



RETURN TO LEARN (RTL) AND RETURN TO PHYSICAL ACTIVITY (RTPA) FOR SUSPECTED/DIAGOSED CONCUSSIONS

This form is to be used by parents/guardians to track and to communicate to the school a student's progress through the stages of Return to Learn (RTL) and Return to Physical Activity (RTPA) Plan following a diagnosed concussion. *Each stage must last a minimum of 24 hours.* A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

STUDENT IS AT HOME - RETURN TO SCHOOL PREPARATION

HOME PREPARATION FOR RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY PLAN

Home preparation stage is the responsibility of the parents/guardians of the concussed student under home supervision.

While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. However, before a student can return to school they must have completed RTL Stage 2 and RTPA Stage 2b.

STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
Initial Rest – RTL	24 – 48 hours of relative cognitive rest Sample activities permitted if tolerated by student: -Short board/ card games -Short phone calls -Photography (with camera) -Crafts Activities that are not permitted at this stage: -TV -Technology (for example, computer, laptop, tablet, ipad)/cell phone (for example, texting/ games/photography) -Video games -Reading -Attendance at school or school type work	Student moves to RTL Stage 1 when: -Symptoms start to improve or after resting 2 days maximum, or whichever occurs first
Initial Rest – RTPA	24 – 48 hours of relative physical rest Sample activities permitted if tolerated by student: -Limited movement that does not increase heart rate or break a sweat -Moving to various locations in the home -Daily hygiene activities Activities that are not permitted at this stage -Physical exertion (increases breathing and/heart rate and sweating) -Stair climbing other than to move locations throughout the home -Sports/sporting activity	Student moves to RTPA Stage 1 when: -Symptoms start to improve or after resting 2 days maximum (whichever occurs first).



STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
RTL -	Light cognitive (thinking/memory/ knowledge)	Student moves to RTL Stage 2 when:
Stage 1	activities (as per activities permitted listed below). Gradually increase cognitive activity up to 30 minutes. Take frequent breaks. Activities permitted if tolerated by student: -Activities from previous stage -Easy reading (for example, books, magazines, newspaper) -Limited TV -Limited cell phone conversations -Drawing/building blocks/puzzles	-Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptomsStudent has completed a minimum of 24 hours at RTS — Stage 1. However: -Student must return to the previous stage for a
	-Some contact with friends Activities that are not permitted at this stage: -Technology use (for example, computer, laptop, tablet, ipad)/cell phone (for example, texting/games/photography) -Attendance at school or school type work	minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms andStudent must return to medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.
RTPA - Stage 1	Light physical activities (as per activities permitted listed below) that do not provoke symptoms. Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat). Activities permitted if tolerated by student: -Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation) -Slow walking for short time Activities that are not permitted at this stage: -Physical exertion (increases breathing and/heart rate and sweating) -Sports/sporting activity -Stair climbing, other than to move locations throughout	Student moves to RTPA Stage 2a when: -Student tolerates light physical activities (completes both activities permitted from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptomsStudent has completed a minimum of 24 hours at RTPA — Stage 1. However: -Student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptomsStudent must return to medical doctor or nurse practitioner when they have exhibited or reported a

STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
RTL – Stage 2	Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school). Activities permitted if tolerated by student: -Activities from previous stage -School-type work in 30-minute increments -Crosswords, word puzzles, Sudoku, word search -Limited technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/ games/photography) starting with shorter periods and building up as tolerated Activities that are not permitted at this stage: -School attendance	Student moves to RTL Stage 3a when: - Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. -Student has completed a minimum of 24 hours at Stage 2. However: -Student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms. -Student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.



