

Date: [Date]

To: [School Name/Academic Administration]

From: [Clinician Name and Credentials]

Re: Stepwise Return to Academics for [Student Name]

Date of Birth: [Student DOB]

To Whom It May Concern,

[Student Name] is currently under my care for the management of [Condition/Injury, e.g., Concussion]. Based on my clinical evaluation on [Date of Last Exam], I am recommending a gradual, stepwise return to academic activities to ensure recovery and minimize symptom exacerbation.

Please implement the following progression based on the student's tolerance:

Stage 1: Rest and Recovery

- No school attendance.
- Minimal mental exertion (no screen time, reading, or homework).

Stage 2: Light Mental Activity

- May perform up to [Number] minutes of light mental activity at home.
- No tests or deadlines.

Stage 3: Partial School Attendance (Modified)

- Reduced school hours (e.g., half days or specific classes).
- Frequent rest breaks in a quiet area.
- No testing, presentations, or music/PE classes.

Stage 4: Full Attendance with Accommodations

- Full school days.
- Extended time for assignments and tests.
- Provision of printed notes to reduce screen time/writing.

Stage 5: Full Academic Participation

- Return to full workload and testing without accommodations.

Progress to the next stage only if the student remains symptom-free at the current level for 24 hours. If symptoms return, the student should return to the previous stage for 24 hours.

I will re-evaluate the student on [Follow-up Date] to determine further progress. Please contact my office at [Phone Number] if you have questions.

Sincerely,

[Clinician Signature]

[Clinician Printed Name]

[Clinic/Facility Name]