

CMT – TEACHER CONCUSSION ACADEMIC MONITORING TOOL

The Concussion Management Team would like each teacher to fill out and return this form on a weekly basis to monitor student concussion symptoms in the classroom. Please return it to your CMT Academic Monitor on this date: _____

STUDENT: _____

DATE: _____

TEACHER: _____

CLASS: _____

DATE	CLASSWORK, HOMEWORK, PROJECTS	SCORE/GRADE	COMMENTS

DATE	TESTS and QUIZZES (if student is not under test or quiz restriction)	SCORE/GRADE	COMMENTS

Behaviors: Place an X next to any behaviors that this student displayed this past week that were not observed prior to his/her concussion, or are worse than before his/her concussion.

YES		YES		YES	
<input type="checkbox"/>	Anxious or nervous	<input type="checkbox"/>	Slow to respond to instructions/questions	<input type="checkbox"/>	Disorganized
<input type="checkbox"/>	Increased irritability	<input type="checkbox"/>	Difficulty concentrating	<input type="checkbox"/>	Explosive behavior
<input type="checkbox"/>	Easily frustrated or angered	<input type="checkbox"/>	Needed more time to complete work	<input type="checkbox"/>	Problems remembering; forgetful
<input type="checkbox"/>	Sad or depressed	<input type="checkbox"/>	Less able to cope in stressful situations	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Social isolation, loss of friends, lack of interest in peer group	<input type="checkbox"/>	Impulsive or inappropriate behavior	<input type="checkbox"/>	Complaints: (headaches, dizziness, balance, light/noise sensitivity)

ADDITIONAL COMMENTS ABOUT STUDENT:

This material was created by The BrainSTEPS Program in Pennsylvania which is jointly funded by the PA Department of Health and the PA Department of Education. BrainSTEPS is implemented by the Brain Injury Association of PA. Any use or revision of this material must include this citation.