



Thornton Fractional
HIGH SCHOOL DISTRICT 215
BURNHAM • CALUMET CITY • LANSING • LYNWOOD

ATHLETIC HANDBOOK

2024-25

THORNTON FRACTIONAL HIGH SCHOOL DISTRICT 215
ATHLETIC COACHES HANDBOOK 2024-25

INTRODUCTION.....	1
ORIENTATION PROGRAM FOR COACHING STAFF	2
DUTIES OF THE ASSISTANT ATHLETIC DIRECTOR	3
DUTIES AND RESPONSIBILITIES OF ATHLETIC TRAINER.....	4
APPROVED COACHING POSITIONS	5
PROCEDURE FOR RECOMMENDING PERSONNEL FOR COACHING POSITIONS.....	6
PROCEDURES FOR EVALUATING HEAD AND ASSISTANT COACH	7
HEAD COACH JOB DESCRIPTION.....	8-9
HEAD COACH EVALUATION FORM.....	10-12
ASSISTANT COACH JOB DESCRIPTION	13-14
ASSISTANT COACH EVALUATION FORM	15-17
MISCELLANEOUS COACH PROCEDURES	18
SOCIAL MEDIA GUIDELINES.....	19
STUDENT ATHLETIC FUNDS PROCEDURES	20-28
COLLEGE RECRUITMENT FOR HIGH SCHOOL ATHLETICS/NCAA RECRUITING GUIDELINES.....	29-31
ATHLETIC /ACTIVITY CO-CURRICULAR PLEDGE	32-33
EMERGENCY ACTION PLAN (TFS).....	34-36
EMERGENCY ACTION PLAN (TFN).....	37-39
SWIMMING POOL OPERATING PROCEDURES AND EMERGENCY ACTION PLAN	40-45
CONCUSSION PROTOCOL AND GUIDELINES	46
<i>Introduction</i>	47
<i>The Concussion Management Team</i>	49
<i>Key Concepts and Terms</i>	50
<i>Managing the Return to School Process</i>	52
<i>Academic Accommodations for Post-Concussion</i>	53
<i>Student Athletes and Return to Play</i>	54
CONCUSSION APPENDIX.....	57
<i>Acute Concussion Evaluation Care Plan</i>	58
<i>Parent Concussion Information</i>	60
<i>Post-Concussion Consent Form</i>	62
<i>SPORTS CONCUSSION ASSESSMENT TOOLS (SCAT) 5</i>	63
DISTRICT 215 REFERENCE POLICIES	
<i>Policy 5:100 Staff Development Program</i>	71
<i>Policy 5:280 Duties & Qualifications Educational Support Personnel</i>	75
<i>Policy 7:305 Student Athlete Concussions/Head Injuries</i>	77

2024-25
THORNTON FRACTIONAL HIGH SCHOOL DISTRICT 215
ATHLETIC COACHES HANDBOOK

INTRODUCTION

The importance of leadership can never be overemphasized. Simply stated, a coach must be a positive role model since he/she has a tremendous impact on all involved in a sport within the school and community. A coach is first and foremost a teacher. The right kind of teacher/coach is the most powerful influence in the lives of student athletes. Athletes must be taught that values such as sportsmanship, honesty, teamwork, integrity, self-discipline and courage, must and should be emphasized in every athletic practice and game as well as in life.

The success of a program is not measured solely by the win-loss record . . . the total growth of the participants is the major consideration.

Academic training pointed toward earning a high school diploma must be the primary focus of any offering by a high school. Participation in an interscholastic program is a privilege for which reasonable standards should be established, maintained and enforced for the educational personal welfare of the students who participated.

The athletes must be taught that rules are the same for all participants, that rules are not to be circumvented, and that each athlete must respect his/her own integrity.

The purpose of this handbook is to aid the coach in his/her administrative functions by listing the duties, responsibilities, practices and procedures that have been developed over the years. Materials in this handbook have been garnered from a variety of sources . . . the Illinois High School Association (IHSA), American Sport Education Program (ASEP), National Interscholastic Athletic Administrators Association (NIAAA) and District 215 policies and procedures.

ORIENTATION PROGRAM FOR COACHING STAFF

The Athletic Director shall conduct/hold a pre-season meeting at the start of each sport season (fall, winter and spring) for all coaches. This meeting will address matters related to the upcoming season.

- A. Discussion on instructing student athletes in safety procedures appropriate for each sport.
- B. Provide outside coaches with Staff Handbook, highlighting Athletic procedures section.
- C. Procedures to be followed when processing athletic, department, building and district forms.
- D. Clarifying head coaches, assistant coaches and trainers responsibilities dealing with student supervision, parents, equipment, and administrators.
- E. Review IHSA eligibility, team rules, and District Athletic/Activity Handbooks.
- F. Review of the upcoming schedule for practices and contest dates.
- G. Procedures to be followed for emergencies and/or injuries to student athletes.
- H. Procedures for the end of season.

