

Date: [Date]

To: [School Name / Principal Name / School Nurse]

From: [Healthcare Provider Name/Clinic]

Subject: Partial Day Return to School Plan for [Student Name]

This letter is to inform you that [Student Name] (DOB: [Date of Birth]) was diagnosed with a concussion on [Date of Injury]. Based on a clinical evaluation, the student is cleared to return to school on a partial day schedule starting [Start Date].

**Academic Schedule:**

- The student should attend school for [Number] hours per day.
- Preferably, attendance should occur during [Morning/Afternoon] hours.
- If symptoms increase, the student must be allowed to rest in the nurse's office or go home.

**Required Accommodations:**

- No physical education (PE) classes or sports.
- No recess or strenuous physical activity.
- Reduced screen time (computers, tablets, smartboards).
- No tests, quizzes, or heavy homework loads.
- Frequent rest breaks (5-10 minutes) every hour or as needed.
- Avoidance of loud environments (cafeteria, band room, pep rallies).

This partial schedule will be re-evaluated on [Follow-up Date]. We will provide an updated note at that time regarding a transition to full-day attendance.

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

Sincerely,

[Healthcare Provider Signature]

[Provider Title]

[Clinic/Medical Facility Name]