

**Administrative Procedure – Concussion Care Protocol -
Return-to-Learn and Return-to-Play**

General Information:

This Concussion Care Protocol should be used whenever a student, a student's parent/guardian, a teacher, an administrator, a coach, an athletic trainer, a game official, a physician, or any other person deemed appropriate by the Concussion Oversight Team believes a student might have sustained a concussion, regardless of whether or not the student was participating in an interscholastic athletic activity.

A student believed to have sustained a concussion shall be immediately removed from all physical activity including, without limitation, recess, physical education, and interscholastic athletic practice or competition.

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research recommends limiting both physical and cognitive activities for the first few days after injury. This typically includes participation in routine activities at home that do not result in more than a mild exacerbation of symptoms related to the current concussion, such as light reading. Screen time and thinking/remembering activities should be minimized. Within a few days, as symptoms begin to resolve, experts recommend a gradual return to regular (non-strenuous) activities. Academic accommodations and activity restrictions are provided as needed for the student with a gradual weaning until baseline is reached.

Return-to-Learn and Return-to-Play Protocols:

Any student believed to have sustained a concussion or exhibiting signs or symptoms of a concussion during the school day may not participate in physical activity and should be referred to the school nurse. If the school nurse is unavailable, the student's parents/guardian should be called and the student should be sent home. Concussion information should be provided to the student's parent/guardian, along with a recommendation to have the student evaluated by a physician, physician assistant (PA), or advanced practice registered nurse (APRN), or licensed athletic trainer working under the supervision of a physician. The Concussion Form for Students Who Do Not Participate in Interscholastic Athletic Activities (Exhibit 7.305-AP2, E2), should be provided to the parent/guardian of a student who does not participate in interscholastic athletic activities. The student should not be allowed to participate in any physical activity, including recess or physical education, for the remainder of that day or any subsequent day if signs or symptoms of a concussion are observed or continue.

In addition, if the student participates in an interscholastic athletic activity, the coach or sponsor of the interscholastic athletic activity should be notified of the possible concussion and the student shall not be allowed to return to practice or competition until evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention (CDC) guidelines, and cleared to do so by a physician licensed to practice medicine in all of its branches in Illinois, PA, APRN, or a licensed athletic trainer working under the supervision of a physician and the return-to-learn and return-to-play protocols below have been completed. **An athletic team coach or assistant coach may not authorize a student's return-to-learn or return-to-play.**

For the return-to-learn and return-to-play protocols to be initiated the student must be initially evaluated by a physician, PA, APRN, or licensed athletic trainer working under the supervision of

Adopted: March 8, 2017

Reviewed: ~~March-August~~ 2026

Amended: April 15, 2026

~~a physician~~ and the Concussion Staging Form for Students Who Participate in Interscholastic Athletic Activities (Exhibit 7.305-AP2, E1) must be submitted to the school nurse or athletic trainer.

Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- An emergency room/acute care note is only temporary until seen by a physician, PA, APRN, or licensed athletic trainer ~~working under the supervision of a physician~~ within one week.
- The student must report daily to the school nurse or to the athletic trainer at the high schools for symptom monitoring.
- The student's missed academic work will be reviewed and granted extra time to complete in conjunction with the physician, PA, APRN, or licensed athletic trainer recommendations, and school nurse guidance (see Student Handbook for absences and work deadlines).
- As the student's recovery progresses through Stages 1-3, teachers should identify essential academic work in each subject and collaborate with department supervisors, as needed, to determine potential reduction in course workload. This will facilitate recovery and help reduce the student's anxiety regarding the perceived volume of work required once the student is medically cleared to resume a full academic load.
- The teacher has the option of assigning the student a grade of incomplete for the progress mark and final exam, as well as making the appropriate change to a semester grade when required work has been completed.
- For any student evaluated and determined by a physician, PA, APRN, or licensed athletic trainer to have a possible, probable, or confirmed concussion that participates in interscholastic athletic activities and enters the protocol at a stage other than Stage 5, a separate Return-to-Play Consent Form Possible, Probable, or Confirmed Concussion (Exhibit 7.305-AP2, E3) must be completed by the student's parent/guardian and treating physician, PA, APRN, or licensed athletic trainer ~~working under the supervision of a physician~~ before the student is allowed to return to the Graduated Six Step ~~return~~ Return-to-play protocol.
- For any student evaluated and determined by a physician, PA, APRN, or licensed athletic trainer not to have sustained a concussion, the student must wait at least 24 hours after such determination AND be observed by an athletic trainer or coach during at least one non-contact practice with NO symptoms before returning to contact sports. In addition, a separate Return-to-Play Consent Form No Concussion (Exhibit 7.305-AP2, E4) must be completed by the student's parent/guardian and treating physician, PA, APRN, or licensed athletic trainer before the student is allowed to return-to-play. If any symptom returns with physical exertion, the student will be deemed to have a possible or probable concussion and will be subject to the full Graduated Six Step Return-to-Play protocol.
- Because concussion symptoms can be subjective, clear communication and documentation among team members are essential to identify possible symptom exaggeration. If concerns arise, the concussion management team will meet to determine

Adopted: March 8, 2017

Reviewed: ~~March-August~~ 2026

Amended: April 15, 2026

next steps. In such cases, direct communication between the return-to-learn team, the treating physician, PA, APRN and/or licensed athletic trainer, and the parent/guardian is critical.