RTPA	Daily activities that do not provoke symptoms. Add	Student moves to RTPA Stage 2b when:
_	additional movements that do not increase	-Student tolerates daily physical activities (completes
Stage 2a	breathing and/heart rate or break a sweat. Activities permitted if tolerated by student: -Activities from previous stage -Light physical activity for example, use of stairs -10-15 minutes slow walking 1-2x per day inside and outside (weather permitting) Activities that are not permitted at this stage: -Physical exertion (increases breathing and/heart rate and sweating) -Sports -Sporting activities	activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. -Student has completed a minimum of 24 hours at RTPA — Stage 2a. However: -Student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms. -Student must return to medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.
RTPA - Stage 2b	Light aerobic activity Activities permitted if tolerated by student: -Activities from previous stage -20-30 minutes walking/stationary cycling/recreational (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably) Activities that are not permitted at this stage: -Resistance or weight training -Physical activities with others -Physical activities using equipment	Student moves to RTPA Stage 3 when: Student tolerates light aerobic activities (completes activities permitted in Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptomsStudent has completed a minimum of 24 hours at RTPA — Stage 2b. However: -Student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptomsStudent must return to medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Parent/Guardian communicates to school principal (by completing Appendix F) that the student has completed RTS Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to School and Return to Physical Activity Plan.

STUDENT IS AT SCHOOL

Returning to Learn: Once the student has completed Stage 1 and 2 and is able to return to school, one school staff (i.e. designated member of the collaborative team appointed by the school Administrator or designate) needs to serve as the point of contact for the collaborative team members.

Return of Concussion Symptoms: If new or returning symptoms occur, the student must be re-examined by a medical doctor or nurse practitioner. If this occurs, the parent/guardian must notify the school Administrator or designate of any new or returning symptoms. The student will be returned to the previous step.

Collaborative Team Approach: The Return to Learn (RTL) To Return to Physical Activity (RTPA) Plan should be developed by a collaborative team approach lead by the school Administrator or designate, with ongoing communication and monitoring by all members.

Collaborative Team Members: Concussed student, Parent/guardian of the student, School staff working with the student, and Medical doctor/Nurse practitioner (if available)

The Return to School to RTL and RTPA is the responsibility of the parents/guardians of the concussed student and the school.

The school part of the plan begins with:

- A meeting with the principal/designate to provide information on:
 - o the school part of the RTL to RTPA Plan (Appendix F)
 - o Collaborative Team participants and parent/guardian role on the team
- · A student assessment to determine possible strategies and/or approaches for student learning



While the RTL and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.

A student that has no symptoms when they return to school, must progress through all of the RTL stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.

STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
RTL Stage 3a	Student begins with an initial time at school of 2 hours. The individual RTS Plan is developed by the Collaborative Team following the student conference and appraisal of the student's individual needs determining possible strategies and/or approaches for student learning. Activities permitted if tolerated by student: -Activities from previous stage (see Home Preparation for RTS and RTPA above) -School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity -Learning strategies and/or approaches Activities that are not permitted at this stage: -Tests/exams -Homework -Music class -Assemblies -Field trips	School Student has demonstrated they can tolerate up to a half day of cognitive activity -Appendix G sent home to parent/guardian Home Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTL Stage 3b. Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. - Appendix G sent back to school
RTL – Stage 3b	Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches. Activities permitted if tolerated by student: -Activities from previous stage -School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week) -Homework – up to 30 minutes/day -Decrease adaptation of learning strategies and/or approaches -Classroom testing with adaptations Activities that are not permitted at this stage: -Standardized tests/exams	School ☐ Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above - Appendix G sent home to parent/guardian Home ☐ Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTL Stage 4a ☐ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. - Appendix G sent back to school



RTPA - Stage 3	Simple locomotor activities/sport-specific exercise to add movement. Activities permitted if tolerated by student: -Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) -Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in	School ☐ Student has demonstrated they can tolerate simple individual drills/ sport specific drills as listed in permitted activities - Appendix G sent home to parent/guardian Home
	basketball) in predictable and controlled environments with no risk of re-injury -Restricted recess activities for example, walking Activities that are not permitted at this stage: -Full participation in physical education or DPA -Participation in intramurals -Full participation in interschool practices -Interschool competitions -Resistance or weight training -Body contact or head impact activities (for example, heading a soccer ball) -Jarring motions (for example, high speed stops, hitting a baseball with a bat)	 ☐ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms and can now progress to RTPA Stage 4. ☐ Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours ☐ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. - Appendix G sent back to school

STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
RTL – Stage 4a	Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload. Activities permitted if tolerated by student: -Activities from previous stage -Nearly normal cognitive activities -Routine school work as tolerated -Minimal adaptation of learning strategies and/or approaches -Start to eliminate adaptation of strategies and/or approaches -Increase homework to 60 minutes/day -Limit routine testing to one test per day with adaptations (for example, supports - such as more time) Activities that are not permitted at this stage: -Standardized tests/exams	School Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches Appendix G sent home to parent/guardian Home Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTL Stage 4b Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. Appendix G sent back to school
RTL – Stage 4b	At school: full day, without adaptation of learning strategies and/or approaches. Activities permitted if tolerated by student: -Normal cognitive activities -Routine school work -Full curriculum load (attend all classes, all homework, tests) -Standardized tests/exams -Full extracurricular involvement (non-sport/non-physical activity) for example, debating club, drama, club, chess club	School Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches - Appendix G sent home to parent/guardian Home Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and has completed the RTL Plan



		 □ Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours □ Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. - Appendix G sent back to school
RTPA - Stage 4	Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking. Activities permitted if tolerated by student: -Activities from previous stage -More complex training drills (for example, passing drills in soccer and hockey) -Physical activity with no body contact (for example, dance, badminton) -Participation in practices for noncontact interschool sports (no contact) -Progressive resistance training may be started -Recess — physical activity running/games with no body contact -Daily Physical Activity (elementary) Activities that are not permitted at this stage: -Full participation in physical education -Participation in intramurals -Body contact or head impact activities (for example, heading a soccer ball) -Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)	School Student has completed the activities in RTPA Stage 4 as applicable - Appendix G sent home to parent/guardian - Appendix D Documentation for Medical Clearance sent home to parent/guardian Home Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. - Appendix G sent back to school
	rogressing to Stage 5, the student must: npleted RTL Stage 4a and 4b (full day at school without adapt	ration of learning strategies and/or approaches).

- -have completed RTPA Stage 4 and be symptom-free, and
- -obtain signed Medical Clearance from a medical doctor or nurse practitioner. (Appendix D)
- Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery

STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED		
RTPA - Stage 5	Following Medical Clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports. Activities permitted if tolerated by student: -Physical Education -Intramural programs -Full contact training/practice in contact interschool sports Activities that are not permitted at this stage -Competition (for example, games, meets, events) that involves body contact	School Student has completed the applicable physical activities in RTPA Stage 5 - Appendix G sent home to parent/guardian Home Student has not exhibited or reported a return of symptoms or new symptoms and can progress to RTPA Stage 6 Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment - Appendix G sent back to school		



STAGE/ STEP	DESCRIPTION	NOTES AND DOCUMENTATION REQUIRED
RTPA - Stage 6	Unrestricted return to contact sports. Full participation in contact sports games/competitions.	School ☐ Student has completed full participation in contact sports. - Appendix G sent home to parent/guardian
		Home ☐ Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan. ☐ Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment - Appendix G sent back to school



RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY PLAN

Once a student has sustained a suspected/diagnosed concussion, an individualized *Return to Learn* (*RTL*) and *Return to Physical Activity* (*RTPA*) for Suspected/ Diagnosed Concussions (Appendix E) must be developed using a Collaborative Team approach. Ongoing communication and monitoring by all members of the team is critical for student success throughout the plan.

The Collaborative Team members, along with their general duties include:

- a) <u>Concussed Student</u>: If able, contribute thoughts about the development and progression of the plan, including any symptoms they are experiencing.
- b) <u>Parents/Guardians</u>: Provide required documentation to School Administrator(s) and report any changes in signs/ symptoms while their child is outside of school.
- c) <u>Medical Doctor/Nurse Practitioner</u>: If able, contribute cognitive and physical restrictions after involvement in diagnosis.
- d) <u>School Staff Working with the Student</u>: Develop and deliver individualized classroom strategies based on the student's cognitive and physical restrictions. Observe and report any changes of signs/symptoms of the student.
- e) <u>School Administrator(s)</u>: Appoint members of the Collaborative Team, including the Designated Member of the Collaborative Team (DMCT). Provide the parent/guardian of a concussed student with necessary forms. Communicate all policies and procedures with members of the Collaborative Team. Approve any adjustments to the student's schedule and individualized classroom strategy.

