

VIRGINIA BOARD OF EDUCATION GUIDELINES FOR POLICIES ON CONCUSSIONS IN STUDENTS

Code of Virginia § 22.1-271.5
and
Code of Virginia § 22.1-271.6

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TABLE OF CONTENTS

Forward	4
Introduction.....	5
Background	6
Definitions.....	7
Virginia Board of Education Policies and Procedures	9
I. General Information	9
II. Recognition.....	10
III. Protocol for Return-to-Learn.....	12
IV. Protocol for Return-to-Sport (RTS)	14
Appendix A Resources to Support School Divisions in Developing Policies and Procedures	17
Appendix B <i>Code of Virginia</i> § 22.1-271.5.	22
Appendix C <i>Code of Virginia</i> § 22.1-271.6.	24
Appendix D Legislative History.....	25
Appendix E (Updated in 2025) References.....	27

Forward

In compliance with the *Code of Virginia* ([§ 22.1-271.5](#) and [§ 22.1-271.6](#)), the Virginia Board of Education (Board) is directed to develop, biennially update, and distribute to school divisions guidelines on policies and procedures regarding the identification and handling of suspected concussions in students. The Board has created these *Guidelines for Policies on Concussions in Students* to provide guidance to school divisions on the development and implementation of concussion policies that support student health and learning.

Every attempt has been made to ensure that the information and resources contained in this document reflect best practices in the fields of medicine. Adherence to the recommendations in the Board Guidelines, coupled with guidance from healthcare professionals, is the best way to support optimal recovery and to prevent persisting symptoms or other complications related to brain health.

Introduction

Pursuant to [Senate Bill 652](#), (2010), [House Bills 410 and 1096](#), [Senate Bill 172](#) (2014), [House Bill 954](#) (2016), and [House Bill 1930](#), the *Code of Virginia* was amended to include [§ 22.1-271.5](#) and [§ 22.1-271.6](#) directing the Board to develop, biennially update, and distribute to school divisions guidelines on policies and procedures regarding the identification and handling of suspected concussions in students. The full text of the *Code of Virginia* [§ 22.1-271.5](#) and [§ 22.1-271.6](#) can be found in Appendix B and C.

These *Guidelines for Policies on Concussions in Students* provide guidance to school divisions on the development and implementation of concussion policies that align with the *Code of Virginia*. It includes recommendations to assist school personnel in learning to recognize the signs of a potential concussion, and ensuring that a student who has been diagnosed with a concussion receives the appropriate care and attention at school to aid in their recovery. The guidelines cover key topics such as criteria for removal from and return to sport, the dangers of failing to report injuries and continuing participation, and the impact of concussions on students' academic performance.

Concussion can impact a student's learning and academic performance. Cognitive symptoms such as impaired focus, memory, and information processing, may lead to an inability to learn and retain information, significantly impacting academic achievement. A multidisciplinary team approach, involving collaboration from healthcare providers and educators, is essential to promoting a full and timely recovery.

Most students who experience a concussion can recover completely in a timely manner. Premature full return-to-learn (RTL) and return-to-sport (RTS) may delay and/or impede recovery. RTS should not occur before the student-athlete has managed to return to full academic activities without academic supports or accommodations. A large amount of uncertainty exists regarding the cumulative effects of concussions. It is known that following a concussion and throughout the person's recovery, the brain is vulnerable to further injury. During this period, the risk of developing persistent symptoms increases significantly, along with the risk of rare, yet catastrophic injuries such as "second impact syndrome" or "diffuse cerebral swelling."

In summary, these *Guidelines* aim to ensure that all school personnel are equipped with the knowledge and resources necessary to effectively manage concussions in students, fostering a safe and supportive environment for their recovery and ongoing academic success.

Background

A concussion is a mild traumatic brain injury that temporarily alters the way the brain functions, leading to a wide range of signs and symptoms. It occurs when a bump, blow, or jolt to the head or body causes the brain to move or twist rapidly within the skull. This movement triggers chemical changes and can stretch or damage brain cells. These neurochemical changes result in a variety of symptoms, which can differ significantly among individuals. Although concussions are generally temporary, they can have a significant impact on a student's learning during the recovery period.

Concussions are a significant public health issue that can impact student health and learning. Early recognition is essential for a student's safety, as it allows for timely intervention and support, which can enhance recovery. Furthermore, removing the student from physical activities at the onset of symptoms reduces the risk of more severe or life-threatening injuries.

