

## 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.

<b>Class:</b> <b>Teacher:</b>	<b>What academic adjustments, if any, is the student still receiving in your classroom?</b>	<b>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.</b>	<b>Is this student's level of performance better, the same or worse than before the concussion? Please explain.</b>