DUTIES OF THE ASSISTANT ATHLETIC DIRECTOR

- A. The Assistant Athletic Director shall be responsible for the administration of the athletic program under the direction of the Athletic Director.
- B. Shall advise in the recruiting, selection, and the assignment of athletic coaches in the athletic program.
- C. Assumes general responsibility for the proper supervision and conduct of athletic home contests.
- D. Aids in verifying the physical examinations of all athletes prior to the beginning of each season.
- E. Aids in verifying the academic eligibility for participation in each sport.
- F. Helps to prepare and administer the athletic budget under the direction of the Athletic Director.
- G. Helps to prepare requisitions in cooperation with appropriate staff members for supplies, uniforms and equipment for the athletic program.
- H. Arranges all details for visiting team's needs.
- I. Maintains a record file of all award winners, stating the date and type of the award.
- J. Assigns athletic lockers to specific teams.
- K. Other duties as designated by the principal or athletic director.

DUTIES AND RESPONSIBILITIES OF ATHLETIC TRAINER

- A. Works cooperatively with the coaches in setting up and carrying a program of conditioning for athletes.
- B. Administers first aid to injured athletes on the field, in the gymnasium, or in the training room.
- C. Applies protective or injury-preventative devices, i.e. strapping, bandaging, or braces.
- D. Works cooperatively with and under the direction of the physician in respect to:
 - 1. Rehabilitation procedures
 - 2. Operation of therapeutic devices and equipment
 - 3. Fitting of braces, guards, and other devices
 - 4. Referrals to the physician, health services or hospital
- E. Works cooperatively with the coaches and the physician in selecting protective athletic equipment and gear and checking it for safety.
- F. Supervises the training room, which includes the requisitioning and storage of supplies and equipment, keeping adequate records, and maintaining an annual budget.
- G. Supervises and, when necessary, instructs other staff members under his/her jurisdiction.
- H. Counsels and advises athletes and coaches on matters pertaining to conditioning and training, such as diet, rest, and reconditioning.
- I. Conducts themselves at all times as a responsible, professional person.
- J. Provides athletic trainer coverage for:
 - 1. All varsity football contests
 - 2. Other athletic contests and practices as determined by the Athletic Director
 - 3. Consultation prior to team practices
- K. The athletic trainer will not make specific physician and/or medical service referrals for injuries of athletes. The choice of a physician will be the responsibility of the parents of the athlete.
- L. The athletic trainer has the authority and responsibility on the field and at practices to keep injured athletes out of the game and or practices, if in the judgment of the athletic trainer continued participation would be harmful to the athlete.
- M. Completes paperwork on all disabling athletic injuries on proper forms and submits to athletic office within 24 hours if necessary.

2024-25 APPROVED COACHING POSITIONS

	T.F. S HEACH COACH	T.F. S. ASST. COACHES	T.F.N. HEAD COACH	T.F.N. ASST. COACH
<u>FALL SPORTS</u>				
Football	1	8	1	8
Girls' Volleyball	1	3	1	3
Girls' Tennis	1	1	1	1
Boys' Golf	1	1	1	0
Girls' Swim *	1	.5	1	.5
Girls' Cross Country	1	0	1	0
Boys' Cross Country	1	0	1	0
Boys' Soccer *	1	0	1	2
Cheerleader	1	1	1	1
Competitive Dance	1	0	1	0
<u>WINTER SPORTS</u>				
Boys' Bowling	1	1	1	1
Girls' Bowling	1	1	1	1
Boys' Swim *	1	.5	1	.5
Boys' Basketball	1	3	1	3
Girls' Basketball	1	3	1	3
Wrestling	1	3	1	2
<u>SPRING SPORTS</u>				
Girls' Track	1	2	1	2
Boys' Track	1	2	1	2
Baseball	1	3	1	3
Softball	1	3	1	3
Badminton	1	2	1	1
Boys' Volleyball *	1	0	1	1
Boys' Tennis *	1	0	1	0
Girls' Soccer *	1	0	1	2
TOTALS	24	37	24	40

***COOPERATIVE PROGRAMS**

Note: The Board of Education Title IX Ad Hoc Committee met during the 2012-13 school year to review the equality of the athletic programs. The above chart reflects revisions based upon the committee recommendations, number of student participants, and compliance with the federal Title IX law.

PROCEDURE FOR RECOMMENDING PERSONNEL FOR COACHING POSITIONS

- A. The Athletic Director will meet with coach/coaches within 30 days of the IHSA season to discuss the season and performance of coaching staff.
- B. The Athletic Director will meet with the Principal to make recommendations regarding the renewal/non-renewal of coaching position (s) according to the following time schedule:

Fall Sports	on/about	December 1
Winter Sports	on/about	April 1
Spring Sports	on/about	July 1

Designation, appointment and retention of all athletic coaches and activity sponsors shall be made at the discretion of the Board. For purposes of implementing the required notice of employment status to coaches and activity sponsors, the required notice shall be provided as follows:

Season or Activity Scheduled in the:	Board Action by:
Fall	December Board meeting
Winter	April Board meeting
Spring	July Board meeting

The coach/sponsor will be notified by at least 14 calendar days after Board action.