Concussions in students are often linked to decreased academic performance and school attendance. Because each concussion is unique, with symptoms and recovery times varying across students, a symptom-guided support plan is essential. Effective support plans require a clear understanding of the student's pre-injury abilities and an awareness of post-injury factors such as symptoms, sensitivity to physical and cognitive exertion, and environmental triggers that may worsen the symptoms.

Students with a concussion who return to school without a support plan are at risk for delayed healing and continued academic difficulties. It is crucial that the RTL plan be symptom-guided and tailored to each student's needs. While some students may require a few days of rest followed by a gradual return to school, others may be able to resume academic work with minimal accommodations. A symptom-guided approach ensures that each student receives the necessary support for a successful recovery and return to learning.

The RTL plan is divided into graduated phases to promote recovery, considering all factors in this complex injury. Similarly, the RTS strategy follows a stepwise progression, enabling careful monitoring for the recurrence or worsening of symptoms. A gradual, symptom-guided RTL and RTS progression helps prevent overexertion, which could trigger or worsen symptoms and delay recovery.

Definitions

The following definitions were retrieved from the [*Amsterdam Concussion in Sport Group Consensus Statement*](#) (October 2022), the American Academy of Pediatrics (AAP), and in consultation with a team of medical professionals across the Commonwealth.

Academic Accommodations describe adjustments made by schools to assist students with completing assignments, note taking, and testing. These can include providing extra time for tests and assignments, giving students frequent breaks, or reducing the academic workload (Rigney et al., 2023).

Active Recovery is a treatment approach where an individual returns to physical activity and learning gradually, rather than being at complete rest.

Appropriate licensed health care provider means a physician (i.e., M.D., D.O.), physician assistant, or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; a physical therapist licensed by the Virginia Board of Physical Therapy; or a nurse practitioner licensed by the Virginia State Board of Nursing.

Cognitive rest describes limiting cognitive activities (e.g., reading, writing, video games, homework) below the level that triggers the onset of symptoms in the days following a concussion.

Complete symptom resolution is the resolution of symptoms associated with the current concussion at rest with no return of symptoms during or after maximal physical and cognitive exertion.

Concussion is a type of traumatic brain injury resulting from a blow to the head, neck, or body that transmits force to the brain. This force triggers a complex chain of neurochemical and metabolic events, potentially leading to axonal damage, altered cerebral blood flow, and inflammation. While symptoms and signs may appear immediately or develop over time, they typically resolve within a few days, though in some cases they can persist (Patricios et al., 2023).

Concussion Management Team (CMT) is a multidisciplinary educational team designated by a school principal or administrator that functions at the school level. The *CMT* is responsible for implementing the school division concussion policy at the school level. The *CMT* members should have an understanding of the school division's concussion policy and current knowledge regarding best practices for supporting students' recovery (U.S. Centers for Disease Control and Prevention, 2021).

- the *CMT* may include a school administrator, teacher, school counselor, school psychologist, athletic trainer, school nurse, and other designated school-based personnel.

Concussion Policy Team (CPT) is a multidisciplinary team designated by the superintendent that functions at the administrative level to develop, update, and support the implementation of division-wide concussion policy in the local schools

- the *CPT* should include stakeholders from a diverse representation of school division stakeholders throughout the school division and community.

Gradual or graduated progression describes the key process of concussion recovery, in which an individual's activity levels are incrementally adjusted in a stepwise manner over time to support healing. *Non-interscholastic youth sports program* is a program organized for recreational athletic competition or recreational athletic instruction for youth.

Return-to-activity (Return to school day activities) describes the gradual, stepwise reintroduction of physical activities for students throughout the school day and may include walking through the halls, recess, and participation in classes requiring physical activity, but does not include participation in school-sponsored interscholastic athletics.

Return-to-learn (RTL) describes the return to preinjury learning activities with no post-injury academic accommodations remaining and following the guidance of their licensed healthcare provider (See Table 3: Return-to-Learn Phase Guidance).

Return-to-sport (RTS) (previously referred to as Return-to-play) describes the gradual and stepwise reintroduction of the sport-specific physical activities associated with competitive athletics. A licensed healthcare provider, as defined in this document, must provide written clearance for full RTS without restrictions. Clearance may be granted when no symptoms or clinical findings related to the current concussion are present, both at rest and during maximal physical exertion. (See Table 4: Progression for Return-to-Sport).

