



TOOL 12.4: Sample Letter/Email from School to Parents

Dear _____ (Parents' names)

We are happy to hear that your child is feeling well enough to start the return-to-learn process after his/her concussion. To make sure teachers and staff are prepared, we would like your insight on the following symptoms. Please check the answers that best fit your child.

Fatigue

My child tires easily has the normal amount of energy.

My child has the most energy in the morning afternoon evening.

Behaviour

My child is easily frustrated isn't easily frustrated.

My child has been acting the same different compared to before concussion.

Memory

My child's memory seems fine impaired.

Cognition

My child seems to be able to understand complex thoughts and ideas. Yes No

My child is able to read for less than ½ hour ½ to 1 hour more than 1 hour.

My child can handle different technologies (example: TV, computers). Yes No

My child can complete some homework. Yes No

Stamina

My child makes it through a day without a period of rest. Yes No

Social

My child is becoming isolated or has different friends than before the concussion. Yes No

My child can handle noisy/busy environments. Yes No

Awareness

My child feels like there is nothing wrong with him/her after the concussion. Yes No

My child understands that there have been changes and would like help. Yes No

Please elaborate on any other changes you've noticed in your child. We want to be ready to manage your child's return-to-learn process and make accommodations to ensure success.

Sincerely,

_____ (school contact person's name)

Telephone/email _____

Source: [Developed by Vermont's concussion task force, used with permission from the Brain Injury Association of Vermont.](#)