- A. Coaching openings must be posted by the Personnel Office and applications submitted to same. Coaching openings will be posted as soon as they have been identified. A listing of all coaching openings will be posted at each school. The Athletic Directors will announce these vacancies at their monthly SSC Athletic Directors’ meetings, in the local newspapers, and, if needed, with the Illinois Coaches Associations and Midwest Job Bulletin.
- B. Recommendations for head coaching positions will originate with the Athletic Director and submitted to the Principal. The Principal will recommend coaches to the Superintendent and Board of Education. District 215 employees will be given preference over non-employees when applicants possess comparable qualifications.
- C. Recommendations for assistant coaches will originate with the head coach and Athletic Director and will be submitted to the principal. Principals will recommend assistant coaches to the Superintendent and Board of Education.

PROCEDURES FOR EVALUATION
HEAD COACH AND ASSISTANT COACH POSITIONS

1. The evaluation of a coach will begin with the first day of the season of the sport coached. The evaluation will be conducted by the Athletic Director, or, if necessary the Principal/designee.
2. Information included in the written evaluation must reflect direct credible observations. Any observation(s) that will enter into the evaluation report must be shared with the coach both verbally and in writing within five (5) working days of the observation(s).
3. A written copy of the evaluation report shall be submitted to the coach within five (5) working days after the end of the season. The coaches shall have the opportunity to review this evaluation report with the evaluator.
4. If multiple major weaknesses are identified which result in an overall rating of unsatisfactory, the coach will be informed that unsatisfactory performance may result in termination at the end of the season. With an Excellent or Satisfactory rating, the coach will continue in his/ her position unless the coach offers a resignation to the Board of Education.
5. If a coach writes a written response to the evaluation within thirty (30) working days, it shall be attached to same and a copy retained by the coach.
6. After all evaluation procedures have been followed, written evaluation reports shall become a part of the coach's personnel file maintained at the District office.

HEAD COACH JOB DESCRIPTION

Revised 7/2021

Qualifications: Experience as a coach in the activity sponsored
Reports to: Principal and/or designee
Function: To help students achieve maximum benefits from the extra-curricular and athletic opportunities offered to them in the schools.

Duties:

1. Is responsible for his/her total program and the understanding of NFHS, IHSA, and SSC rules and regulations.
2. Understands the proper administrative line of command and refers all request or grievances through proper channels.
3. Establishes the fundamental philosophy, skills, and techniques to be taught by staff. Design conferences and staff meetings to insure staff awareness of overall program.
4. Encourages professional growth by encouraging clinic attendance according to district policy.
5. Delegates specific duties and supervises implementation of same.
6. Assigns, regulates, and supervises all scouting activities.
7. Attends required IHSA, SSC, departmental or other meetings.
8. Provides input to the Athletic Director with regard to scheduling, transportation and requirements for tournament and special sport events.
9. Assists in the necessary preparation to hold scheduled sport events or practices and adheres to scheduled facility times. Coordinates program with maintenance staff.
10. Provides documentation to fulfill state and system requirements concerning physical examinations, parent consent/insurance and eligibility in a timely manner.
11. Submits other necessary documents (rosters, game reports, injury reports, etc.,) to the Athletic Director expediently. Completes paperwork on all disabling athletic injuries, on proper forms, and submits to athletic office within 24 hours if necessary.
12. Advises the Athletic Director and recommends policy, method or procedural changes.
13. Participates in the budgeting function with the Athletic Director by establishing requirements or the next season. Recommends equipment guidelines as to type, style, color or technical specifications. Responsible for operating within budget appropriations.

HEAD COACH JOB DESCRIPTION CONT.

14. Is accountable for all equipment and collects the cost of any equipment lost or not returned. Arranges for the issuing, collection and storing of equipment and submits annual inventory with the end-of-season report. Arranges with the Athletic Director any reconditioning or repair of equipment.
15. Provides for proper supervision of athletes at all practices, games and while traveling. Travels with team on district provided transportation.
16. Provides team rules, training rules and any other unique regulations of the sport to each athlete.
17. Determines discipline, delineates procedures concerning due process when the enforcement of discipline is necessary and makes the Athletic Director aware of the matter.
18. Provides constant attention to a student athletes grades and conduct.
19. Assists athletes in their college or advanced educational selection.
20. Organizes coaches, players and guests for pre-season meetings.
21. Promotes the sport within the school through recruiting athletes that are not in another sport program and promotes the sport outside the school through news media or in any other IHSA approved manner.
22. Responsible for maintaining good public relations with news media, booster club, parents, officials, volunteers and fans.
23. Presents information to news media through the Athletic Office concerning schedules, tournaments and results in a timely matter.
24. Sets a positive example in appearance, behavior and language, exercising professional good conduct and self-control.
25. Completes online concussion awareness training, first aid training, CPR training, and Automated External Defibrillator training by the end of the first week of the season. Completes bi-annual training on anaphylactic reactions and asthma management. (Board Policy 5:100, 5:280)

TERMS OF EMPLOYMENT: Season of the athletic events.
 Salary as provided by the negotiated agreement.