Common symptoms of Concussion include but are not limited to:

PHYSICAL	THINKING/ REMEMBERING	SOCIAL OR EMOTIONAL	SLEEP
Bothered by light or noise	Attention or concentration problems	Anxiety or nervousness	Sleeping less than usual
Dizziness or balance problems	Feeling slowed down	Irritability or easily angered	Sleeping more than usual
Feeling tired, no energy	Foggy or groggy	Feeling more emotional	Trouble falling asleep
Headaches	Problems with short- or long-term memory	Sadness	
Nausea or vomiting (early on)	Trouble thinking clearly		
Vision problems			

For the Student Who Participates in Interscholastic Athletic Activities

The remainder of this Administrative Procedure addresses the student who participates in interscholastic athletic activities in order to ensure a safe Return-to-Learn and Return-to-Play. Depending on whether the student has been determined to have a possible, probable, or confirmed concussion and the severity of the concussion, a student may enter at any stage, however, students who participate in interscholastic athletic activities and who have been removed from play or practice and determined to have a possible, probable, or confirmed concussion must enter at a minimum of Stage 5.

Following the removal from interscholastic athletic activities, if it is determined by a physician, PA, APRN, or licensed athletic trainer, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention (CDC) guidelines, that the student did not sustain a concussion, the student must wait at least 24 hours after such determination AND be observed by an athletic trainer during at least one non-contact practice with NO symptoms returning before returning to contact sports. If any symptom returns with physical exertion, the student will be deemed to have a possible or probable concussion and will be subject to the full Graduated Six Step Return-to-Play protocol.

Five Stage Progression to Full Return to Academic and Athletic Activity

Immediate Removal	Stage 1 - No School - Relative period of physical and cognitive rest for typically 24-28 hours.
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Return-to-Learn Protocol	Stage 2 - Modified School - Gradual return to learning if symptoms do not worsen.
Return-to-Learn Protocol	Stage 3 - Full-Day School - Full day school attendance with accommodations.
Return-to-Learn Protocol	Stage 4 - Full Return-to-Learn - Full Academic Load without accommodations
Return-to-Play Protocol	Stage 5 - Graduated Return-to-Play - Full school and graduated interscholastic athletic activity participation

Stage 1: No School - No school attendance; relative cognitive and physical rest. The Student follows an initial period of relative physical and cognitive rest for 24-48 hours while symptoms are more severe. The student may participate in routine activities at home that do not result in more than a mild exacerbation of symptoms related to the current concussion (light reading, but screen time, and thinking or remembering activities should be minimized). Start with 5-15 minutes at a time and increase gradually to typical activities.

- Get a good night's sleep and take naps during the day as needed.
- Find relaxing activities at home.
- Avoid activities that risk another injury to the head or brain throughout the course of recovery.

*Progression to Stage 2 typically happens in 24-48 hours when symptoms do not worsen during an activity.

**A student who remains in Stage 1 for more than a week must be reevaluated by a physician, PA, or APRN to continue academic modifications and documentation must be provided to the school.

*** If the student remains in Stage 1 longer than two weeks, it is possible that the student may need further assistance. The school nurse or athletic trainer will consult with the physician, PA, or APRN and parent/guardian.

Stage 2: Modified School -Partial Academic Schedule and Accommodations.

Within a few days after the injury, students may typically return to school gradually. They may need to start with partial school days or rest breaks during the day. They should increase tolerance to cognitive activities such as homework and reading, while getting maximum nighttime sleep. If symptoms do not worsen during an activity, then this activity is ok. If symptoms worsen, cut back on that activity until it is tolerated.

- Short walks and outside time ~~is~~are encouraged.
- Get maximum nighttime sleep.
- Students will continue to report daily for symptom monitoring (to the school nurse or athletic trainer if available).

*Progress to Stage 3 when symptoms are nearly gone.

Stage 3: Full Day School - Full Academic Schedule and Accommodations

Return to regular school schedule with gradual reintroduction of typical schoolwork and increase in activities. Student may be allowed to participate in light activity like walking.

Adopted: March 8, 2017

Reviewed: ~~March-August~~ 2026

Amended: April 15, 2026

- Take breaks if symptoms worsen.
- Return to regular school schedule.
- Encourage outside time, such as taking a walk or short bike ride.
- Students will continue to report daily for symptom monitoring (to the school nurse or athletic trainer if available).