School personnel describes the teachers, principals, administrators, counselors, social workers, psychologists, paraprofessionals, nurses, librarians, school resource officers, sworn law enforcement officers, and other support staff who are employed in a school

Symptom-guided is an approach to concussion recovery that adjusts activities based on how the individual feels, taking brief breaks when symptoms worsen.

Symptom resolution at rest is the resolution of symptoms associated with the current concussion in the absence of specific symptom-triggering activities (e.g., exercise, schoolwork, screen use).

Volunteer (in the specific instance of evaluating student-athletes suspected of having a concussion or brain injury) is an appropriately licensed healthcare provider as defined in this document.

Virginia Board of Education Policies and Procedures

I. General Information

- A. Each local school division shall develop and biennially update policies and procedures regarding the identification and handling of suspected concussions in students and student-athletes. Such policies shall:
1. Determine procedures for ensuring, annually, that concussion materials are distributed to and collected from each student-athlete and his or her parent or guardian prior to participation in extracurricular physical activity.
 - a. Developing teams to support this effort can be beneficial.
 1. At the division level, a CPT is designated by the superintendent to function at the administrative level to develop, update, and support the implementation of division-wide concussion policy in the local schools.
 2. At the school level, a CMT is designated by a school principal or administrator to function at the school level. The CMT is responsible for implementing the school division concussion policy at the school level.
 2. Require that in order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education.
 - a. Approved methods of acknowledging receipt of the information include digital form submission, electronic signature, or signed paper form returned to the school.
 3. Incorporate concussion education programs that may include, but are not limited to, information that addresses:
 - a. common signs and symptoms of a concussion;
 - b. school division procedures for early recognition, prompt response, and acute management of a student displaying signs and symptoms of a concussion;
 - c. school division procedures related to the ongoing management of the student to include RTL, RTS progression, and final return to sport decisions;
 - d. risks associated with concussions;
 - e. short- and long-term physical, cognitive, and emotional impacts; and
 - f. possible academic accommodations for consideration.
 4. Require a student-athlete suspected by the coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game be removed from the activity at that time. A student-athlete who has been removed from sport, evaluated, and suspected to have a concussion or brain injury shall not return to sport that same day nor until:

- a. evaluated by a licensed health care provider (with training and experience in concussion) as defined in this document; and
 - b. is in receipt of written clearance to return to sport from such licensed health care provider. The licensed health-care provider evaluating students suspected of having concussions or brain injuries may be a volunteer as defined in this document.
5. Appropriate licensed healthcare providers or properly trained individuals evaluating student-athletes at the time of injury will utilize a standardized concussion sideline assessment instrument. Examples of sideline concussion assessment tools that test cognitive function and postural stability are:
- a. the Sideline Concussion Assessment Tool-6 ([SCAT6](#)) for children ages 13 to adult (Echemendia et al., 2023);
 - b. the Child Sports Concussion Assessment Tool-6 ([ChildSCAT6](#)) for children ages 8 through 12 years of age (Davis G., Echemendia, R., et al., 2023);
 - 1. Note: Clinicians may continue to use the [SCAT5](#) and [ChildSCAT5](#) (Davis et al., 2017) until further evidence is published regarding the SCAT6 and ChildSCAT6.
 - c. the Modified Balance Error Scoring System ([mBESS](#)) (Patricios et al., 2023);
 - d. the [Timed Tandem Gait Test](#) (Wingerson et al., 2020).
6. Include RTL informed by the [Amsterdam Concussion in Sport Group Consensus Statement](#) and **Table 3** of this document.

II. Recognition

- A. It is important to recognize that many concussions happen outside of sport. Everyday activities, such as falls, physical education class, motor vehicle collisions, and even minor bumps at home or during the school day can result in a concussion. It is crucial to acknowledge that concussions can happen in a variety of settings, sport and non-sport related that affect students of all ages.
- B. Identifying a concussion begins with recognizing the mechanism of injury (contact to head and/or contact to body) and the associated signs and symptoms that develop in the minutes, hours, or initial days following the injury whether it was observed or reported by the athlete, parent/guardian, or other bystander.
- C. Possible signs and symptoms of concussions can be found in **Table 1**. This list is not all-inclusive, and some students may experience other symptoms not listed in the table below.