EVALUATION: At the end of each athletic season based upon criteria as defined in the
 Negotiated Agreement and the Certified Staff Evaluation Procedures.

HEAD COACH EVALUATION

Name:

Sport:

Ratings: 1. Excellent 2. Satisfactory 3. Unsatisfactory

responsible for his/her program and the understanding of NFHS, IHSA, and SSC rules and regulations.

2. Understands the proper administrative line of command and refers all requests or grievances through proper channels.
3. Establishes the fundamental philosophy, skills and techniques to be taught by staff. Designs conferences and staff meetings to insure staff awareness of overall program.
4. Encourages professional growth by encouraging clinic attendance according to district policy.
5. Delegates specific duties and supervises implementation of same.
6. Assigns, regulates, and supervises all scouting activities.
7. Attends required IHSA, SSC, departmental or other meetings.
8. Provides input to the Athletic Director with regard to scheduling, transportation and requirements for tournament and special sport events.
9. Assists in the necessary preparation to hold scheduled sport events or practices and adheres to scheduled facility times. Coordinates program with maintenance staff.
10. Provides documentation to fulfill state and system requirements concerning physical examinations, parental consent/insurance and eligibility in a timely manner.
11. Submits other necessary documents (rosters, game reports, injury reports, etc.) to the Athletic Director expediently. Completes paperwork on all disabling athletic injuries, on proper forms, and submits to athletic office within 24 hours if necessary.
12. Participates in the budgeting function with the Athletic Director by establishing requirements for the next season. Recommends equipment guidelines as to type, style, color or technical specifications. Is responsible for operating within budget appropriations.

HEAD COACH EVALUATION CONT.

13. Advises the Athletic Director and recommends policy, method, or other procedural changes.
14. Is accountable for all equipment and collects the cost of any equipment lost or not returned. Arranges for the issuing, collection and storing of equipment and submits annual inventory with the end-of-season report. Arranges with the Athletic Director any reconditioning or repair of equipment.
15. Provides for proper supervision of athletes at all practices, games and while traveling. Travels with team on district provided transportation.
16. Provides team rules, training rules and any other unique regulations of the sport to each athlete.
17. Determines discipline, delineates procedures concerning due process when the enforcement of discipline is necessary and makes the Athletic Director aware of the matter.
18. Provides constant attention to student athletes' grades and conduct.
19. Assists athletes in their college or advanced educational selection.
20. Organizes coaches, players and guests for pre-season meetings.
21. Promotes the sport within the school through recruiting athletes that are not in another sport program and promotes the sport outside the school through news media or in any other IHSA approved manner.
22. Responsible for maintaining good public relations with news media, booster club, parents, officials, volunteers and fans.
23. Presents information to news media through the Athletic Office concerning schedules, tournaments and results in a timely matter.
24. Sets a positive example in appearance, behavior and language; exercising professional good conduct and self-control.
25. Has completed all trainings required by Illinois law and District 215 Board policy.

HEAD COACH EVALUATION SUMMARY

Comments:

Overall Performance:

RATING: Excellent Satisfactory Unsatisfactory

Title	Signature	Date
Coach		
Athletic Director		
Principal		

Signing of this instrument acknowledges participation in, but not necessarily concurrence with the evaluation. Coaches may attach a statement concerning the evaluation report.

ASSISTANT COACH JOB DESCRIPTION

Qualifications: Experience as a coach in the activity sponsored

Reports to: Principal and/or designee

Function: To help students achieve maximum benefits from the extra-curricular and athletic opportunities offered to them in the schools.

