

Classroom self-assessment form

Student Name: _____ Date: _____
 School: _____ Grade: _____ Birthdate: _____

 Date of Injury: _____ Healthcare Provider: _____
 Class Period: _____ Class: _____ Teacher: _____
 History of : ADD/ADHD Migraines None Other: _____

Instructions: Fill out this sheet after each class period. Read the symptoms on the left column. For each symptom, circle the presence and severity for whether you are experiencing that symptom during or after this class period on a 0 to 6 scale. Use the following guide to help rank your symptoms:

0 = Do not have symptom 3 = Moderate problem 6 = Severe problem

Do not skip any questions and be honest with your answers. Next answer the questions at the bottom of the sheet. When you are finished, turn the sheet in to your health care provider.

<i>Symptoms</i>	Circle One						
	0	1	2	3	4	5	6
Headache							
<i>Does your headache worsen when you try to concentrate during class?</i>		Yes				No	
<i>Is your headache worse at the end of class than it is at the beginning?</i>		Yes				No	
Dizziness/balance problems	0	1	2	3	4	5	6
Feeling sick to stomach/nausea	0	1	2	3	4	5	6
Tiredness/drowsiness	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling mentally foggy	0	1	2	3	4	5	6
Difficulty concentrating on schoolwork	0	1	2	3	4	5	6
Difficulty paying attention to teacher	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Difficulty staying organized	0	1	2	3	4	5	6
Difficulty seeing board/reading notes	0	1	2	3	4	5	6
<i>Do your symptoms increase in noisy environments?</i>		Yes				No	
<i>Do your symptoms increase by the end of class?</i>		Yes				No	

What tasks are the most difficult for you in this class?

Symptoms	Possible Accommodations
Headache	Avoid Symptom Triggers; Provide testing and assignment accommodation (delayed, more time, limited number at one time), extra time to complete non-standardized tests, shortened school schedule, late start to school day/attend later section of same class (sleep disruption), breaks throughout day
Does your headache worsen when you try to concentrate during class?	
Is your headache worse at the end of class than it is at the beginning?	
Dizziness/balance problems	Extra time to get to and from classes, allow student to put head down during class; if symptoms worsen, reduce exposure to computers, smart boards and videos
Feeling sick to stomach/nausea	
Tiredness/drowsiness	Shortened school schedule, late start to school day/attend later section of same class (sleep disruption), breaks throughout day
Sensitivity to light	Reduce brightness of screens, use of audiotape books, provide a note-taker, give materials presented in class to student to work on in spurts; move away from windows; draw shades; allow sunglasses/hat in class
Sensitivity to noise	Remove from loud environments; remove from classes such as band, orchestra, shop and noisy gyms; avoid headphones/loud music; work in quiet, naturally lit environments
Feeling mentally foggy	Simplify tasks; give extra time between tasks
Difficulty concentrating on schoolwork	Shorten task duration; give extra time/breaks in between tasks
Difficulty paying attention to teacher	Front room seating; provide class notes/note-taker, simplify tasks, work/test in quiet room
Difficulty remembering	Provide class notes/note-taker, provide memory-aides, use alternative testing methods
Difficulty staying organized	Use agenda/planner for schedule and due dates, utilize "to-do" lists, check comprehension of instruction
Difficulty seeing board/reading notes	Reduce brightness of screens, use of audiotape books, provide a note-taker, give materials presented in class to student to work on in spurts
Do your symptoms increase with rapid head/body movements?	Extra time to get to and from classes, allow student to put head down if symptoms worsen, limit driving
Do your symptoms increase in complex/noisy environments?	Frequent breaks, work in quiet, naturally lit environments, identify aggravators to reduce exposure, avoid noisy gyms or classrooms, limit/avoid music/shop classes

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