data-informed approach to determine appropriate accommodations. Public education providers’ policies and procedures must ensure that the school nurse assesses any student known to have a diagnosed concussion that is impacting their access to education, documents their findings, and communicates the results to the BIMT.

Section 4: Physical Activity and Restriction

Q10: What physical activities must public education providers restrict, and when must restrictions take effect?

When written notification is received, physical activity restrictions must be determined by the Brain Injury Management Team (BIMT) and implemented **immediately**, or as soon as practicable thereafter and not later than the next scheduled course or activity that requires such restrictions. This is the most time-sensitive element of the Immediate Temporary Accommodations Plan (ITAP) process; physical activity restrictions must not wait for the full ITAP to be completed. Per OAR 581-021-3007(4)(b), 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.

Q11: What role do medical provider instructions play in physical activity planning?

Medical provider instructions may be an important source of information for the BIMT to use in determining restricting physical activity and the need for accommodations. Per the ODE Brain Injury Procedures:

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. Guided by ODE procedures and the Immediate Temporary Accommodations Plan (ITAP) form, the team gathers and analyzes input from key members including educators, healthcare providers, the school nurse, the student (when appropriate), and the family to identify and implement immediate and temporary accommodations.

[And]

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.

The BIMT must make decisions “firmly grounded in available assessment data, medical information, educational records, and observed student needs.” This is true regardless of whether the team has access to detailed medical information or not. There may be times when the team must decide to review and revise accommodations in the absence of, or in conflict with, medical provider instructions.

For example, a student may still present with symptoms of a concussion, yet they may have instructions from a medical provider “clearing” them to return to physical activity. The team may decide to keep accommodations it determines necessary based on other information including assessment data, educational records, and observed student symptoms and needs. In these situations, careful consideration of the school nurse’s clinical judgment is essential, as their ongoing assessment and expertise provide critical insight into the student’s current health status and readiness for activity.

Q12: How should schools support a student’s gradual return to physical activity?

A gradual, staged return to physical activity is a key component of safe concussion recovery. ODE has developed an optional [Gradual Return to Physical Activity Tool](#) to help schools structure this process. BIMT should use a stepwise approach that begins with low impact, nonstrenuous, light aerobic activity and progressively reintroduces activity only as the student remains symptom-free.

Physical education teachers, and all other staff supervising physical activity, should be informed of the student’s current stage so they can provide appropriate supervision. Decisions to advance or hold a student at a given step should not be based on merely the passage of time or a medical provider’s general clearance. Rather, a student’s gradual return to physical activity should be supported by the student’s observed and reported symptoms. Students should not advance to full activity where there may be risk for contact or collision without approval from the BIMT.

Section 5: The ITAP Form and Accommodations

Q13: Is there a specific form public education providers must use, and can they develop their own?

Per OAR 581-021-3007, public education providers must use either the ODE Immediate Temporary Accommodations Plan (ITAP) sample form or a district-developed form that **includes all content from the department’s sample form**. When in doubt, use the ODE sample form. The form is available on the ODE website in ten languages: Arabic, Chinese (Simplified and Traditional), Chuukese, English, Russian, Somali, Spanish, Ukrainian, and Vietnamese.

Q14: What symptom categories and accommodations must the ITAP address?

The ITAP must address student symptoms and accommodations across three domains: physical, cognitive, and social-emotional.

- **Physical accommodations** may include but are not limited to rest breaks, light and noise reduction, limited screen time, and modified movement between classes.
- **Cognitive accommodations** may include but are not limited to extended time to complete tasks, shortened assignments, preferential seating, teacher-generated notes, and staggered testing.
- **Social-emotional accommodations** may include but are not limited to access to counseling and wellness spaces, staff reassurance, and peer support arrangements.

Public education providers may use ODE’s [Symptom-Based Accommodation Guide](#) to match specific accommodations to each student’s reported symptoms. Accommodation selection must be individualized; The ODE Brain Injury Procedures explain how public education providers must tailor the plan to the student’s unique presentation and update it as symptoms change.

Q15: What standard governs the scope of academic accommodations?

OAR 581-021-3007(4)(d) requires that accommodations support “**meaningful participation in educational activities at a level that is appropriate for the student's recovery.**” This language reflects the symptom-based, individualized nature of the ITAP. Accommodations are not one-size-fits-all, and they must be reassessed regularly. The ODE Brain Injury Procedures outline how public education providers must calibrate accommodations to each student’s current recovery status and adjust them as the student’s condition evolves.

Section 6: Implementation Timelines, Reviews, and Discontinuation

Q16: What are the required implementation timelines?

OAR 581-021-3007 and the ODE Brain Injury Procedures establish the following mandatory timelines, which public education providers may track using the [ODE ITAP Checklist](#):

- **Physical activity restrictions:** Immediately upon determination, or no later than the student’s next scheduled activity requiring restriction [OAR 581-021-3007(4)(f)].
- **Schedule initial BIMT meeting:** Within 2 school days of written notification, determine date and time of ITAP meeting and invite parent or guardian to participate.
- **Implement Immediate Temporary Accommodations Plan (ITAP):** No later than 10 school days after written notification is received [OAR 581-021-3007(4)(g)(A)].
- **First ITAP review:** Within 5 school days of ITAP implementation [per the ITAP form and Procedures].
- **Ongoing reviews:** No later than every 2 months [OAR 581-021-3007(4)(g)(B)], or more frequently as the student’s condition requires.