Duties:

1. Understands the proper administrative line of command and refers all student and parent requests or grievances through proper channels. Is aware of all meetings that require attendance.
2. Assists the Head Coach in scheduling and providing transportation to contests, tournaments and other athletic events.
3. Assists the Head Coach in the necessary preparation to hold scheduled sport events or practices and adheres to scheduled facility times. Coordinates program with maintenance and other school employees that may be involved.
4. Assists the Head Coach in the distribution and collection of documentation to fulfill state and school district requirements concerning physical examination, parental consent, insurance requirements and any other matters dealing with athletic eligibility.
5. Assists the Head Coach in distributing team rules, training rules and any other unique regulations of the sport to each athlete who is considered a participant.
6. Provides for proper supervision of athletes at all practices, games and while traveling.
7. Directs student managers and statisticians on respective teams.
8. Completes paperwork, if necessary, on athletic injuries utilizing district approved forms and submits them to the athletic office on the next school day of attendance.
9. Is accountable to the Head Coach for all equipment issued to his/her team. Aids in the distribution, collection and storage of equipment. Assists the Head Coach in the collection of the cost of any equipment lost or not returned. Submits to the Head Coach an annual end-of-season inventory as part of his/her final report.
10. Recommends to the Head Coach budgetary items for the next season in his/her area of the program.
11. Permits athletes to only be in authorized areas of the building at the appropriate times.
12. Examines locker rooms before and after practices and games, checking the condition of the facility. Reports problematic conditions to the Head Coach and/or the Athletic Director in writing.

ASSISTANT COACH EVALUATION

Name:

Sport:

Ratings: 1. **Excellent** 2. **Satisfactory** 3. **Unsatisfactory**

1. Understands the proper administrative line of command and refers all student and parent requests or grievances through proper channels. Is aware of all meetings that require attendance.
2. Assists the Head Coach in scheduling and providing transportation to contests, tournaments and other athletic events.
3. Assists the Head Coach in the necessary preparation to hold scheduled sport events or practices and adheres to scheduled facility times. Coordinates program with maintenance and other school employees that may be involved.
4. Assists the Head Coach in the distribution and collection of documentation to fulfill state and school district requirements concerning physical examination, parental consent, insurance requirements and any other matters dealing with athletic eligibility.
5. Assists the Head Coach in distributing team rules, training rules and any other unique regulations of the sport to each athlete who is considered a participant.
6. Provides for proper supervision of athletes at all practices, games and while traveling.
7. Directs student managers and statisticians on respective teams.
8. Completes paperwork, if necessary, on athletic injuries utilizing district approved forms and submits them to the athletic office on the next school day of attendance.
9. Is accountable to the Head Coach for all equipment issued to his/her team. Aids in the distribution, collection and storage of equipment. Assists the Head Coach in the collection of the cost of any equipment lost or not returned. Submits to the Head Coach an annual end-of-season inventory as part of his/her final report.
10. Recommends to the Head Coach budgetary items for the next season in his/her area of the program.
11. Permits athletes to only be in authorized areas of the building at the appropriate times.
12. Examines locker rooms before and after practices and games, checking the condition of the facility. Reports problematic conditions to the Head Coach and/or the Athletic Director in writing.

ASSISTANT COACH EVALUATION CONT.

13. Assists the Head Coach in carrying out his/her responsibilities.
14. Instructs team members as to NFHS, IHSA and SSC rules and regulations of the sport and teaches fundamentals as outlined by the Head Coach.
15. Maintains a record for team statistics and requirements for end-of-season awards for both Head Coach and Athletic Director for his/her team.
16. Works within the basic framework and philosophy of the Head Coach of that sport.
17. Attends all staff meetings and carries out scouting assignments as outlined by the Head Coach.
18. Arrives early enough before practice, contests, and meetings to adequately prepare and remains long enough afterwards to help players with problems or to become involved in staff discussions.
19. Helps in the planning and implementation of both in-season and out-of-season conditioning and weightlifting programs.
20. Never criticizes, admonishes or argues with head coach or any staff member in the presence of players or parents.
21. Has completed all trainings required by Illinois law and District 215 Board policy.

ASSISTANT COACH EVALUATION SUMMARY

Comments:

Overall Performance:

RATING: **Excellent** **Satisfactory** **Unsatisfactory**

Title	Signature	Date
Coach		
Athletic Director		
Principal		

Signing of this instrument acknowledges participation in, but not necessarily concurrence with the evaluation. Coaches may attach a statement concerning the evaluation report.

ATHLETIC/ACTIVITY CONFLICT RESOLUTION

1. The following steps are guidelines to be followed to resolve conflicts between/among athletics and activities.
2. Scheduled games, matches, contests, and/or performances take precedence over practices. All activities, contests or performances must be school sponsored and approved.
3. When activities and athletics have conflicting scheduled contests/performances, the coaches/sponsors/directors should resolve the conflict amongst themselves.
4. Conflicts in practice schedules must be worked out in advance of the conflict(s). These practice schedules should be shared between the activity sponsors, coaches and/or director to determine potential conflicts.
5. Unresolved conflicts should be referred to the building principals or their designee.
6. No student should be penalized from participating in a contest or performance.

COACH ABSENCE OR ILLNESS

Extra-curricular sponsors/coaches absent from their District 215 employment duties because of personal illness shall not conduct practice or competition on the day(s) of such illness.

