# Return-to-Learn Plan: Vision & Cognitive Load

*Structured plan template · post-concussion school re-entry*

## Student & team

**Student initials / ID:** _____

**Grade / Homeroom:** _____

**Date of injury:** _____

**Date of plan:** _____

**Medical provider:** _____

**School nurse:** _____

**Classroom teacher(s):** _____

**OT / TVI:** _____

**504 / IEP status:** _____

**Plan review date:** _____

## Current symptom snapshot

Rate current severity: 0 = none, 5 = severe. Repeat weekly to track recovery.

| Symptom domain | Baseline | Wk 1 | Wk 2 | Wk 3 | Wk 4 |
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## Symptom triggers observed at school

- ☐ Reading / small print
- ☐ Chromebook or iPad use
- ☐ Board-to-desk copying
- ☐ Fluorescent lighting
- ☐ Hallways, gym, cafeteria (visual motion)
- ☐ Extended focus tasks (>15-20 min)
- ☐ Loud or crowded environments

## Accommodations in place (check all active)

- ☐ Shortened school day (specify hours below)
- ☐ Scheduled visual rest breaks (frequency below)
- ☐ Preferential seating away from windows / fluorescents
- ☐ Screen time limits and printed alternatives

- [ ] Audio versions of reading / oral response options
- [ ] Extended time on assignments and tests
- [ ] Reduced homework load; no timed tasks
- [ ] Permission to wear hat / tinted lenses indoors
- [ ] Rest pass to nurse or quiet space, no questions asked
- [ ] Exempt from PE, recess contact, or band until cleared

## Details & specifics

**School hours today (start / end):**

**Visual break schedule (e.g., every 20 min for 5 min):**

**Approved rest / recovery location:**

**Screen time limit per class period:**

**Homework limit (minutes per night):**

## Graduated re-entry stage (circle current)

Advance only when the student tolerates the current stage without symptom spike for 24-48 hours. Drop back a stage if symptoms return.

- Stage 1 - Cognitive rest at home; no school
- Stage 2 - Half day, core classes only, no screens
- Stage 3 - Full day with breaks; reduced workload; limited screens
- Stage 4 - Full day, full workload with accommodations
- Stage 5 - Full return; accommodations tapered; monitor 2 weeks

## Weekly check-in log

| Date | Symptom trend | Accommodation change | Signed by |
|---|---|---|---|
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## Signatures

**Parent / guardian:**

**School nurse:**

**Classroom teacher:**

**OT / TVI:**

**Medical provider (if reviewed):**

*Completed collaboratively by the family, medical provider, school nurse, teacher(s), and OT/TVI.*
*Review and adjust weekly, or sooner if symptoms change. Not a substitute for medical clearance.*