Table 1. Possible Signs & Symptoms of Concussions

Category	Symptoms
Physical	Headache, nausea, vomiting, imbalance, slowed reaction time, dizziness, sensitivity to light, sensitivity to sound, changes in vision

Sleep	Sleeping more or less than usual, Drowsiness or fatigue, Trouble falling asleep, Trouble staying asleep
Cognitive	Difficulty thinking or concentrating, difficulty remembering, confusion, feeling mentally foggy, feeling slowed down, decreased attention, decreased retention, distractibility, amnesia
Mood or Behavior Disruption	More emotional, irritable, sad, nervous, depressed, or acting out

D. School personnel should be aware that students may present with symptoms at school following an injury that may have occurred at home, at another non-school location, and/or during a non-interscholastic youth sports program.

1. Concussions can impact students differently in the school environment. Some students will have minimal symptoms, but for other students, their concussion symptoms can have a much greater impact on their ability to function. Symptoms will fluctuate over the course of the day. Not every student will have the same problems, but it is important to know that concussion symptoms can include those listed in **Table 2**.

Table 2: Possible Behavioral Changes Exhibited by Students & Examples of Academic Accommodations.

Area	Common Symptoms	Examples of Impact at School	Examples of Academic Accommodations
Physical	<ul style="list-style-type: none"> • Headache • Nausea • Dizziness • Balance problems • Light and sound sensitivity 	<ul style="list-style-type: none"> • Difficulty tolerating loud or overwhelming environments (e.g., band, cafeteria, assemblies) • Difficulty tolerating computer screens • Difficulty tolerating bright lights 	<ul style="list-style-type: none"> • Allowing students to arrive late or leave early to avoid student traffic • Using earplugs • Providing intermittent breaks from computer screens • Printing off lectures and notes • Dimming room lights
Cognitive	<ul style="list-style-type: none"> • Memory problems • Inattention • Difficulty concentrating • Slowed thinking • Feeling mentally foggy 	<ul style="list-style-type: none"> • Difficulties paying attention in class • Difficulties learning new material • Problems focusing while reading or completing other work 	<ul style="list-style-type: none"> • Allowing an initial period of absence for one or two days • Allowing intermittent breaks • Extending homework and test deadlines • Providing an alternative learning environment to complete schoolwork (e.g., library)

			<ul style="list-style-type: none"> • Considering an alternative instructional and assessment approach (e.g., discussion of content vs. written output, multiple choice vs open-ended questions; not penalizing for grammar, spelling, organization, etc.)
Emotional	<ul style="list-style-type: none"> • Irritability • Sadness • Nervousness • Being more emotional 	<ul style="list-style-type: none"> • Difficulties controlling emotions at school • Becoming easily frustrated or overwhelmed • Difficulties interacting with peers 	<ul style="list-style-type: none"> • Allow for intermittent breaks • Collaborate with the school counselor or nurse if available • Allow for a brief absence from school (1-2 days) • Provide an alternative learning environment to complete schoolwork (e.g., library)
Sleep	<ul style="list-style-type: none"> • Trouble falling asleep • Sleeping more than usual • Sleeping less than usual • Fatigue 	<ul style="list-style-type: none"> • Drowsiness in class • Needing to take breaks 	<ul style="list-style-type: none"> • Provide sleep hygiene information to the student and their parents/guardians • Allow for intermittent breaks

III. Protocol for Return-to-Learn

- A. School personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury.
- B. School personnel shall support a student's gradual return to full academic participation following a concussion. This process should be coordinated with the student's appropriate licensed healthcare provider to determine the necessary time away from the classroom and the appropriate supports needed upon their return.
- C. A student recovering from a concussion shall gradually increase cognitive activities progressing through *some or all* of the phases listed in **Table 3**. Students may begin at any phase based on the symptoms they report. The decision to progress from one phase to another should reflect the absence of any relevant signs or symptoms and should be based on the recommendation of the student's appropriate licensed health-care provider in collaboration with school personnel and in accordance with the local school division's concussion policy.

