

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

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

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.*