Developing an Individualized Return to Learn and Return to Physical Activity Plan

There is no preset formula for the development of the Return to Learn portion of the Plan to assist the concussed student. It is an individualized approach and must be tailored to the student, but the student must work through the stages. Please see Appendix E regarding the Return to Physical Activity portion of the Plan.

1. Identify Types of Signs/Symptoms the Student is Experiencing

Initially, use the **Letter of Accommodation for Suspected/Diagnosed Concussions** provided by the parent/guardian to identify the signs/symptoms the student is experiencing. Identification of signs/symptoms is an ongoing process which must be reported throughout the Plan. Possible signs/symptoms a school staff working with the student can identify include:

- a) <u>Cognitive</u> e.g., speed of reading, difficulties doing multi-step math problems, issues with maintaining attention or being easily distracted.
- b) <u>Emotional/Behavioural</u> e.g., easily agitated or irritated, feeling overwhelmed, feeling frustrated or angry.

2. Identify Specific Factors that May Worsen the Student's Signs/Symptoms

School staff working with the student, along with the parents/guardians, must identify factors which can worsen the reported signs/symptoms prior to developing the individualized classroom strategy. Sample questions to consider in this step include:

a) Could some classes, subjects, or activities pose a greater difficulty than others?
 (compared to pre-concussion performance).



- b) Are there specific things in the school or classroom environment that could distract the student?
- c) Is the student enrolled in either an e-learning or blended learning (combination of face-to-face and e-learning work) class?
- d) Do any of the classes in which the student is enrolled in use D2L or goggle classroom as significant learning tools?
- e) Is there a specific time frame after which the student becomes unfocused or fatigued?
- f) Is the student's ability to concentrate, work or read at a normal speed related to the time of day?
- g) Are behavioural signs/symptoms linked to specific events, settings (e.g., loud noises or bright lights), tasks, or other activities?
- 3. <u>Develop Individualized Classroom Strategies/Approaches to Learning Activities</u> Step 3a of the Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions (Appendix E)

(Note: Strategies must vary based on the student's age, level of understanding and emotional status)

The goal of the individualized classroom strategies is to limit the student's cognitive activity to a level which is tolerable for the student and does not contribute to worsening or re-emerging signs/symptoms. The tolerance for cognitive activity increases through the recovery process.

Individualized classroom strategies/approaches to learning activities include:

Sample Strategies for Cognitive Limitations:

- Concentrate on general cognitive skills initially (e.g., organization and flexible thinking rather than specific academic tasks).
- b) Focus on the strengths of the student and expand the course load based on the strengths to more challenging work.
- c) Adjust the student's schedule as needed to maximize student attention and focus (e.g., shorten the day, deliver challenging content/classes during a time when the student is most alert, allow for rest breaks, reduce overload course load).
- d) Adjust the learning environment to reduce distractions or irritations (e.g., move the student away from bright lights or windows, closer to the teacher, or away from noisy areas)
- e) Incorporate the use of computer-assisted or audio learning systems for students having reading comprehension problems.
- f) Provide extra time for in-class assignments or test completion.
- g) Permit the student to record classes for future reference.
- h) Assist the student to create a task list or daily planner/organizer.
- i) Increase repetition in assignments/tasks to reinforce learning.
- j) Break large assignments/tasks into smaller parts and offer recognition cues.
- k) Provide student with alternate methods of master demonstration (e.g., multiple choice or verbal responses to questions instead of long essay responses).
- I) Designate a note-taker for the student during class time.
- m) Use learning materials appropriate for tolerance levels (e.g., avoid electronic device such as tablets or computers).

