

Return to Learn/Return to Physical Activity Plan Tracking Sheet

Student Name: _____ School: _____ Principal/Designate Initial (upon completion) _____

**There must be a minimum of 24 hours symptom free between each step.
If at any point symptoms return, the student MUST return to Step 1 and begin again.**

	Steps & Required Forms	Date Completed	Parent/ Guardian Initial
Step 1 – Complete Cognitive and Physical Rest at home No screen time or physical activity	Informed school of completion of Step 1		
Step 2A Return to Learn – SOME SYMPTOMS PRESENT Student returns to regular learning activities	Completion of Step 2A Diagnosed Concussion Form 1 returned		
Step 2B Return to Learn – NO SYMPTOMS Student returns to regular learning activities	Informed school of completion of Step 2B		
Note: A student not involved in any physical activities (Phys. Ed. and/or sports) may end the plan after 2B.	Informed school of completion of Step 3		
Step 3 Return to light/aerobic activity – no symptoms (ex. Walking, non-contact games, limited running, lifting, strenuous activities)	Informed school of completion of Step 4		
Step 4 Return to light/moderate physical activity (ex. skating, exercise programs, non-contact drills, play	Diagnosed Concussion Form 2 returned Medical clearance received		
Step 5 Return to non-competitive full contact physical activities (ex. team practices, fitness games, etc.)	Informed school of completion of Step 5		
Step 6 Return to full contact activities (competitive sports) (ex. soccer, football, hockey, etc)	Informed school of completion of Step 6		

*Once completed, school staff to file this tracking sheet