



# When to Write a 504: Part 1

As the physical and educational implications of concussions continue to affect schools and school districts, one of the most common questions we hear is...

## When does a school write a 504 Plan for a student with a concussion?

This is such a complicated question that we offer several guides focused solely on this topic:

Read – “When to Write a 504 Plan: Part 1 and Part 2.”

Follow up with “How to Write a 504 Plan.”

Before delving into **when** to write a 504 Plan for a student with a concussion, we would be remiss if we did not remind you... a *typical* concussion will impact academics for up to 4 weeks, on the average 2 to 3 weeks. Seventy % of concussions will resolve in 1 month. Therefore, if the majority of students with a concussion will only need academic supports for up to 28 days, does a school team NEED to implement a 504 Plan?

If 70% of typical concussions resolve within 4 weeks, a school should have a solid plan for early identification and intervention for concussions. This framework should sound familiar because it follows the same **philosophical** principles of **Response to Intervention (RTI) or Multi-Tiered System of Support (MTSS)**. In the general population, the majority of students will respond well to early identification, early intervention in a regular education classroom. So before proceeding too far with formal 504 Plans in your school, ask, “Am I maximizing my efforts toward universal concussion management?” Universal concussion management includes school and/or district administration support toward:

- Training to general education teachers
- Support and empowerment to general education teachers
- Seamless system of communication between academics and athletics in each school
- Seamless system of communication between the school, the doctors and the parents
- Multiple and generous academic “adjustments” in the general education classroom

If schools maximize their efforts during the first four weeks post concussion, 70% of your students’ concussions should resolve in 4 weeks and will not rise to the level of needing a 504 Plan. Does your school currently maintain a 70% concussion resolution rate? Do you have no more than 30% of concussed students rising to the level of being considered for a 504 Plan? This serves as your school’s check and balance system. If your school discovers that they are creating 504 Plans for more than 20% to 30% of students, the school team should review their implementation of universal general education interventions first (Tier 1).

The best way to help students at the universal level students is to empower general education teachers to provide immediate and generous academic adjustments. The word **adjustments** refers to interventions provided in the general education classroom. Academic adjustments are applied freely at week 1 &/or 2 with little to no delay or paperwork. Adjustments should then fade out over weeks 3 and 4. Ultimately adjustments are removed, when the **teacher** determines the adjustments are no longer needed. Note: “Medical clearance” for academic interventions is not required. Medical input can be considered in a school plan, if available, timely or relevant. However, a teacher need not wait for medical input to make academic adjustments up or down.

*In GSOC: The term Academic **Adjustments** denotes general education interventions applied flexibly and generously (in most cases, there will be no need for a formal 504 Plan) within the first 1 to 4 weeks of a concussion.*

*In GSOC: The term Academic **Accommodations** denotes general education interventions that have been applied strategically under a 504 Plan for concussed students who have a protracted recovery (4+ weeks).*

For more information on classroom interventions that align with academic *adjustments*, view **Symptom Wheel**

For more information on the philosophical application of RTI/MTSS to concussion, view **Ascending Levels of Academic Support**

Do you have a student with a concussion who has not resolved following implementation of universal interventions and instead requires a 504 Plan?

**View: When to Write a 504 Plan: Part 2**