Sample Strategies for Behavioural/Emotional/Social Limitations:

- a) Establish a cooperative relationship with the student while engaging the student in any decisions regarding their individualized plan (if age appropriate).
- b) Set reasonable goals and expectations for the student and communicate these with the collaborative team.





- c) Redirect the student to other curriculum elements associated with success if they are becoming frustrated/ agitated with failure in one area.
- d) Provide reinforcement for academic achievements and positive behaviours.
- e) Empathize with and acknowledge student's negative emotions (e.g., frustration, anger, sadness).
- f) Provide and ensure structure and consistency among all school staff working with the student.
- g) Arrange for the student to complete work or take breaks in designated areas appropriate for limitations (e.g., complete assignments in private area or eat lunch in area away from crowded or noisy cafeteria)
- 4. The strategies listed above must be continually re-evaluated and altered by the collaborative team based on the student's tolerable cognitive activity throughout the entire Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/ Diagnosed Concussions (Appendix E), until the student is able to return to full pre-concussion learning activities.

Note: The above activities focus on the cognitive strategies to assist in returning the student to prior learning activities, or the *Return to Learn* portion of the Plan. The Return to Physical Activity portion of the plan is outlined in detail on the *Return to Learn (RTL) and Return to Physical Activity (RTPA) for Suspected/Diagnosed Concussions* (Appendix E). This includes sample physical activities, objectives, and restrictions.



Appendix C - Letter of Accommodation for

Suspected/Diagnosed Concussions



RETURN TO SCHOOL TO RETURN TO LEARN AND PHYSICAL ACTIVITY PLAN COMMUNICATION TOOL

Student Name: Plan Start Date:				
Designated Members of Collabo	rativo Tos	am		
Concussed Student:				
Parents/Guardians:				-
Contact Information:			·	_
Medical Doctor/Nurse Proceedings	actitioner	•		
School Staff Working with	h the Stu	 dent:		
School Administrator(s) contacts	or Designa			
Each step must take a minimum or any new symptoms appear at previous stage for a minimum of practitioner is recommended.	any time	during the following	ing stages, tl	ne student must return to the
PART 1 – HOME PREPAR				OOL (RTS) AND
ETURN TO PHYSICAL A	CTIVIT	Y (RTPA) PLAI	N	
arent/Guardian communicates to lat the student has completed RT le school part of the Return to Lea	L Stage 2	and RTPA Stage 2	b and is read	ng information on this form) y to return to school and begin
 My child/ward has successf School (RTL) and Return to 				
Parent/Guardian Signature:				
Date:				
Comments:				
OMPLETED FORMS				
Completed Form	Date	Completed By	School Staff Initials	Notes
Appendix A - Suspected Concussion dentification Tool				
Appendix B - Medical Assessment Form - Concussion				



PART 2 - RETURN TO LEARN AND RETURN TO PHYSICAL ACTIVITY

While the RTL and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.

Stage and Description	Completion Status
RTL – Stage 3a Student begins with an initial time at school of 2 hours. Individualized classroom strategies and/or approaches to learning activities.	School Student has demonstrated they can tolerate up to a half day of cognitive activity Appendix G sent home to parent/guardian School Initial: Date: Home Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTL Stage 3b. Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. Appendix G sent back to school Parent/Guardian Signature: Date: Comments:
RTL – Stage 3b Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in adaptation of learning strategies and/or approaches.	School Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities Appendix G sent home to parent/guardian School Initial: Date: Home Student has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms and can now progress to RTL Stage 4a Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. Appendix G sent back to school Parent/Guardian Signature: Date: Comments:





RTPA – Stage 3	School
Simple locomotor	☐ Student has demonstrated they can tolerate simple individual drills/ sport specific
activities/sport-specific	drills as listed in permitted activities
exercise to add movement.	Appendix G sent home to parent/guardian
	School Initial: Date:
	<u>Home</u>
	☐ Student has not exhibited or reported a return of symptoms, new symptoms, or
	worsening symptoms and can now progress to RTPA Stage 4.
	Student has exhibited or reported a return of symptoms, or new symptoms and
	must return to the previous stage for a minimum of 24 hours Student has exhibited or reported a worsening of symptoms and must return to
	medical doctor or nurse practitioner.
	Appendix G sent back to school
	Parent/Guardian Signature: Date:
	Comments:
RTL – Stage 4a	School
Full day school, minimal	Student has demonstrated they can tolerate a full day of school and a nearly
adaptation of learning	normal workload with minimal adaptation of learning strategies and/or approaches
strategies and/or	Appendix G sent home to parent/guardian
approaches. Nearly normal	School Initial: Date:
workload.	
WOI KIOSU.	<u>Home</u>
	☐ Student has not exhibited or reported a return of symptoms, new symptoms or
	worsening symptoms and can now progress to RTL Stage 4b
	☐ Student has exhibited or reported a return of symptoms, or new symptoms, and
	must return to the previous stage for a minimum of 24 hours.
	☐ Student has exhibited or reported a worsening of symptoms and must return to
	medical doctor or nurse practitioner.
	Appendix G sent back to school
	Parent/Guardian Signature: Date: Date:
	Confinents.
RTL – Stage 4b	School
-	Student has demonstrated they can tolerate a full day of school without adaptation
At school: full day, without	of learning strategies and/or approaches
adaptation of learning	Appendix G sent home to parent/guardian
strategies and/or	School Initial: Date:
approaches.	
	<u>Home</u>
	☐ Student has not exhibited or reported a return of symptoms, new symptoms or
	worsening symptoms and has completed the RTL Plan
	☐ Student has exhibited or reported a return of symptoms, or new symptoms, and
	must return to the previous stage for a minimum of 24 hours
	☐ Student has exhibited or reported a worsening of symptoms and must return to
	medical doctor or nurse practitioner.
	Appendix G sent back to school
	Parent/Guardian Signature: Date:
	Comments:



RTPA – Stage 4	Student has completed the estivities in RTDA Stage 4 as a validable	
Progressively increase	 □ Student has completed the activities in RTPA Stage 4 as applicable □ Appendix C – Documentation for Medical Clearance sent home to parent/guardian 	
physical activity. Non-	Appendix G sent home to parent/guardian	
contact training drills to	School Initial: Date:	
add coordination and		
increased thinking.	<u>Home</u>	
	 □ Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms □ Student has exhibited or reported a return of symptoms, or new symptoms and 	
	must return to the previous stage for a minimum of 24 hours	
	☐ Student has exhibited or reported a worsening of symptoms and must return to	
	medical doctor or nurse practitioner.	
	Appendix G sent back to school	
	Parent/Guardian Signature: Date:	
	Comments:	
Before progressing to RTPA Stage 5, the student must: have completed RTL Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches), have completed RTPA Stage 4 and be symptom-free, and obtain signed Medical Clearance from a medical doctor or nurse practitioner. Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery School Initial: Date:		
RTPA – Stage 5	School	
Following Medical Clearance,	Student has completed the applicable physical activities in RTPA Stage 5	
full participation in all non-	Appendix G sent home to parent/guardian School Initial: Date:	
contact physical activities	School Initial: Date:	
(i.e., non-intentional body	Home	
contact) and full contact training/practice in contact	Student has not exhibited or reported a return of symptoms or new symptoms and can progress to RTPA Stage 6	
sports.	Student has exhibited/reported a return of symptoms or new symptoms and must	
	return to medical doctor/nurse practitioner for Medical Clearance reassessment Appendix G sent back to school	
	Parent/Guardian Signature: Date: Date:	
RTPA – Stage 6	<u>School</u>	
Unrestricted return to	Student has completed full participation in contact sports.	
contact sports.	Appendix G sent home to parent/guardian	
,	School Initial: Date:	
-Full participation in		
contact sports	Home To the state of the state	
games/competitions.	Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan.	
	has completed the RTPA Plan. Student has exhibited/reported a return of symptoms or new symptoms and must	
	 Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment 	
	Appendix G sent back to school	
	Parent/Guardian Signature: Date:	
	Comments:	