

Information from Teachers for CMT

Date: _____ **Student Name** _____

Date of Concussion: _____

To Teachers: The above named student has been diagnosed with a concussion. Please indicate if you are seeing physical, cognitive, emotional or sleep/energy symptoms in your classroom related to this concussion, or if you have concerns about this student's progress, please state them below. Thank you for your valuable feedback.

Class: Teacher:	What academic adjustments, if any, is the student still receiving in your classroom?	Has the student reported or have you noticed any concussion symptoms in the last two days? (Headaches, dizziness, difficulty concentrating, remembering; more irritable, fatigued than usual?) If yes, please explain.	Is this student's level of performance better, the same or worse than before the concussion? Please explain.