Table 3: Return-to-Learn Phase Guidance

(Adapted from the Consensus Statement on Concussion: 6th International Concussion in Sport Conference, Amsterdam, October 2022)

Phase	Mental Activity	Activity at Each Step	Goal
1	Daily activities that do not result in more than a *mild exacerbation* of symptoms related to the current concussion	May begin to participate in typical activities during the day (e.g., reading) while minimizing screen time. Start with 5–15 minutes at a time and increase gradually.	Initiate gradual return to typical activities
2	Daily school activities	May begin to participate in homework, reading, or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time when indicated	Begin a gradual re-introduction of schoolwork. Some students may need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full-time	Begin a gradual progression back into school activities until a full day can be tolerated without more than mild *symptom exacerbation*.	Return to full academic activities and catch up on missed work

* A mild exacerbation of symptoms is defined as a brief and subtle increase in symptoms that subside after short period of rest.

***Research* demonstrates that an early return to school is associated with a lower symptom burden and may support recovery. Efforts should be made to help the student return to a full school day with individualized symptom-guided accommodations within the first 2–4 days following the injury, when appropriate.

Notes:

- Following an initial period of relative rest (24–48 hours following an injury at Phase 1), students can begin a gradual and incremental increase in their cognitive load.
- Progression through the phases for students should be slowed when there is more than a mild and brief symptom exacerbation or can progress quickly when symptoms have resolved.

D. Facilitating Recovery During Return-to-Learn

1. Many students will need temporary academic accommodations to help them as they progress through the return-to-learn process. Possible accommodations are indicated in **Table 2**.
2. School personnel should be aware of any developmental differences among their students and make accommodations as needed (Ahmed et al., 2019). Concussion symptoms might

be hidden by a student's disability, so it is important for educators to understand each student's typical cognitive abilities (Pullen et al., 2023). More examples of resources to assist educators in their support of all students returning to learn can be found in [Appendix A](#).

3. The most effective strategy to facilitate recovery is for educators to evaluate the likely work the student may miss, identify the essential assignments for demonstrating skill development or mastery, focus on those, and eliminate anything else. This list of assignments should be shared with the student and parent/guardian to reduce any anxiety the student may experience when falling behind in work. See **Table 2** for a list of possible academic accommodations for educators to use with students returning to learn.

IV. Protocol for Return-to-Sport (RTS)

- A. In addition to successfully completing the RTL protocol, school personnel must appreciate that student-athletes must also complete a RTS protocol. The oversight and progression of a student-athlete through the RTS protocol will be performed by an appropriate licensed healthcare provider as defined in this document.
- B. **Table 4** outlines an example progression model for RTS reflecting the latest information provided by the [Amsterdam Concussion in Sport Group Consensus Statement](#) (Patricios et al., 2023) on safe RTS strategy. A student-athlete must progress to a stage where he or she no longer requires instructional accommodations before being cleared to return to full athletic participation (RTS) even if they are still in the process of catching up on missed assignments. Information in this table is intended to educate school personnel on the RTS process.

Table 4: Example Progression Model for Return-to-Sport Strategy

(CDC, 2024; Davis et al., 2023; Patricios et al., 2023)

Phase	Exercise Strategy	Activity at Each Phase	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking)	Gradual reintroduction of work/school
2	Aerobic exercise* <ul style="list-style-type: none"> • Light ~55% max HR • Moderate ~70% max HR 	Stationary cycling or walking at a slow to medium pace May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms	Increase heart rate
<i>*Max heart rate (HR), predicted maximal heart rate according to age (i.e., 220-age) or as directed by the healthcare provider</i>			
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of	Add movement, change of direction

	Note: <i>If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3</i>	direction, individual training drills away from the team environment) Note: <i>No participation in activities with a risk of head impact</i>	
Note: <i>Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.</i>			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training); integration back into the team environment	Resume usual intensity of exercise, coordination, and increased thinking
5	Full-contact practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal gameplay	Full return to sport
<ul style="list-style-type: none"> • <i>Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.</i> • <i>Written clearance for unrestricted RTS should be provided by an appropriately licensed healthcare provider as defined in this document, before unrestricted participation in sports activities as directed by local laws and/or sporting regulations resumes.</i> 			

V. Training and Education for School Personnel and Volunteers

- A. The *CPT (or designated individuals)* for each school division shall ensure training is current and consistent with best practice protocols. Each school division shall develop policies and procedures for school personnel and licensed volunteers to receive current training annually on:
1. How to recognize the signs and symptoms of a concussion;
 2. Strategies to reduce the risk of concussions;
 3. How to activate the school-specific concussion management plan and seek proper medical treatment for a person suspected of having a concussion; and
 4. How to determine when the student may safely return to the classroom and interscholastic event or training.
- B. Annual training on concussion management will use a reputable program and/or resources such as, but not limited to, the following:
- a. [The Centers for Disease Control’s \(CDC\) HEADS UP](#) tools and resources for youth and high school sports coaches, parents, athletes, and health care professionals provide important information on preventing, recognizing, and responding to concussions.

