**Classroom Changes:**
Discuss with the school what classroom changes (accommodations) may be needed.

**Classroom accommodations may include:**
- Developing a schedule that fits your child’s needs
- Breaking down assignments (including homework) into small parts
- Rewarding good behavior and efforts
- Giving short, simple instructions
- Helping the student to learn to use a planner and see if it is working
- Using pictures to help with spoken instructions when needed
- Providing frequent breaks
- Helping the child to change from one activity to another
- Teaching in small groups
- Providing a quiet area for rest breaks
- Using tape recorders, computers, alarm watches, organizational planners, and calculators to assist your child
- Limiting surrounding noises

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**Brain Injury Association of Utah, Inc.**
5280 South Commerce Drive, Suite E-190
Murray, Utah 84107
(800) 281-8442
(801) 716-4993
www.biau.org

**Brain Injury Association of America**
1608 Spring Hill Dr., Suite 110
Vienna, Virginia 22182
(703) 761-0750
Fax: (703) 761-0755
Family Helpline 1-800-444-6443
www.biausa.org

**Primary Children’s Medical Center**
100 North Medical Drive
Salt Lake City, Utah 84113
(801) 588-3069

**Utah State Office of Education**
250 E. 500 S.
P.O. Box 144200
SLC, Utah 84114-4200
(801) 538-7716
Fax: (801) 538-7991
www.schools.utah.gov/sars
What is a mild brain injury?
- A blow or jolt to the head can result in a traumatic brain injury (TBI), which can disrupt the function of the brain. Concussions, also called “closed head injuries,” are types of TBI. 
- The injury may be mild, but could affect the child’s health, how the child does in school, or how the child gets along with others.

Remember: you are looking for changes that are different from your child’s behavior before the head injury.

These changes can happen weeks or even months following a bump to the head. These changes can occur even if you did not see any problems right after the injury.

Physical changes:
- Tired all the time
- Continuing headache
- Less active
- Dizziness
- Bothered by light and noise
- Tires more quickly
- Sleep changes (can’t sleep, nightmares, etc.)

Behavior or personality changes:
- Easily upset
- Worried or moody
- Spends more time alone
- Impulsive
- Difficulty following daily routine at school or home
- Can’t get along with others (rude, mean, or annoying)

Cognitive (thinking) changes:
- Trouble paying attention and staying on task
- Difficulty learning new information
- Disorganized
- Misses instructions
- Makes poor choices
- Cannot solve problems easily
- Does not follow directions well

Immediately following the injury:
If your child has one or more of these problems, call your doctor.
- Has a severe headache or a headache that gets worse
- Is bothered by noise or light
- Has problems paying attention
- Is more irritable or has behavior changes
- Is sleepy
- Has trouble seeing
- Gets upset easily
- Cannot remember the accident or what happened right before the accident
- Has trouble using legs, arms, or is more clumsy
- Is dizzy, confused, or passes out
- Vomiting
- Has blood or clear fluid coming from nose or ears
- Has seizures

If your child had a brain injury, what should you do?
- Continue watching your child’s behavior for even small changes
- Report what you observe to your child’s doctor

When your child returns to daycare or school, it is important to tell the following people about the brain injury:
- Classroom teacher
- Gym teacher and/or coaches
- School nurse
- School psychologist
- Counselor
- Principal
- Bus driver or car pool driver

Any change or limits on activities, made by your doctor, should be shared with school personnel. This information allows the teacher to observe your child and identify any changes in your child’s behavior. Changes in behavior, at school, should be reported to you, and you should report them to your child’s doctor.