

Date: [Date]

To: [School Name] Administration and Faculty

Re: [Student Name]

Date of Birth: [DOB]

Date of Injury: [Date of Injury]

To Whom It May Concern,

[Student Name] has been evaluated at our Sports Medicine clinic following a concussion. This student is currently under our care and requires the following academic accommodations to support their recovery. These recommendations are effective until [Follow-up Date].

Current Status:

- No school / Home rest only
- Partial school days (half days or specific hours)
- Full school days with accommodations

Recommended Academic Accommodations:

- **Testing:** No standardized testing or high-stakes exams. Allow extra time for quizzes and classroom tests.
- **Workload:** Reduce homework volume. Focus on essential concepts only. Extend deadlines for all assignments.
- **Environment:** Allow scheduled rest breaks (15-20 minutes) in a quiet area if symptoms flare. Avoid loud environments like band, choir, or woodshop.
- **Screen Time:** Limit computer, tablet, and smartboard use. Provide printed copies of notes and assignments.
- **Physical Activity:** No Physical Education (PE) classes, recess activities, or sports participation.

Return to Play:

The student is NOT cleared for any athletic activity at this time. A separate clearance letter will be provided once the student has successfully returned to a full academic workload without symptoms.

If you have any questions regarding these medical recommendations, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic Name/Practice Name]