- b. [The National Federation of State High School Associations’ \(NFHS\) online education courses](#) for coaches, parents, administrators, and officials. *Concussion in Sports* and *Concussion for Students* courses are CDC-endorsed training programs that provide a guide to understanding, recognizing, and properly managing concussions in high school sports.
 - c. More examples for annual training are located in [Appendix A](#).
- C. Schools shall maintain documentation of compliance with the annual training requirement.

VI. Non-interscholastic Youth Sports Programs

- A. Each non-interscholastic youth sports program (a program organized for recreational athletic competition or recreational athletic instruction for youth) utilizing public school property shall either:
- 1. Establish policies and procedures regarding the identification and handling of suspected concussions in students, consistent with either the local school division's policies and procedures developed in compliance with the Board’s Guidelines for Policies on Concussions in Students; or
 - 2. Follow the established local school division's policies and procedures.
- B. In addition, local school divisions may provide these guidelines to organizations sponsoring athletic activity for student-athletes on school property. *Local school divisions shall not be required to enforce compliance with such policies.*

Appendix A

Resources to Support School Divisions in Developing Policies and Procedures

Resources Related to Concussion

<u>American Academy of Pediatrics</u>	Provides guidelines and resources on pediatric concussions.
<u>American Medical Society for Sports Medicine</u>	Offers resources for the prevention, diagnosis, and management of sports-related concussions.
<u>Brain Injury Association of Virginia</u>	Offers support, education, and advocacy for individuals affected by brain injury in Virginia.
<u>Centers for Disease Control and Prevention</u>	Provides comprehensive resources on concussion prevention, diagnosis, and management.
<u>Children’s Hospital of Richmond at Virginia Commonwealth University</u>	Offers specialized care and resources for children with concussions.
<u>Children’s Hospital of the King’s Daughters</u>	Provides concussion care and resources for children and their families.
<u>Children’s National Medical Center</u>	Offers pediatric concussion care and resources.
<u>National Academy of Neuropsychology</u>	Offers resources and guidelines for the neuropsychological assessment and management of concussions.
<u>National Federation of State High School Associations</u>	Provides educational resources and guidelines for managing concussions in high school sports.
<u>SCORE 4 Brain Health</u>	A Concussion recognition and response tool intended for parents and coaches, with useful information regarding symptom management and general treatment strategies.
The Center on Brain Injury Research and Training (<u>CBIRT</u>)	Conducts research and provides training to improve the lives of individuals with traumatic brain injury (TBI), focusing on educational, social, and support interventions for both children and adults.

[Virginia Athletic Trainers' Association](#)

Offers resources and support for athletic trainers managing concussions.

[Virginia College of Emergency Physicians](#)

Provides guidelines and resources for the emergency care of concussion patients.

[Virginia Concussion Initiative](#)

Offers comprehensive resources and support for concussion management and prevention in Virginia.

[VCI Neurodiversity Toolkit](#)

Provides tools and resources for managing concussions in neurodiverse individuals.

[Virginia Department of Health](#)

Offers public health resources and guidelines for concussion prevention and management.

[Virginia Department of Education Traumatic Brain Injury Landing Page](#)

Provides educational resources and support for students with traumatic brain injuries, including concussions.

[Virginia High School League](#)

Offers guidelines and resources for managing concussions in high school sports.

Concussion Assessment Tools

[Baseline Concussion Assessment Tool for Neurodiverse Individuals](#)

To capture important medical information, emergency contact, the preferred method of communication, and a baseline symptom inventory to support the recognition and response to concussion in neurodiverse individuals

[ChildSCAT6 Assessment Tool \(Ages 8–12\)](#)

A version of the SCAT6 for children aged 8–12.

[ChildSCAT6 Instructional Guide](#)

Detailed instructions for how to use the ChildSCAT6.

Infographic: [When an Athlete is Suspected of a Concussion](#)

A visual guide for recognizing and managing suspected concussions in athletes.

Modified Balance Error Scoring System ([mBESS](#))

A tool for assessing balance issues related to concussions.

[Post-Injury Concussion Assessment Tool for Neurodiverse Individuals](#)

A specialized tool for assessing concussions in neurodiverse individuals.

