

**Date:** [Insert Date]

**To:** [Professor or School Administrator Name]

**From:** [Medical Professional Name/Title]

**Subject:** Academic Accommodations for [Student Name] (DOB: [Date of Birth])

Dear [Recipient Name],

This letter serves to certify that [Student Name] is currently under my care following a concussion sustained on [Date of Injury]. The student is experiencing Post-Concussion Syndrome (PCS), which significantly impacts their cognitive functioning, concentration, and ability to perform academic tasks.

To support their recovery and prevent the worsening of symptoms, I recommend the following academic accommodations for the period of [Start Date] to [End Date/Re-evaluation Date]:

- **Reduced Course Load:** Permission to attend classes part-time or drop specific units without penalty.
- **Extended Deadlines:** A [Number]-day extension on all assignments and projects.
- **Testing Accommodations:** Untimed testing or 50-100% additional time, and testing in a quiet, low-light environment.
- **Reduced Screen Time:** Use of printed materials instead of digital screens whenever possible.
- **Rest Breaks:** Permission to take 10-15 minute "brain breaks" during lectures or exams if symptoms (headache, dizziness) flare up.
- **Attendance Flexibility:** Excused absences for medical appointments or days when symptoms are severe.
- **Note-Taking Assistance:** Access to peer notes or instructor slide decks to reduce the cognitive load of multitasking during class.

The student's progress will be monitored regularly, and I will provide updates regarding their readiness to return to full academic activity. If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Signature of Medical Professional]

[Printed Name and Credentials]

[Clinic/Hospital Name]