Q17: Who conducts ITAP reviews, and what must happen during a review?

The Brain Injury Management Team (BIMT) conducts all required ITAP reviews. At each review, the BIMT assesses whether current accommodations remain appropriate, adjusts the plan based on the student’s current symptoms and recovery progress, and documents any changes. Because brain injury recovery is not linear and may include setbacks, the ODE Brain Injury Procedures direct public education providers to approach each review with flexibility and to adjust accommodations as conditions warrant. The ODE Brain Injury Procedures describe the required review process, documentation standards, and criteria for determining whether accommodations should be maintained, modified, or phased out.

Q18: How long does the ITAP remain in effect, and who can discontinue it?

The ITAP remains in effect until it is **formally revised or discontinued by the BIMT**. A plan does not automatically expire. Public education providers may not assume an ITAP is no longer needed because a student appears to be recovering or because a specific period of time has elapsed. The BIMT must make an affirmative, documented decision to discontinue the plan. The discontinuation date must be recorded on the form.

Section 7: Intersection with the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973

Q19: Does HB 3007 replace other obligations under IDEA or Section 504?

No. The Immediate Temporary Accommodations Plan (ITAP) is a short-term, temporary response and operates alongside, not in place of, existing federal obligations under IDEA and Section 504 of the Rehabilitation Act. If a student's brain injury results in lasting educational impact or a barrier to educational access, the school must separately consider evaluation for special education or 504 services. If the student already has a 504 plan or IEP, the ITAP serves as a temporary support layer that complements, rather than replaces, the services and accommodations in the student's IEP or 504 plan.

Q20: When should a school initiate a Section 504 or IDEA evaluation?

Schools are obligated to initiate a comprehensive evaluation when they suspect or have reason to suspect a child is or may be a child with a disability who requires accommodations or related aids and services. Therefore, if a student's brain injury results in a substantial limitation to a major life activity or a long-term educational impact, the Brain Injury Management Team (BIMT) must consider initiating an evaluation under Section 504 or IDEA. The ITAP form includes a field documenting whether such an evaluation has been initiated. Public education providers should not delay initiating a 504 or IDEA evaluation while waiting for the ITAP process to conclude if there is evidence that an evaluation is warranted.

Q21: What if the student already has an IEP or 504 plan?

For students already eligible under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973, the ITAP form must be completed by the student's existing IEP team or 504 team. Team members may need to be added in order to meet the minimum required expertise of the BIMT. When developing the ITAP, teams must consider both the acute effects of the concussion or other brain injury and the student's existing disabilities, for which they were already eligible under IDEA or Section 504, to ensure accommodations adequately address all areas of need. The ITAP serves as a temporary support layer that complements, rather than replaces, the services and accommodations in the student's IEP or 504 plan.

Section 8: Communication, Documentation, and Recordkeeping

Q22: What documentation must public education providers maintain, and with whom must the Immediate Temporary Accommodations Plan (ITAP) be shared?

The completed ITAP form must be maintained as part of the student's educational record as defined in [OAR 581-021-0220](#), shared with the student's parent or guardian, and shared with all staff responsible for implementation. OAR 581-021-3007(4)(e) identifies all required recipients. The ITAP form includes a field to document when this sharing occurred.

Q23: What happens if a student transfers to another school while an ITAP is active?

Student education records, including the active ITAP, must transfer to the receiving school in accordance with Oregon student records transfer requirements found in [OAR 581-021-0255](#). The receiving school must review the plan upon enrollment and ensure accommodations continue without interruption. The receiving school's Brain Injury Management Team (BIMT) may conduct a new review to update the plan for the new school context.

Q24: Are translated ITAP forms available for families?

Yes. ODE has made the ITAP form available in Arabic, Chinese (Simplified and Traditional), Chuukese, English, Russian, Somali, Spanish, Ukrainian, and Vietnamese. These forms are accessible on the ODE website.

Section 9: Implementation Support and Resources

Q25: What resources are available to help public education programs implement requirements?

ODE has developed a suite of resources to support public education providers, all available on the [ODE website](#). The ODE Brain Injury Procedures document and the Immediate Temporary Accommodations Plan (ITAP) Form are required. All other resources are designed to complement the ODE Brain Injury Procedures and ITAP form, not replace them. Resources include:

Required:

- ODE Brain Injury Procedures. (Authoritative implementation guide)
- ITAP Sample Form. (Available in English and 9 translated language versions)

Optional Resources:

- ODE Symptom-Based Accommodation Guide
- ITAP Checklist
- Gradual Return to Physical Activity Tool
- Office Hours video recording and presentation slides, October 28, 2025
- Community resources including the Center for Brain Injury Research and Training (CBIRT)

Legal References:

- OAR 581-021-3007
- HB 3007 (2025)

Oregon Department of Education Contact Information

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