[Standardized Mental Status Testing on the Sideline After Sport-Related Concussion](#)

A tool for assessing mental status immediately after a sports-related concussion.

[SCAT6 Assessment Tool \(Ages 13+ & Adults\) Sports Concussion Assessment Tool \(ChildSCAT6\)](#)

A comprehensive tool for assessing and managing sports-related concussions.

[SCAT6 Instructional Guide](#)

Detailed instructions for how to use the SCAT6.

Educational Strategies for Working with Students Who Have Concussions

Brain Injury and the Schools: A Guide for Educators, [Brain Injury Association of Virginia](#)

Provides strategies for educators working with students who have concussions.

[CDC Heads Up: Helping Students Recover from a Concussion – Classroom Tips for Teachers](#)

Offers tips for teachers to support students recovering from concussions.

[CDC Heads Up: Returning to School After a Concussion](#)

Provides guidelines for helping students return to school after a concussion.

Virginia Concussion Initiative [Home Support Checklist](#)

A checklist for supporting students with concussions at home.

Virginia Concussion Initiative [Classroom Observation Form](#)

A form for observing and managing concussion symptoms in the classroom.

[Returning to Learn After Concussion: A Guided for School Professionals](#)

Provides strategies for school professionals to support students returning to school after a concussion.

Virginia Concussion Initiative [Classroom Symptom Management Strategies](#)

Offers strategies for managing concussion symptoms in the classroom.

Resources for Policy Development

[CMT Guide](#)

A guide for forming and managing concussion management teams.

[Communication Templates for Parents/Guardians](#) provided in various languages

Templates for communicating with parents and guardians about concussions in multiple languages.

[Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022](#)

Provides expert consensus on the diagnosis and management of sports-related concussions.

[CPT Guide](#)

A guide for developing and implementing concussion policies.

[Return-to-Sports Strategy Steps](#)

Provides step-by-step guidelines for returning to sports after a concussion.

Virginia Concussion Initiative [Sample Model Policy for School Divisions](#)

A sample policy for managing concussions in school divisions.

[Sample Procedures for Sport-Related Concussion](#)

Sample procedures for managing sport-related concussions.

Virginia Concussion Initiative [Concussion Policy Assessment Tool for Schools](#)

A tool for assessing and improving school concussion policies.

Resources for Training and Educating School Personnel

Athletic Trainers: [Online Concussion Training](#)

Free online courses to educate athletic trainers on how to recognize concussion in students and best practices to support students as they return-to-learn and return-to-sport.

[Brain Injury Association of America \(BIAA\): Understanding Concussions](#)

Understanding Concussion: Symptoms, Diagnosis, and Treatment Approaches Certificate Course.

Children’s Hospital of Chicago: [Return to Learn: A Guide for School Professionals](#)

This free online training provides guidance for teachers, school nurses, counselors, and administrators on how to integrate children and teens back into school following a concussion.

[Concussion Care for Everyone.](#)

Resources to recognize and support the recovery of neurodivergent individuals are available

[Concussion Safety: What coaches need to know](#)

Fact sheet provided by the NCAA for coaches to understand concussions and how to recognize the signs of concussion in their athletes.

[Concussion Safety: What educators need to know](#)

Fact sheet provided by the NCAA for educators to understand concussions and how to help students returning to the classroom.

[Concussion Safety: What student-athletes need to know](#)

Fact sheet provided by the NCAA for student-athletes to understand concussions and how to stay safe.

[NFHS: Concussion in Sport for Students](#)

Online course for students to learn how to identify, react to, and prevent concussions.

School Professionals: [Online Concussion Training](#)

Free online courses to educate school personnel on how to recognize concussion in students and best practices to support students as they return-to-learn and return-to-sport.

[Specific Accommodations for Students Returning from Concussion](#)

This resource outlines short-term classroom supports to facilitate recovery from concussion.

The Centers for Disease Control (CDC) HEADS UP to Youth Sports Coaches: [Online Concussion Training](#)

Free online courses to educate coaches on how to recognize concussion in students and best practices to support students as they return-to-learn and return-to-sport.

[The National Federation of State High School Associations' \(NFHS\): Concussion in Sport for Coaches, Parents, and Administrators](#)

Online course on concussion management for school-based personnel.

Appendix B
Code of Virginia § 22.1-271.5.

