

» Teacher Feedback Form

Student's Name _____

Date _____

Date of Concussion _____

Student: you have been diagnosed with a concussion. It is your responsibility to gather data from your teachers. A day or two before your next doctor's appointment or at the request of your school nurse/health tech, go around to all your teachers (especially the CORE classes) and ask them to fill in the boxes below based upon how you are currently functioning in their class(es).

Teachers: Thank you for your help with this student. Your feedback is very valuable. We do not want to release this student back to physical activity if you are still seeing physical, cognitive, and emotional or sleep/energy symptoms in your classroom(s). If you have any concerns, please state them below.

1. Your name 2. Class taught	Is the student still receiving any academic adjustments in your class? If so, what?	Have you noticed, or has the student reported, any concussion symptoms lately? (e.g. complaints of headaches, dizziness, difficulty concentrating or remembering, more irritable, fatigued than usual etc.?) If yes, please explain.	Do you believe this student is performing at his/her pre-concussion learning level?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Signature:
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Signature:
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Signature:
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Signature:

Weekly academic progress monitoring is recommended as best practice.