STATE TOURNAMENT ATTENDANCE

The following will serve as guidelines in determining the attendance of staff and students at state tournaments:

1. The varsity head coach/sponsor and one assistant coach, if any, in a given sport/activity may be excused from their duties. The coaches will be provided funds to attend the state tournaments if the team or individual students qualify for the tournament.
2. Other coaches in a given sport/activity who wish to attend a state tournament will not be excused from their duties and will not be provided expense funds. This also applies to the varsity head coach when there are no participants from the school in the state tournament.
3. Students who are participants in a state tournament will be excused from classes and are to attend the state tournament under the supervision of their coaches.
4. No funds will be provided for students to attend a state tournament as non-participants. This includes both admission and expenses.
5. The school will provide tickets of admission for varsity team members and coaches of a given sport/activity for attendance at regional and sectional contests. Team members must attend the contest under the supervision of the coaches.

ATHLETIC ELIGIBILITY AND SAFETY

1. The Athletic Director is assigned the responsibility for determining a student's eligibility to participate in the interscholastic athletic program. The rules governing athletic eligibility as prescribed in **Policy 6:190** and by the Illinois High School Association and South Suburban Conference (SSC) shall be followed in all cases.
2. The Athletic Director will report in writing to the Principal the names of students who have been declared ineligible to participate in the interscholastic athletic program on a weekly basis.
3. The Athletic Director is assigned the responsibility to have coaches instruct team members in procedures of athletic safety.

ACTIVITIES & ATHLETICS SOCIAL MEDIA ACCOUNT GUIDELINES

Social Media Use for Athletics and Activities – This document provides guidelines for staff who wish to use social media platforms as a way of promoting their school-sponsored activity or sport. Employees administering a social media account on behalf of a district team, club, or group are to adhere to the following guidelines:

1. Accounts must be limited to YouTube, Instagram, Facebook, and X (Twitter). No other social media platforms are not to be used.
2. Social media accounts for District 215 activities and athletics are the property of District 215 and must be connected to a staff member's district issued email address. Accounts currently connected to a staff member's personal email, personal Facebook account, Instagram, Twitter, or YouTube are in violation of this handbook and must be converted immediately. (For assistance, contact public relations officer at 708-585-2309)
3. The athletic director or activities director should be immediately notified of all existing and newly opened social media accounts, pages, groups, etc. that are for the purpose of promoting District 215 athletics or activities. Please note that school-related activity/athletic accounts, pages, or groups are considered district-owned accounts and will be transferred to another district staff member if/when the staff member administering a social media account/page is no longer sponsoring/coaching the activity or sport connected to the account.
4. ***All new and existing school-related athletics and activities social media pages, groups, accounts, etc. must have the school digital media coordinator added as a secondary administrator to the account.***
5. Volunteers and students are not to be administrators of any school-related social media accounts.
6. Volunteers and students should not post to District 215 social media accounts. The coach or sponsor is responsible for all posts to the District 215 social media account, even if another individual was given access to post. As such, great care should be exercised in determining IF any other individuals are allowed to post to the account.
7. Post only content that directly relates to the team, club, group, or to share important school or district information. *Note: Posts that take a political or religious stance are not to be included unless they relate directly to the purpose of the club (For example, equity student leaders, LGBT clubs, Dreamers are inherently "political." Posts that share opinion rather than fact should also be avoided.)*
8. Verify that a guardian has signed approval for media release prior to posting student pictures and be sure to check with students before posting their picture to an account.
9. Monitor comments posted to social media pages on a regular basis and contact the public relations officer immediately (708-585-2309) if any questionable or controversial content or threads begin to unfold in the comments on the page you manage.
10. Post information that is factually accurate and free of grammatical or spelling errors and be sure to check and update the page regularly. Accounts that aren't well maintained may be disabled.
11. Take responsibility for anything "liked" or shared via social media when representing the district, as this can be construed as an endorsement. Do not share a link without fully reading it first and verifying the credibility of the source and content.

In addition, employees will be expected to refrain from posting information:

- That violates student, family, or staff privacy. If unsure whether something may be a privacy violation, do not post.
- That is sensitive or personal in nature or is proprietary to District 215, or which is not public information (examples: tentative or future team schedules, student athlete injuries and eligibility status, travel).
- Deemed unsportsmanlike, derogatory, demeaning, or threatening toward any other individual or entity (examples: derogatory comments regarding another school; taunting comments aimed at a student-athlete, coach, or team at another school or derogatory comments against race and/or gender).

In summary: *It is expected that District 215 employees treat professional social media space and communication like a classroom and/or a professional workplace and adhere to all District 215 Board of Education policies and applicable laws in management of district related social media accounts. Specific attention should be given to Board Policy 5:125 "Personal Technology and Social Media: Usage and Conduct." The same standards expected in District 215 professional settings are expected on District 215 related social media sites. If a particular type of behavior is inappropriate in the classroom or a professional workplace, then that behavior is also inappropriate on the professional social media site. Failure to adhere to District 215 policies or applicable laws may result in discipline.*



Student Activity & Athletic Funds

Finance and Accounting

Procedures Handbook

MISSION

The mission of Thornton Fractional High School District 215 is to provide diverse learning opportunities that inspire all students to become life-long learners who contribute to their community. In keeping with this mission, the Board of Education believes that providing extra-curricular activities and clubs and student organizations benefits the students and adds to their educational experience.