**Guidelines, policies, and procedures on concussions
in student-athletes.**

A. The Board of Education shall develop, biennially update, and distribute to each local school division guidelines on policies to inform and educate coaches, student-athletes, and student-athletes' parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance.

B. Each local school division shall develop and biennially update policies and procedures regarding the identification and handling of suspected concussions in student-athletes. Such policies shall:

1. Require that in order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education;

2. Require a student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game to be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider.

The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer; and

3. Include a "Return to Learn Protocol" with the following requirements:

a. School personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving; and

b. School personnel shall accommodate the gradual return to full participation in academic activities of a student who has suffered a concussion or other head injury as appropriate, based on

the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom.

C. Each non-interscholastic youth sports program utilizing public school property shall either (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Local school divisions shall not be required to enforce compliance with such policies.

D. As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.

2010, c. [483](#); 2014, cc. [746](#), [760](#); 2016, c. [151](#); 2019, c. [142](#).

Appendix C
Code of Virginia § 22.1-271.6.

School Division Policies and Procedures on Concussions in Students.

The Board of Education shall amend its guidelines for school division policies and procedures on concussions in student-athletes to include a "Return to Learn Protocol" with the following requirements:

- 1. School personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving; and*
- 2. School personnel shall accommodate the gradual return to full participation in academic activities of a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom.*

2014, c. [349](#); 2016, c. [151](#).

Appendix D Legislative History

2010

SB 652 Concussions; Board of Education to develop guidelines dealing with student-athletes

Public schools; policies in concussions. Requires the Board of Education to develop and distribute to local school divisions by July 1, 2011, guidelines for policies dealing with concussions in student-athletes and requires each local school division to develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes

2014

SB 172 Student-athletes; effects of concussions on academic performance

Student-athletes; concussion policies. Requires each non-interscholastic youth sports program utilizing public school property to (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures regarding the identification and handling of suspected concussions in student-athletes. The bill also adds information on the effects of concussions on academic performance to the Board's Guidelines for Policies on Concussions. This bill is identical to [HB 410](#).

HB 410 Student-athletes; effects of concussions on academic performance.

Student-athletes; concussion policies. Requires each non-interscholastic youth sports program utilizing public school property to (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures regarding the identification and handling of suspected concussions in student-athletes. The bill also adds information on the effects of concussions on academic performance to the Board's Guidelines for Policies on Concussions in Student-Athletes. This bill is identical to [SB 172](#).

HB 1096 Student-athletes; Board of Education shall amend its guidelines for policies on concussions

Board of Education; amend guidelines for school division policies and procedures on concussions in student-athletes. Requires the Board of Education to amend its guidelines for school division

policies and procedures on concussions in student-athletes to include a “Return to Learn Protocol” with requirements that school personnel (i) be alert to cognitive and academic issues that may be experienced by a student-athlete who has suffered a concussion or other head injury and (ii) accommodate the gradual return to full participation in academic activities by a student-athlete who has suffered a concussion or other head injury.

2016

HB 954 Concussions; local school division policy to include Return to Learn Protocol for student-athletes.

Local school divisions; “Return to Learn Protocol” for students who have suffered concussions or other head injuries. Requires each local school division's policies and procedures regarding the identification and handling of suspected concussions in student-athletes to include a "Return to Learn Protocol" that requires school personnel to be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory, (ii) sensitivity to bright lights and sounds, and (iii) short-term problems with speech and language, reasoning, planning, and problem solving, and to accommodate the gradual return to full participation in academic activities of a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom. The bill also broadens the scope of the "Return to Learn Protocol" in the Board of Education's guidelines for school division policies and procedures on concussions in student-athletes to require school personnel to (a) be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury and (b) accommodate the gradual return to full participation in academic activities of a student who has suffered a concussion or other head injury. Under current law, the "Return to Learn Protocol" only imposes such requirements on school personnel with respect to student-athletes.

2019

HB1930 Concussions in student-athletes; guidelines, policies, and procedures shall be biennially updated

Concussions in student-athletes; guidelines, policies, and procedures. Requires (i) the Board of Education to collaborate with various stakeholders to biennially update its guidelines on policies to inform and educate coaches, student-athletes, and student-athletes' parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance and (ii) each local school division to biennially update its policies and procedures regarding the identification and handling of suspected concussions in student-athletes.

Appendix E (Updated in 2025)

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