

# Student Support Plan (SSP)

PRINT

A student in your class or activity has been suspected of or diagnosed with a concussion. To best support this students’ recovery, please follow the individualized SSP below, and contact your Concussion Management Team (CMT) with any questions or concerns. The Concussion Management Team (CMT) at your school is comprised of a multidisciplinary team including medical, school, and family representatives. We value your input so please send your observations and feedback regarding this students’ progress to the CMT lead at your school.

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| **Student Name:** | **Grade:** | **Student ID:** |
| **Sport Played:** | **Athletic Trainer:** |  |
| **Date of Incident:** | **Date of SSP:** |  |

**Below is a list of common signs and symptoms of a concussion.**

*The primary symptoms endorsed by this student in the past 24 hours are (check all that apply):*

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| **Cognitive** |  | **Physical** | **Emotional** | **Sleep** |
| Difficulty concentrating |  | Headache | Irritability | Sleeping more Sleeping less Drowsiness  Fatigue |
| Difficulty remembering |  | Nausea or vomiting | Sadness |
| Difficulty focusing |  | Sensitivity to light | Emotional reactivity |
| Confusion |  | Sensitivity to sound | Anxiety/worry |
| Feeling foggy |  | Blurred vision |  |  |
| Feeling slowed down |  | Dizziness |  |  |
|  |  | Balance/coordination difficulty |  |  |

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| **Additional symptoms reported by this student, or considerations for this student include:** |
| ***No member of a school athletic team shall return to participate in an athletic event\* or game/competition***  ***after he or she experiences a concussion unless all the following conditions have been met:*** |
| * The student attends all classes, maintains a full academic load, and requires no instructional modifications, except for extra time allotted to complete previous assignments. * The student no longer exhibits signs, symptoms, or behaviors consistent with a concussion, at rest or with exertion, that were not present before the concussion. * The student is asymptomatic during or following periods of supervised exercise that is gradually intensifying. * The student receives a written medical release from an appropriately licensed healthcare professional.   \*Athletic event or training is defined as a non-restricted athletic activity or progressing past stage 5. |

*\* Guidelines for Policies on Concussions in Students*; Virginia Board of Education; 2021. Accessed October 1, 2022,

<https://www.doe.virginia.gov/instruction/physed/concussion-guidance.docx>



# Student Support Plan (SSP)

*To support a student’s recovery from a concussion.*

**The following supports are recommended as this student progresses in school activities *(CMT, check all that apply):***

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| **ACADEMIC SUPPORTS:** |
| Testing: |
| No restrictions on testing.  No more than tests in a single school day.  Allow extra time to complete tests.  No standardized testing. |
| Coursework: |
| Allow extra time to complete assignments.  Prioritize essential assignments and reduce the workload to allow adequate cognitive rest time No homework. |
| **ENVIRONMENTAL SUPPORTS:** |
| Limit screen and technology time based on the students’ symptoms.  Allow 5-15 minute in-class stimulus breaks as needed (head down on the desk actively listening or sit out in the hall).  Avoid the cafeteria. An alternative quiet environment is recommended.  Avoid Band/Chorus or other classes that could exacerbate symptoms and allow to sit in the hallway or nurses office.  If needed, allow them to visit the Nurses Clinic  Preferential seating (as needed) |
| **PHYSICAL EDUCATION (PE) CONSIDERATIONS:**  *See the extra-curricular section below for guidance related to ROTC, band, choir, etc.)* |
| No PE class. Recommend an alternative quiet workspace or exercise plan.  Modified PE class recommended: Individual, low-risk activities, such as walking and progressing to a light jog, as tolerated.  Core strengthening activities and calisthenics when tolerated. No ball activities.  Cleared to participate in unrestricted PE activities. |
| **SCHEDULE CONSIDERATIONS:** |
| Allow student to leave class early to avoid busy hallways.  5–15-minute stimulus breaks outside the classroom to reduce symptoms as needed. |
| **EXTRA-CURRICULAR and OTHER NON-SPORTS ACTIVITIES (e.g., ROTC, band, choir, clubs etc.):** |
| NO participation  NO contact participation  Limited participation as follows: |
| * **FULL PARTICIPATION-NO SCHOOL SUPPORTS INDICATED AT THIS TIME**. Please assist in monitoring the student for symptom return or exacerbation as he or she returns to normal activities and report to the CMT lead as indicated. |

**The student has returned to normal school-day activities without report of symptoms or staff concerns as of: .**

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**CMT Printed Name Contact Phone**

**Signature** *(email may be considered an electronic signature)* **Date**