There is a large amount of money that is received and disbursed through the student activity & athletic funds. Because of this, the District must have accounting procedures in place that ensure the funds are being managed properly and within the guidelines provided by the Illinois State Board of Education in the "Illinois Program Accounting (IPAM) Manual for Local Education Agencies." The District and each school will establish internal control procedures to ensure that the activity & athletic funds are properly accounted for.

OVERVIEW

Fundraising Activities

Fundraising projects for any student activity shall contribute to the educational experience of students and shall not conflict with, but add to, the instructional program. All fundraising projects or programs for Athletics must be approved by the Activity Director and Athletic Director. Fundraising for sports must be approved by the Athletic Director.

Student Activity & Athletic Fund Disbursements

Student activity funds are those funds which are owned, operated, and managed by organizations, clubs, or associations (groups) within the student body under the guidance and direction of one or more faculty or staff members for educational, recreational, or cultural purposes. **The activity & athletic funds should never be used for purchase of building or district budget expenditures. All expenses must directly benefit students.**

Examples of appropriate disbursements for student activity funds

- Admission Fees
- Class Trips
- Class Projects
- Yearbook
- Student Clubs/Student Council
- Choral and Band Groups
- Athletics (funds raised by students, not the District budget)
- Donations (if the money was raised by the students for that purpose)
- Entertainment (for the benefit of students)
- School-wide Assemblies
- Group Food/Lodging/Travel Expenses/Transportation
- Good behavior programs that benefit the entire student body

Some questions that can help determine if money can be allocated for the activity fund:

- Was the money raised by the students?
- Is the money being used for the purpose it was being raised?
- ***Is the money being used for the direct benefit of students?***

If the answer to the questions is yes, the money can be allocated for the activity fund.

Student activity & athletic funds are assets held by the District for the students that **cannot** be used to support the District's own programs. The money in the activity & athletic funds should be expended for the purpose in which it was raised and should benefit all students belonging to that organization or all students in the school.

Equipment and supplies for curricular, classroom or administrative purposes are the responsibility of the District and should not be paid for with student activity & athletic funds. Student activity & athletic funds may not be expended for the following:

- Equipment or supplies for curricular or classroom use or to support District programs
- Repair and maintenance of District equipment
- Salaries for services that are the responsibility of the District
- Expenses for the benefit of employees
- Parties or refreshments for employees

Personal checks can never be cashed by the activity funds and postdated checks should not be accepted.

The Activities Director and Athletic Director, respectively, are responsible for overseeing student activities and athletic activities, as well as procedures for disbursement of funds in their building. The Bookstore Manager is responsible for verifying and depositing activity fund deposits. The Business Manager will reconcile the Activity Fund Accounts on a monthly basis. The Activity and Athletic Directors have access in IVISION to review and print reports for verification. The Business Manager will provide the Board of Education with a monthly report of the activity fund's activity, including cash balance, receipts and disbursements.

Convenience Funds

Schools may also have certain convenience accounts. Convenience accounts are those funds maintained by the school at the request of and for the convenience of faculty, staff, or other similar non-student groups. *In most cases, the money comes from district employees.* Each school shall designate a manager for its convenience account. Examples of convenience fund accounts include:

- Flower fund
- Employee coffee/soda fund
- Needy Student Fund
- Principal Leadership/Principal Awards
- Student Action Club
- Scholarship and/or Memorial funds

Booster Clubs

Booster club money **cannot** be in the activity nor athletic funds account. The booster clubs must have their own separate checking account. The booster club can donate money to activity fund accounts upon board approval. If the booster club specifies the purpose for this money, then it can only be used for that purpose. If no purpose is stated, then the funds may be spent as deemed necessary.

Does My Club or Organization Get Money Budgeted from the School?

Only clubs or organizations that engage in interscholastic competition are funded by the District. All other clubs and activities are self-supporting.

FINANCE AND ACCOUNTING PROCEDURES FOR STUDENT ACTIVITY & ATHLETIC ACCOUNTS

General Information

1. No activity should maintain cash on hand without prior permission. Organizations may not maintain their own accounts at a local bank.
2. No payment for expenses of the activity should be made directly from the cash or receipts of the activity. Expenses must be paid by check from the school district with proper detailed substantiation.
3. All clubs and organizations must be financially self-supporting and will only draw money from their accounts when there is a sufficient balance.
4. A financial record of all transactions is maintained for each activity by the Business Office and is generated in August, December, and May. Activity Sponsors are encouraged to maintain their own records to double-check for accuracy against the Financial Statement generated by the Business Office. The Activities & Athletic Directors can print/distribute an activity report in IVISIONS at any point to view account balances. It is their responsibility to review the report and verify that their account is correct. Any errors should be communicated to the Business Manager for reconciliation.

