



Return to study fact sheet

After a concussion, students need to gradually return to their daily life. As an educator it is preferable to support a graduated (step-by-step) return to school. Concussion can result in symptoms that affect return to usual daily activities as well as when returning to the increasing demands of school.

The following are common concussion symptoms in the early stages of recovery:

- **Poor sleep and fatigue**
- **Headaches**
- **Dizziness**
- **Difficulty with attention and memory**
- **Reduced balance and coordination**
- **Visual Changes**
- **Noise / light sensitivity**

Some symptoms may not be obvious or visible to an observer. The first indication to the educator, may be an inability to remain on task in class or behavioural changes such as irritability, quick to anger.

Individuals can suffer other injuries alongside a concussion due to the nature of the fall or hit that caused the concussion, which can complicate the recovery. A good example of this may be a whiplash.

Students do not need to be symptom-free to return to school and a long absence from the school environment is not generally recommended. However their physical and mental endurance for activity in the day does need to be considered.

Start with school activities at home with encouragement to return to school as soon as possible (as tolerated). Once able to tolerate some peer contact and school type work or other cognitive activities in 30 mins chunks, then we recommend speaking with your doctor about returning to part time school and working through a gradual return to school plan (GRTSP).

It is important that open communication is maintained with the student, their family and treating medical team to support a GRTSP. For year 11/12 ATAR students, you may need to consider negotiating with the School Curriculum and Standards Authority (SCSA) and/or Tertiary Institutions Service Centre (TISC) for individual considerations.

The Graded Return to School Plan (GRTSP) may include:

- Reduced initial hours at school or reduce the class contact time (eg. 2-3 hours, two to three days a week)
- Gradually increase time at school and in class
- Commence GRTSP in the mornings when refreshed after a good night's sleep
- Gradually reintroduce schoolwork, while gradually reduce accommodations related to the concussion and increasing workload.





As an educator you can help the student's transition by considering:

- Allow for rest breaks, hydration and quiet locations for breaks away from peers when needed
- Plan daily schedule with a variety of classes with different levels of difficulty interspersed.
- Introduce priority or easier subjects first based on the student goals
- Reduce the cognitive load and focus on the most important concepts for students to know. Quality over quantity
- Early dismissal from class and/or extra time to get to class to avoid crowded areas
- Avoid fluorescent lights where possible decrease brightness on computers, devices.
- Allow to be seated in the class where there are less distractions
- Avoid loud activities such as gym classes, or loud music
- Encourage concentration on one task at a time
- Encourage the use of organizational strategies e.g diary, writing clear notes
- The student may need additional instruction to ensure they have understood what is required
- Postpone testing where possible and allow for extra time for assignments or assessments

Additional Supports for those taking longer to recover:

- Use of Education Assistant Support (could be shared within the class) to prompt attention to task and/or when breaks from class are required
- Link in with individual tutoring via Perth Children's Hospital and the Ronald McDonald Learning Program, who prioritise year 12 students.
- <https://www.rmhcwa.org.au/what-we-do/learning/ronald-mcdonald-learning-program-rmlp>
- You school may already have Occupational Therapy, Speech Pathology and/or psychology counselling services that are linked with the school.

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