

CONCUSSION/BRAIN INJURY ALERT & MONITORING FORM

TOP PORTION COMPLETED BY SCHOOL PROFESSIONALS (NURSE, COUNSELOR, ADMIN, etc.),
CASE WORKERS AND CARE PROVIDERS

DIRECTIONS:

1. Review, sign and date below.
2. Keep a copy of this form in the student's academic and/or medical file.
3. Include form in the school-wide concussion management plan and discuss with team.
4. Bring the form/diagnosis to the attention of new teachers **each academic year** and new case workers. Use additional pages if needed.

STUDENT'S NAME: _____ DOB: _____

AGE INJURY OCCURRED: _____ DATE OF INJURY: _____ HOW INJURY OCCURRED: _____

SEVERITY OF INJURY/DIAGNOSES: _____

INITIAL SYMPTOMS: _____

PERSISTING SYMPTOMS/ISSUES (& date each began): _____

TREATMENTS/SUPPORTS PROVIDED (include both in school & outside): _____

INFO OBTAINED FROM (check all that apply): _____ Physician _____ Parent _____ School Personnel

PHYSICIAN'S NAME: _____

School Professional Name: _____

Signature: _____ Date: _____

WHY AND HOW TO MONITOR:

Summary of Outcomes Research: Children of all ages are likely to have their concussions undiagnosed and/or untreated. This is especially true for children aged 0-4 who cannot adequately describe symptoms. **Children need monitoring for years following an injury.** They are more likely to have learning disorders; ADD/ADHD; speech-language problems; developmental delay; anxiety; bone, muscle and joint problems;¹ behavioral problems^{2,3}; cognitive changes⁴. The younger the age at time of injury and the greater the severity, the more likelihood there will be ongoing issues^{2,5}. Once a child has one injury, they are more likely to have subsequent injuries. Over time, they are more likely to be involved with the criminal justice system⁶⁻⁹, have psychiatric issues¹⁰⁻¹², have substance abuse issues¹³, be socially isolated¹⁴⁻¹⁵, and be involved in domestic violence¹⁶, so early and ongoing intervention is crucial.

What to Look for Over Time: ANY changes. Any difficulties. Problems may appear academic, behavioral, psychological, physical, speech and language or social. Any lag in academic performance. Look for mood swings, personality changes, complaints of not feeling like themselves, depression, anxiety, acting out.

Intervention: Intervene immediately. Do not allow an issue to continue for long without attempting intervention. Consider both in-school intervention and outside of school.

Outside of school: Help may come from the family doctor or a symptom-specific provider like a counselor, speech language pathologist, neurologist, physical therapist, chiropractor, neuro-ophthalmologist, concussion clinic, neuropsychologist, etc.

In School: Involve other school professionals and stay in contact with anyone working with the student outside of school. Consider informal accommodations based on symptoms. Also consider a referral for a 504 Plan or IEP. Or, if one is already in place, consider the need for revisions, reevaluations, and/or additional assessment to help determine need goals/accommodations.

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Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.