

SCHOOL: _____

CMT Documentation of Academic Participation

DATE _____

STUDENT'S NAME _____

DOB _____

The student may not progress to a "Return to Play" protocol, or participate in contact/collision gym activities or sports, until they have returned to their pre-injury level of academic participation.

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE STUDENT'S LEVEL OF ACADEMIC PARTICIPATION:

- Student has NOT returned to pre-injury level of academic participation
- Student has returned to pre-injury level of academic participation

CMT Member Signature

Printed Name

Date _____

**Concussion
CORPS**

More than a Game



Herziah Beardsley
Connecticut Chapter

*A Traumatic Brain Injury-Return to Learn Initiative of the
Connecticut Chapter of the American Academy of Pediatrics in collaboration with ConcussionCORPS*