*Progress to Stage 4 when school activities can be tolerated without more than mild symptom exacerbation.

** Student should report any return of symptoms with cognitive or school day activity.

Stage 4: Full Academic Schedule with NO Accommodations.

The student gradually progresses in school activities until a full day can be tolerated without more than mild symptom exacerbation related to the current concussion. Eventual return to full academic activities and catch up on missed work.

- Recovery from a concussion is achieved when the student is able to complete all regular activities including a full academic load without accommodations, and does not experience concussion symptoms related to the current concussion.
- Students will continue to report daily for symptom monitoring (to the school nurse or athletic trainer if available).
- Most students with a concussion feel better within 2 - 4 weeks. If there are new, ongoing, or worsening symptoms, the student should be seen again by the student's physician, PA, or APRN, who may refer them to a specialist with experience in treating brain injuries.

* **Students may progress to Stage 5 when written clearance for full activity is received from the student's physician, PA, APRN, or athletic trainer.** For the student-athlete, (Exhibit 7.305-AP2, E3 Return-to-Play Consent Form) must be signed prior to participation in the graduated return-to-play.

Stage 5: Graduated Six Step Return-to-Play. No new symptoms are present; the student is consistently tolerating full school days and full academic load without triggering any concussion-related symptoms. CDC or IHSA Return-to-Play Protocol can begin.

• Athletes may begin step 1 within 24 hours of injury, with progression through each subsequent step typically taking 24 hours per step. • If more than mild exacerbation of symptoms (i.e., 2 points on a 0–10 scale) occurs during steps 1–3, the athlete should stop and attempt to exercise the next day.	
Step 1	• Symptom-limited activity • Daily activities that do not exacerbate symptoms (e.g. walking) • Gradual reintroduction of work or school.

Step 2	• Aerobic exercise Light (»55% of max HR), then Moderate (»70% max HR) • Stationary cycling or walking at a slow to medium pace. • May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms. • Increased heart rate.
Step 3	• Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur before step 3. • Sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills away from the team environment). • Add movement, change of direction
• Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion. • Athletes experiencing concussion-related symptoms during steps 4–6 should return to step 3 to establish full symptom resolution with exertion before engaging in at-risk activities. • Written determination of readiness to return to sport will be provided by a health care provider or licensed athletic trainer before unrestricted clearance by signing the additional Return-to-Play Consent Form (<i>Exhibit 7.305-AP2, E3.</i>)	
Step 4	• Noncontact training drills • Exercise to high intensity, including more challenging training drills (e.g. passing drills, multiplayer training) that can integrate into a team environment. • Resume usual intensity of exercise, coordination, and increased thinking
Step 5	• Full-contact practice • Participate in normal training activities • Restore confidence and assess functional skills by coaching staff
Step 6	• Return to Play • Normal game play

Follow Up

- The student is encouraged to meet with school counselor regularly to discuss progress, grades, and status of make-up work.
- The student is encouraged to meet with the athletic trainer or school nurse to assess any recurring symptoms.

Resources:

- Centers for Disease Control and Prevention

Adopted: March 8, 2017

Reviewed: ~~March-August~~ 2026

Amended: April 15, 2026

- Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022
- Return to Learn after a Concussion: A Guide for Teachers and School Professionals, Lurie Children’s Hospital
- Illinois High School Association
- National Athletic Trainers' Association Bridge Statement: Management of Sport-Related Concussion

Building-Level Concussion Oversight Team: To be determined by each school. Suggested members are listed below:

- School nurse
- Athletic trainers
- Athletic Director
- PE teacher
- School psychologist
- School counselor
- School administration
- Coaches
- Teacher

LEGAL REF.: 105 ILCS 5/22-80
105 ILCS 25/1.15

CROSS REF.: 4.170 (Safety), 7.300 (Extracurricular Athletics), 7.305 (Student Concussions and Head Injuries)

ADMIN. PROC.: 2.150-AP1 (Superintendent Committees), 7.300-E1 (Agreement to Participate), 7.305-AP1 (Program for Managing Student Concussions and Head Injuries), 7.305-AP1, E1 (Concussion Information), 7.305-AP1, E2 (Emergency Action Plan Template), 7.305-AP2, E1 (Concussion Staging Form for Students Who Participate in Interscholastic Athletic Activities), 7.305-AP2, E2 (Concussion Form for Students Who Do Not Participate in Interscholastic Athletic Activities), 7.305-AP2, E3 (Return-to-Play Consent Form Possible, Probable, or Confirmed Concussion), 7.305-AP2, E4 (Return-to-Play Consent Form No Concussion), 7.305-AP2, E4-E5 (Concussion Care Graphic – Return-to-Learn and Return-to-Play)