

# Get Schooled On Concussions

## “How to Write a Section 504 Plan” Issue #5: Jan. 2015

By the time you reach the decision to write a Section 504 Plan, it is usually because the intensity of a few symptoms are *High* necessitating “significant” and /or “extended” (*Long*) academic accommodations.

So ask yourself, which symptoms are most problematic?

You will now know which interventions to write into your Section 504 Plan.

There are certain “concussion modifiers” that may make recovery from a concussion take longer or follow a difficult course (pre-existing headache, migraine headache or family history of migraines, emotional and learning concerns, ADHD, history of prior concussions, sleep concerns). Therefore, when a concussion gets to the point that a Section 504 is needed, the plan should be:

- Prescriptive
- Monitored with data
- Time-limited

Always write the Section 504 Plan geared to the symptoms that are most problematic: ie. “Section 504 Plan for X secondary to concussion” (do not write a Section 504 “for concussion” – that is too open-ended and too vague).

Examples:

Section 504 Plan for headaches secondary to a concussion	<b>Appropriate Interventions:</b> Head down on the desk in classroom Pass to leave room to visit nurse Able to take medications in school clinic
Section 504 Plan for slowed processing speed secondary to a concussion	<b>Appropriate Interventions:</b> Extended time on in-class and homework Extra time on tests
Section 504 Plan for convergence insufficiency secondary to a concussion	<b>Appropriate Interventions:</b> Teacher or peer notes printed out In-class and homework on paper instead of computer screens whenever possible Books on tape

The above examples of Section 504 Plans will allow the one or two problematic symptoms to be isolated and appropriately supported. Because the plan is specific to a few areas of concern and is objective, data can be easily collected and the plan can be quickly adjusted. Lastly, there should be a larger, comprehensive plan, both medically and educationally addressing how long we should expect these symptoms to linger, are they still being treated, do we expect them to get better, what are the medical interventions and what side effects should we expect?

Only a small percentage of students with concussion need to go to the extreme case of a Section 504 Plan. They are the “outliers”; they are in the minority. Therefore, it goes without saying that communication between parents, school and medical professionals needs to be exceptionally tight in these cases. A school putting a student on a Section 504 Plan should require a Release of Information to talk to the medical provider; should talk to the medical provider regularly and should truly understand the medical reasons why this particular student is atypically impacted from this concussion and/or what the medical plan for further evaluation or treatment is. There is no reasonable explanation for a student with protracted recovery, on a Section 504 Plan, to not have on-going medical coordination. A Section 504 Plan suggests that this situation is above and beyond the norm thus requiring heightened accountability by all parties involved.

When all parties work closely together to drill down to the underlying causes for protracted recovery, treat the one or two areas of delayed recovery, support with academic accommodations during recovery, monitor progress, adjust the plan, it is still quite possible for a concussed student with protracted recovery to recover – and still, eventually, “clear” from this concussion. At that time, the Section 504 Plan will have done its job, can be removed and the student may carry on as usual. That is **how** a Section 504 Plan should be written to maximize it’s effectiveness!