



RETURN TO LEARN

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CONCUSSIONS

The Centers for Disease Control and Prevention (CDC) define a concussion as a type of traumatic brain injury "caused by a bump, blow, or jolt to the head that can change the way your brain normally works."

According to the CDC, concussions can occur in any sports or recreation activity.

Symptoms include headache, blurred vision, nausea or vomiting, unsteadiness, concentration or memory problems, confusion, et al.

Source: CDC, [Concussion in Sports](#)

QUESTION

Do Colorado, Massachusetts, Nebraska, Nevada, or New York have laws or regulations that establish "return to learn" requirements or protocols for a child returning to the classroom following a concussion? How was Pennsylvania's Return to Learn program established and how does it work?

SUMMARY

Massachusetts regulations require each student diagnosed with a concussion to have a written graduated reentry plan for return to both athletic and academic activities ([105 CMR § 201.010](#))

A Nebraska law passed in 2014 requires schools to establish a return to learn protocol for students that sustain a concussion. The protocol must recognize that such students who have returned to school may need

informal or formal accommodations, curriculum modifications, and monitoring by medical or academic staff until they are fully recovered ([NRS § 71-9104\(1\)\(c\)](#)).

Colorado, Nevada, and New York all have student athlete concussion laws, but they do not specifically establish return to learn requirements or protocols.

In 2007, the Pennsylvania Department of Health (PDOH) created the Brain Strategies Teaching Educators, Parents, and Students (BrainSTEPS) program, which helps school districts create educational plans for students after they receive a concussion or traumatic brain injury. The program was implemented by the Brain Injury Association of Pennsylvania and is currently funded by PDOH and the Pennsylvania Department of Education's Special Education Bureau.

MASSACHUSETTS

Massachusetts regulations require each student diagnosed with a concussion to have a written graduated reentry plan for return to full academic and athletic activities. The plan must be developed in consultation with the student's primary care provider or the physician who diagnosed the concussion or is managing the recovery. It must be developed by:

1. the student's teachers, parent, and guidance counselor;
2. the school nurse;
3. a certified athletic trainer if on staff;
4. a neuropsychologist if available or involved; and
5. members of the building-based student support and assistant team or individualized education program team as appropriate.

The plan must include instructions for the student, parents, and school personnel that address:

1. physical and cognitive rest as appropriate;
2. graduated return to athletic activities and classroom studies as appropriate, including accommodations or modifications as needed;
3. estimated time intervals for resumption of activities;
4. assessment frequency, as appropriate, by the school nurse, school physician, team physician, certified athletic trainer if on staff, and neuropsychologist if available, until full return to classroom activities and extracurricular activities are authorized (presumably by the child's physician or other provider managing the student's recovery); and
5. a plan for communication and coordination between and among school personnel and between the school, parent, and student's primary care provider, the diagnosing physician, or the physician who is managing the student's recovery ([105 CMR § 201.010](#)).

Schools must keep records of each reentry plan for three years or, at a minimum, until the student graduates. They must make the records available to the Department of Public Health and the Department of Elementary and Secondary Education upon request or in connection with any inspection or program review ([105 CMR § 201.016](#)).

PENNSYLVANIA

The state's BrainSTEPS program helps school districts create educational plans for students after they receive an acquired brain injury (ABI, which includes concussions and more severe traumatic brain injuries). BrainSTEPS concussion

management teams (CMTs) are typically composed of (1) a parent of a student with a brain injury, (2) a school psychologist, (3) a medical rehabilitation professional, and (4) additional personnel identified by the school district. CMT members attend an initial two-day training on brain injuries and subsequently attend related annual and biannual trainings.

When a student is referred to the program after sustaining an ABI, the CMT notifies the student's educators of the concussion and the student's need for rest and academic accommodations. The team monitors the student's symptoms and academic progress and meets weekly to review and adjust the accommodations. It also provides support and educational resources on concussions to parents. The team continues to monitor the student until the symptoms resolve. If the symptoms have not resolved eight weeks after the student sustained the concussion, the team may make a referral to the school district for a multipurpose evaluation to assess the student's need for more formal intensive accommodations and modifications.

Here is a link to more information about the BrainSTEPS program:

<http://www.brainsteps.net/orbs/about/index.aspx>.

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