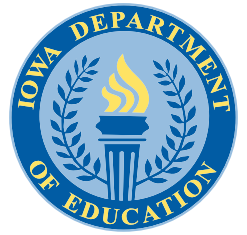




# Concussion Recovery Teacher Feedback Form



Student Name: \_\_\_\_\_

**Student:** As part of your concussion recovery monitoring it is your responsibility to gather data from your teachers. A day or two before your next concussion follow up appointment with the concussion management team or your health care provider, please take this sheet to your teachers.

**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, emotion or sleep/energy symptoms in your classroom. Use the space below to share any concerns you may have regarding the student's post-concussion related performance.

Teacher name and class taught	Is the student still receiving any academic adjustments in your class? If so, what?	Have you recently noticed, or has the student reported, the student is experiencing any concussion symptoms? (refer to concussion symptom checklist)	Do you believe this student is performing at their 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: