



## PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 581  
**OREGON DEPARTMENT OF EDUCATION**

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FILING CAPTION: Temporary-to-Permanent Rulemaking: Accommodations for Students with Brain Injuries

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ADOPT: 581-021-3007

REPEAL: Temporary 581-021-3007 from ODE 41-2025

RULE TITLE: Accommodations for Students with Concussions or Other Brain Injuries

NOTICE FILED DATE: 10/17/2025

RULE SUMMARY: The State Board of Education has adopted this rule as a permanent rule, keeping the rule on file from its initial temporary adoption. There are no proposed changes to the language of Temporary OAR 581-021-3007, but a PDF containing guidance and a form for districts is included for school district access.

RULE TEXT:

(1) For purposes of this rule:

- (a) "Health care professional" means a person who is licensed or registered under the laws of this state as a physician, a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician associate or a nurse practitioner.
  - (b) "Public education provider" means a school district, a public charter school, or an education service district.
  - (c) "Written notification" means a written notice from a parent or guardian, supported by medical documentation from a health care professional, informing the public education provider that they are requesting an accommodation for a student who has been diagnosed with a concussion or other brain injury by a health care professional.
- (2) When a public education provider receives written notification from a parent or guardian that a student has been diagnosed with a concussion or other brain injury, the public education provider shall follow all procedures developed by the Oregon Department of Education to develop and implement an immediate and temporary accommodation plan.
- (3) A public education provider shall use a sample form developed by the department or a district form that includes all content from the department's sample form when developing the accommodation plan described in section (2) of this rule.
- (4) A public education provider shall follow procedures outlined by the department to:
- (a) Determine if immediate physical activity limitations are necessary to:
    - (A) Ensure the safety and recovery of the student; and
    - (B) Minimize the risk of reinjury or additional injury to the student.
  - (b) In considering the requirements of section (3)(a) of this rule, the public education provider shall consider all physical

activities occurring while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities, including but not limited to physical education, recess, unstructured play and similar activities provided by or sponsored through the public education provider that involve running, jumping, climbing, throwing, catching or other movements that pose a risk of falls, collisions or physical injury.

(c) Describe present challenges and symptoms associated with the student's concussion or other brain injury.

(d) Identify and implement immediate and temporary academic, social-emotional, behavioral or other necessary accommodations determined to be appropriate for the student to support meaningful participation in educational activities at a level that is appropriate for the student's recovery.

(e) Communicate accommodations identified under paragraph (c) of this subsection with:

(A) The parent or guardian;

(B) All teachers who provide instruction to the student; and

(C) Other employees of the public education provider who have regular responsibilities for the student's supervision or health, including school administrators, school nurses, counselors, physical education teachers, coaches, athletic trainers and staff supervising recess or other physical activities.

(f) Ensure that any physical activity limitations determined to be necessary are immediately implemented upon the determination, or as soon as practicable thereafter and not later than the next scheduled course or activity that requires physical activity limitations.

(g) Ensure that the accommodations identified under paragraph (c) of this subsection are:

(A) In effect as soon as possible but no later than 10 school days after written notification has been received by the public education provider regarding the concussion or other brain injury; and

(B) Reviewed as needed, but no later than every two months, based on the student's recovery.

(5) Nothing in this rule prohibits a public education provider from determining that a student needs an immediate and temporary accommodation plan without receiving written notice from the parent or guardian that the student has been diagnosed with a concussion or other brain injury.

STATUTORY/OTHER AUTHORITY: ORS 326.051, ORS 336.495

STATUTES/OTHER IMPLEMENTED: ORS 326.051, ORS 336.495

# Required Procedures for Student Concussion or other Brain Injury

August 2025



## Contents

<b>Contents</b> .....	1
Introduction .....	2
Legal Framework: Immediate Action for Student Brain Injuries .....	2
Key Timelines Upon Receipt of Written Notification .....	2
Definitions .....	3
Step-by-Step Process.....	3
School Building Brain Injury Management Team .....	4
Team Composition .....	5
Parent/Guardian Participation .....	5
Immediate and Temporary Accommodations Plan (ITAP) .....	6
Documentation and Records.....	7
Intersection with Other Laws and Regulations.....	8
Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 .....	8
State Laws and Regulations.....	8
Procedural Safeguards .....	9
Resources and Contact Information .....	9

## Introduction

A timely and coordinated school response to a concussion or other brain injury is essential to ensuring student safety, supporting recovery, and maintaining academic progress. As school staff, you play a critical role in recognizing symptoms, initiating communication with families and healthcare providers, and implementing supports. Brain injuries can result in a wide range of physical, cognitive, and social-emotional symptoms that affect thinking, memory, attention, and behavior in the classroom. Early identification and the use of temporary accommodations can help reduce symptom severity, prevent further injury, and promote a smoother recovery. Returning to school as soon as medically appropriate, often with accommodations, helps students stay connected, emotionally supported, and cognitively engaged.

It is important to understand that behaviors observed after a brain injury may be a result of the injury, rather than defiance or misconduct. School staff should avoid exclusionary discipline in these cases and instead assess whether the behavior could be a manifestation of the injury. Focus should be placed on trauma-informed strategies, positive behavioral supports, and proactive interventions. This approach helps ensure that students are not penalized for symptoms beyond their control and reinforces a safe, inclusive, and supportive school environment for all learners.

Every brain injury is different, and students recover at different rates. Symptoms can vary throughout the day or change depending on the environment or the phase of recovery. A symptom-based return-to-school approach allows educators to adjust academic expectations and classroom activities based on the student's current tolerance and needs. Tasks such as screen use, reading, or problem-solving may need to be limited temporarily. Regular communication and collaboration between classroom teachers, specialists, school nurses, counselors, administrators, and families are key to supporting a successful and gradual reintegration into full school participation.

## Legal Framework: Immediate Action for Student Brain Injuries

[House Bill 3007 \(2025\)](#) and [OAR 581-021-3007](#) established that the Oregon Department of Education (ODE) develop procedures and an [Immediate and Temporary Accommodation Plan \(ITAP\)](#) for public education providers to follow upon receiving written notification that a student has been diagnosed with a concussion or other brain injury.

## Key Timelines Upon Receipt of Written Notification

- **Immediate:** Physical activity restrictions upon determination
- **Within 10 school days:** Full ITAP implementation
- **Within 5 school days of implementation of the ITAP:** First review
- **Every 2 months maximum:** Subsequent reviews after first review

## Definitions

**Health care professional:** A person who is licensed or registered under Oregon laws as a physician, a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician associate, or a nurse practitioner.

**Public education provider:** A school district, a public charter school, or an education service district.

**Written notification:** A written notice from a parent or guardian, supported by medical documentation from a health care professional, informing the public education provider that they are requesting accommodations for a student who has been diagnosed with a concussion or other brain injury by a health care professional.

**Brain Injury Management Team:** A multidisciplinary group responsible for coordinating academic and health-related supports for students recovering from a concussion or other brain injury. The team determines accommodations, monitors progress, adjusts accommodations as needed, and ensures consistent communication among school staff, the student and their family, and healthcare providers.

**Medical documentation:** Documentation from a healthcare professional that confirms a diagnosis of a concussion or other head injury. This may include:

- Health care professional letter/note
- Discharge summary from hospital or clinic
- Medical office visit summary

## Step-by-Step Process

Per [OAR 581-021-3007](#), public education providers are required to implement the following procedures:

### Step 1: Receive Written Notification

Upon receiving written notification from a parent or guardian with medical documentation, the school must:

- Document the date received.
- Notify the School Brain Injury Management Team within 24 hours.
- Begin the ITAP process immediately.

### Step 2: Convene Brain Injury Management Team

Within 2 school days of notification:

- Schedule a team meeting.
- Invite student and parent/guardian to participate.
- Gather relevant information about the student.

### **Step 3: Develop Immediate and Temporary Accommodations Plan**

The team must:

- Review medical documentation and recommendations.
- Assess current symptoms and their impact.
- Determine necessary physical activity restrictions (implement immediately).
- Identify physical, cognitive, and social-emotional accommodations.
- Complete the ITAP form.

### **Step 4: Implement and Communicate Plan**

- Share the completed ITAP with the parent/guardian on the day it is developed.
- Notify all staff who have responsibilities under the ITAP of their responsibilities within 24 hours.
- Ensure accommodations are implemented as soon as possible and, in no case, more than 10 school days from receiving written notification.

### **Step 5: Monitor and Review**

- Conduct first review within 5 school days of implementation.
- Schedule subsequent reviews at least every 2 months.
- Adjust accommodations based on student symptom progression.
- Document service provision (if applicable), and all reviews and changes.

These procedures do not limit public education providers from supporting students who lack a formal diagnosis. Schools have a legal and ethical obligation to take immediate and appropriate action to protect the health and safety of any student suspected of sustaining a concussion or other brain injury. This includes implementing appropriate accommodations, regardless of whether a formal medical diagnosis has been provided. Public education providers must ensure that their policies and practices are aligned with all applicable state and federal laws.

## **School Building Brain Injury Management Team**

Every public education provider must have policies and practices in place to ensure all students have access to a Brain Injury Management Team and receive appropriate accommodations following a brain injury. Concussion and brain injury policies help ensure a coordinated and consistent response across all schools to support student safety and recovery. These policies and practices must include provisions for staff training, team coordination, and oversight to ensure proper response when a student sustains a concussion or other brain injury. Policies and practices must ensure:

- A symptom-based return-to-school approach that adjusts academic expectations and supports in response to the student's current symptoms and stage of recovery.
- Implementation and training of concussion protocols across all school buildings.
- Oversight and consultation are provided for Brain Injury Management Teams.

## Required Procedures for Student Concussion or other Brain Injury - 2025

- Public education provider-wide documentation is maintained, and use of ODE's Immediate Temporary Accommodations Plan (ITAP) form and procedures are regularly reviewed.
- Public education provider policies are updated and aligned with current state and medical guidelines.

### Team Composition

Team membership may vary depending on the student's needs but should always include individuals who can support the student's medical, academic, and social-emotional recovery. At a minimum, a School Brain Injury Management Team must include individuals who collectively meet the following qualifications and areas of expertise. In some cases, a single individual may meet multiple qualifications and fulfill more than one role on the team, provided that the team maintains a collaborative, student-centered approach.

#### Required Expertise:

1. At least one person who is qualified to interpret medical information and determine necessary health related services and accommodations.
2. At least one person who is knowledgeable about brain injuries and concussions including the physical, cognitive, and social-emotional symptoms a student may experience.
3. At least one person who is qualified to determine physical, cognitive, and social-emotional accommodations based on the student's circumstances.
4. At least one person who is knowledgeable of the student's baseline functioning.
5. Other school personnel, if not already included, as appropriate (i.e. counselors, behavioral support staff, athletic trainers, school psychologists, or administrators.)

#### Team Responsibilities

- Initiate ITAP process upon notification of a concussion or other brain injury.
- Using the ITAP, Identify symptoms and impacts on learning, and determine appropriate accommodations
- Monitor student progress and adjust supports.
- Ensure compliance with all timelines.
- Coordinate with public education provider-level support.
- Include the student in planning when developmentally appropriate.

### Parent/Guardian Participation

The participation of a parent or guardian on the Brain Injury Management Team is strongly encouraged to ensure a comprehensive, student-centered approach to recovery. Parents and guardians offer valuable insight into the student's medical history, symptoms, and behavior outside of school, which helps the team develop more accurate and effective supports. Their

involvement also promotes consistent communication between home, school, and healthcare providers, ensuring that accommodations are well-coordinated and aligned across settings.

The team must:

- Provide timely notification and invitation to participate.
- Offer multiple ways to participate (in-person, phone, video).
- Document efforts to include parents/guardians.
- Share completed ITAP and provide clear instructions for input.
- Meaningfully consider parent/guardian input regarding accommodations.

As applicable, public education providers must ensure alignment with parent involvement requirements of other Federal and state regulations including but not limited to the Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Abbreviated School Day Program (ASDP) requirements.

## **Immediate and Temporary Accommodations Plan (ITAP)**

The Brain Injury Management Team must use a collaborative, data-informed, student-centered approach to determine appropriate supports following a concussion or other brain injury. The team shall work toward consensus decisions firmly grounded in available assessment data, medical information, educational records, and observed student needs. Guided by ODE procedures and the Immediate Temporary Accommodations Plan (ITAP) form, the team gathers and analyzes input from key members including educators, healthcare providers, the school nurse, the student (when appropriate), and the family to identify and implement immediate and temporary accommodations.

The Brain Injury Management Team is responsible for determining immediate physical activity restrictions and establishing immediate and temporary accommodations for a student who has sustained a concussion or other brain injury. This process must follow ODE procedures and utilize the ODE ITAP form. Key team responsibilities include:

- Discuss medical recommendations, school observations, parent/guardian insights, and student input (when appropriate).
- Determine whether immediate physical activity limitations are necessary to protect the student's safety, support recovery, and reduce the risk of reinjury.
- Use the ITAP form to review the student's current symptoms and their academic and functional impacts.
- Use the ITAP form to identify appropriate temporary physical, cognitive, social-emotional and other necessary accommodations that support the student's meaningful participation in educational activities, based on their stage of recovery.
- Share the completed ITAP form with the parent or guardian, all instructional staff, and any school personnel responsible for the student's supervision or health, including school administrators, school nurses, counselors, teachers, bus drivers, coaches, athletic trainers, and recess or physical activity supervisors.

## Required Procedures for Student Concussion or other Brain Injury - 2025

- Conduct a follow-up review of the student and revise the ITAP within 5 school days of implementation, and subsequently at intervals not to exceed every two months.
- Implement any necessary physical activity limitations (including but limited to recess, physical education, school sponsored after and before school activities) immediately upon determination or as soon as practicable—no later than the next scheduled course or activity requiring such restrictions.
- Ensure that the accommodations outlined in the student’s ITAP are implemented as soon as possible and no later than 10 school days after written notification of the concussion or brain injury is received by the public education provider.

In the absence of complete information or documentation, the team shall continue to determine accommodations using this collaborative, student-centered process, documenting the basis for decisions with available evidence. This responsibility includes implementing necessary accommodations promptly, monitoring their effectiveness through data collection, and making timely adjustments as the student’s recovery progresses. This same evidence-based, collaborative approach must also guide decisions to adjust or discontinue accommodations as the student’s needs evolve, with consistent documentation of the rationale for changes.

### Documentation and Records

Public education providers are responsible for maintaining clear and consistent documentation throughout the brain injury management process to ensure compliance with ODE procedures and to support student recovery. All documentation related to the Immediate Temporary Accommodations Plan (ITAP) and associated actions must be treated as part of the student’s education record and maintained in accordance with state and federal student record requirements. Key documentation and recordkeeping requirements include:

- **Written Notification:** Record the date written notification of a suspected or diagnosed concussion or brain injury is received from a parent or healthcare provider.
- **ITAP Form Completion:** Complete and retain the ODE Immediate Temporary Accommodations Plan (ITAP), including symptoms, accommodations, physical activity restrictions, and team input.
- **Medical and Supporting Documentation:** Maintain copies of relevant medical documentation, provider recommendations, and any additional supporting information used to guide team decisions.
- **Communication Log:** Document when and with whom the ITAP was shared (e.g., parent/guardian, instructional staff, health and supervision personnel).
- **Follow-Up and Implementation Records:** Record follow-up reviews, ITAP revisions, and verification that accommodations and restrictions were implemented in a timely manner.

## Intersection with Other Laws and Regulations

### Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973

The brain injury management process may intersect with federal obligations under the IDEA and Section 504 of the Rehabilitation Act of 1973, particularly in relation to Child Find responsibilities. School districts must actively identify, locate, and evaluate students who may require special education or related services due to a disability, including those who have sustained a concussion or other brain injury. While the ITAP provides immediate and short-term support, ongoing symptoms or functional impairments may indicate the need for further evaluation under IDEA or Section 504. The Brain Injury Management Team must monitor the student's progress and, when appropriate, refer the student for evaluation to determine eligibility for an Individualized Education Program (IEP) or a Section 504 Plan. Coordination between ITAP implementation and existing evaluation and eligibility procedures ensures that students with longer-term needs are identified in a timely manner and receive appropriate, legally required supports.

For students already eligible under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973, the ITAP form must be completed by the student's existing IEP team or 504 team. These teams possess comprehensive knowledge of the student's educational history, baseline functioning, strengths, and needs, positioning them to develop the most appropriate and effective accommodations. When developing the ITAP, teams must consider both the acute effects of the concussion or other brain injury and the student's existing disabilities, for which they were already eligible under IDEA or Section 504, to ensure accommodations adequately address all areas of need. The IEP or 504 team must include individuals who meet the brain injury expertise requirements outlined in these procedures and must adhere to all ITAP timelines, including implementation within 10 school days and reviews within 5 school days and every 2 months thereafter. The ITAP serves as a temporary support layer that complements, rather than replaces, the services and accommodations in the student's IEP or 504 plan.

### State Laws and Regulations

The development and implementation of an ITAP must align with applicable state laws and regulations to ensure students receive appropriate support following a concussion or other brain injury. The following policies provide important guidance related to school day modifications and health service requirements that public education providers must follow when supporting student recovery.

- **Abbreviated School Day Program (ASDP).** The use of an ITAP for students recovering from a concussion or other brain injury must be clearly distinguished from Oregon's ASDP requirements, as defined in ORS 343.321 to ORS 343.333 and related ODE guidance. While temporary adjustments to a student's school day or schedule (i.e. less

than 10 school days) may be appropriate as part of symptom-based recovery planning under an ITAP, these short-term accommodations are not considered an ASDP. However, if a student's school attendance or instructional time is reduced on a long-term basis (i.e., more than 10 days), a public education provider must follow the formal abbreviated school day process, including proper notification, documentation, and parent consent. The Brain Injury Management Team must ensure that any temporary schedule modifications remain aligned with the student's medical needs and recovery stage, are reviewed regularly, and do not result in unlawful or prolonged exclusion from a full educational program. See ODE's [Abbreviated School Day website](#) for additional information.

- **OAR 581-021-0222 (Health Services).** The implementation of an ITAP must align with [OAR 581-022-2220](#), which requires public education providers to have a process for assessing and determining a student's health service needs when a new medical diagnosis impacts access to education. This includes ensuring the availability of a licensed nurse to assess nursing needs upon, during, and following enrollment, and to implement an Individual Health Plan (IHP) prior to the student attending school. When a student sustains a concussion or other brain injury, the school nurse plays a key role in evaluating the student's health-related needs and coordinating care. The IHP, developed in response to the student's diagnosis, should be implemented in tandem with the ITAP to ensure that both medical and academic supports are aligned, timely, and responsive to the student's stage of recovery. See [ODE's OAR 581-022-2220 \(Health Services\) Resources website](#) for additional information.

## Procedural Safeguards

If parents/guardians disagree with proposed accommodations:

1. Meaningfully consider parent/guardian input regarding accommodations.
2. Document concerns and attempt resolution at school level.
3. Involve school district-level administrator.
4. Provide information about formal school district complaint processes.

## Resources and Contact Information

Additional information is available on the [ODE Concussions and Other Brain Injuries website](#), including:

- The ODE Immediate and Temporary Accommodations Plan (ITAP) form
- ODE's *Accommodations Guide for Symptom-Based Return to School*

### For questions, contact:

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Required Procedures for Student Concussion or other Brain Injury - 2025

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# IMMEDIATE AND TEMPORARY ACCOMMODATIONS PLAN (ITAP) FOR TRAUMATIC BRAIN INJURY

Student: \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

TBI sustained on: \_\_\_\_\_ Date Written Notification Received: \_\_\_\_\_

Return to School Anticipated: \_\_\_\_\_ Date ITAP completed on: \_\_\_\_\_ By: \_\_\_\_\_

List other team members consulted \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_ Contact \_\_\_\_\_

A concussion or other brain injury can significantly affect a student's ability to participate in learning by impacting physical, cognitive, emotional, and behavioral functioning. Each student's recovery is unique and may include periods of progress and setbacks. A timely, symptom-based response, including temporary physical, cognitive, and social-emotional accommodations is critical to ensuring safety, supporting recovery, and promoting continued access to education. In accordance with House Bill 3007 (2025) and OAR 581-021-3007 public education providers are required to follow [ODE's brain injury procedure](#) and use this Immediate and Temporary Accommodations Plan (ITAP) upon receiving written notification that a student has been diagnosed with a concussion or other brain injury. Plan components may be adjusted or discontinued by the Brain Injury Management Team as needed and must remain in effect until formally revised/discontinued.

Medical Documentation Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Abbreviated Day Recommended? Y/N Notes: \_\_\_\_\_

Related Medication in the Health Room Y / N Notes: \_\_\_\_\_

## The student reports the following signs and symptoms:

(See: [ODE's Symptom-Based Accommodation Guide](#))

### PHYSICAL:

- Headache or head pressure  Light sensitivity  Sound sensitivity  Smell sensitivity  Fatigue  
 Dizziness,  Balance problems  Nausea and vomiting  Numbness or Tingling  Ringing in ears   
Impaired sleep (more, less, or fragmented)  Blurry or double vision  Trauma associated seizures  
 Other: \_\_\_\_\_  Other \_\_\_\_\_

### COGNITIVE:

- Slowed information processing  Difficulty with Attention and concentration  "Brain fog"  Difficulty with memory  Trouble learning new information or retaining it  Unable to follow instruction  Inability to multitask or organize  Difficulty tracking conversations  Feeling "slowed down"  
 Other: \_\_\_\_\_  Other \_\_\_\_\_

### SOCIAL-EMOTIONAL:

- Poor emotional regulation  Irritability or quick to anger  Unusual sadness  Decreased motivation,  
 Anxiety or depression  Post-traumatic stress disorder  Grief  Loss of social skills  Withdrawal from friends and family  Other: \_\_\_\_\_  Other \_\_\_\_\_

**Activity Restrictions:** Y/N Describe: \_\_\_\_\_

Medical instructions from Provider or Athletic Trainer for Activity Modification: Y / N Date: \_\_\_\_\_

Return to full physical activity during school. Y/N Date: \_\_\_\_\_

## Accommodations

(See: [ODE's Symptom-Based Accommodation Guide](#))

### PHYSICAL

- Allow rest breaks with low light and noise at \_\_\_\_\_
- Wear sunglasses and/or hat in class, seating away from bright sunlight
- Allow hearing protection or unplugged, noise-reducing headphones during class
- Limit screen time by offering assignments by book and paper, when possible.
- Provide a lunchtime space away from crowded areas.
- Leave class 5 minutes early or late to avoid crowding in halls
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### COGNITIVE

- Preferential seating and provide immediate feedback
- Break down assignments and tests into shorter segments
- Shorten in-class and homework assignments to key concepts and critical tasks only
- Reduce or slow down verbal information and check for comprehension
- Teacher generated class notes and/or recorded lecture
- Allow extended time to complete coursework, assignments, and tests if requested
- Stagger testing so that the student only needs to prepare for one exam/quiz per day
- Alternatives to written output for demonstrating understanding: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### SOCIAL-EMOTIONAL

- Teacher/staff to provide reassurance about accommodations and workload reduction
- Permit lunchtime in a quiet space with 1-2 friends
- Allow student to work with a peer or peer group for selected assignments
- Give non-verbal cues to stay on task or change behavior
- Pass to wellness room or counseling center to regroup when upset
- Utilize an emotional and behavioral support plan
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Date of first review (within 5 days of ITAP implementation): \_\_\_\_\_ Completed Date: \_\_\_\_\_

Date of next review (no later than two months): \_\_\_\_\_ Completed Date: \_\_\_\_\_

Evaluation under  Section 504, or  IDEA initiated? Y / N Date: \_\_\_\_\_ Eligible: Y/N

ITAP shared with parent/guardian and required school staff? Y / N Date: \_\_\_\_\_

**Date Temporary Accommodations Plan Discontinued:** \_\_\_\_\_

Notes: \_\_\_\_\_

## Directions for Completing the ITAP Form

Complete this form in accordance with House Bill 3007 (2025) and OAR 581-021-3007 upon receiving written notification from a qualified health care provider that a student has a concussion or other brain injury. It should be completed promptly and reviewed regularly by the Brain Injury Management Team.

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### Student Information

- **Student / DOB / ID# / School / Grade:** Enter student's full name, birth date, ID, school, and grade.
  - **TBI Sustained On:** Date of injury.
  - **Date Written Notification Received:** Date the school received notification from parent/guardian.
  - **Return to School Anticipated:** If known, note date.
  - **Date ITAP Completed On / By:** Date completed and name of lead staff.
  - **Other Team Members Consulted:** List all consulted.
  - **Parent/Guardian & Contact and Medical Provider & Contact:** Fill in names and best contacts.
- 

### Medical Documentation & Initial Needs

- **Medical Documentation Date / Notes:** Enter date and summarize notes.
  - **Abbreviated Day Recommended?** Circle **Y** or **N** and explain if "Yes."
  - **Related Medication in Health Room?** Circle **Y** or **N** and list medication if applicable.
- 

### Signs and Symptoms

- Check all that apply under **Physical**, **Cognitive**, and **Social-Emotional** based on student or provider input.
  - Use "Other" lines for symptoms not listed.
- 

### Activity Restrictions

- Circle **Y/N** for restrictions, describe if "Yes."
  - Note medical instructions for activity modification and date received.
  - Record clearance date for full physical activity.
- 

### Accommodations

- Check all that apply using ODE's Symptom-Based Accommodation Guide under **Physical**, **Cognitive**, and **Social-Emotional**:
  - Use "Other" lines for additional accommodations.
- 

### Review and Follow-Up

- **First Review:** Within 5 school days of implementation.
  - **Next Review:** No later than 2 months after implementation.
  - **504/IDEA Evaluation:** Indicate Y/N, initiation date, eligibility.
  - **ITAP Shared with Parent/Staff:** Circle Y/N, note date.
  - **Plan Discontinued:** Date
  - **Notes:** Add any additional notes needed to track implementation and progress of student.
- 

### Key Reminders

- The plan must remain in effect until formally revised or discontinued by the Brain Injury Management Team.
- Adjustments must be made as symptoms change—progress may not be linear.
- Keep a copy in the student's record, share with parent/guardian and with all staff responsible for implementation.