Fundraising Activities

1. The Athletics Director and Activity Director exercise general control over all fundraising activities and must approve all activities that affect the student body.
2. Once a group decides to fundraise, it is the advisor's responsibility to complete a Fundraising Proposal Form and to obtain prior approval for the fundraising activity from the Director of Student Activities and/or the Athletic Director. This form outlines your group's plan and budget for the funds to be raised and spent. GoFundMe or other crowd funding sources cannot be used.
3. Fundraising may be conducted in school before and after school hours and during lunch periods only. No fundraising may be conducted during class time. In order to be in compliance with the National School Lunch Program, ready to consume food items (candy bars, etc.) cannot be sold until 30 minutes after the school day is over. They cannot be sold in the morning before school starts.
4. Students must be notified of the purpose of the fundraiser, and the proposed use of funds being raised.
5. No fundraising may be conducted by non-school sponsored groups except those which are of a school-wide nature in which participation can be a positive experience for students and when the proceeds contribute to a recognized humanitarian purpose.
6. All fundraisers should be reconciled. The Director of Student Activities will assist with this process.

7. Student fundraising is to be on a voluntary basis only. No student is to be pressured to do any type of fundraising, whether by staff or students. Any violation may be subject to disciplinary action.

Cash Handling and Collection

1. The Activity Sponsor is responsible for the collection and safe handling of funds received on behalf of their group. They are also responsible for the supervision of students having contact with cash or checks.
2. All checks collected shall be made payable to Thornton Fractional HSD 215, TF North Activities, or TF South Activities.
3. Prior to the collection of funds (ie. sporting event), a cash box is to be picked up from the Activity Secretary, Bookstore Manager, or Administrator as applicable.
4. Funds collected must be counted by the Club Sponsor and the Bookstore Manager and may be submitted 8:00 a.m. – 3:00 p.m. daily. Club Sponsors cannot simply drop off the cash to the Bookstore Manager and leave. The cash count form (see excel document in appendix) or Activity Deposit form is to be filled out, including the total amount of the deposit, and signed, by both parties counting the money. Once the form is complete, a copy should be made and given as a “receipt” to the person submitting the money for deposit. An additional copy of the receipt should be given to the Athletics or Activities Secretary.
5. The Bookstore Manager will log in your deposit, place your funds in a locked safe and will arrange for transport to the bank. Cash deposits of \$1,000 or more require delivery to the bank by the Bookstore Manager and another TFD employee.
6. Bookstore Managers will deposit all cash and checks as soon as possible, but no less than twice weekly, or as soon as \$1,000 or more in cash is received. Money that is collected during evening and weekend activities will be locked up at the school in a safe and will not be removed from the school building. Money must **NOT** be taken home, left in drawers or out in the open.
7. Securing Monies when Bookstore is Closed: If the Bookstore is closed, all monies must be turned into the Activities Office. If the Activities Office is closed, all monies must be turned in to the General Office with the Principal’s Secretary. No money should be held by the Sponsor.

The following procedure should be followed:

- Count your money, complete and enclose the cash count or activity deposit form, and write the amount on the front of the envelope with your name and the name of the club.
- Give the envelope to the Secretary in the Activities Office (or General Office if Activities office is closed). Do not ask students to deliver the envelope.
- The next school day, the envelope will be taken from the vault, money counted and deposited in the activity account, and a receipt will be emailed to the sponsor/coach

Cash Disbursements (Paying a bill, getting a reimbursement, requesting cash advance)

1. **Purchase Orders-** In most situations, a Sponsor should submit their request to the activity office. The Activity Secretary will check if there are funds available in the account and then enter a requisition on-line through the District's accounting software to purchase goods and services. Once the Business Office approves a requisition, a copy of the purchase order is returned to the requestor. This purchase order allows us to place the order while paying for the goods at a later date. The Activity Office generally will fax/email the purchase order to the vendor unless prior arrangements have been made with the Sponsor. Most vendors will accept a purchase order from the school district. This is the preferable method to order goods and services. Notify the Activity Secretary to set up new vendors not in the system. Include the name, address, phone number, purchase order email address, and fax number of the vendor.
2. After the ordered goods have been received the Activity Secretary should be notified. The Activity Secretary then receives the items in IVISIONS. No payments will be made unless all supporting documentation is attached. If applicable, a list of attendees for an event is required. Original invoices and receipts must be attached. Please keep copies for your records.
3. **Reimbursement requests** -please complete an Activity Request for Payment Form. This form should be completely filled out and forwarded to the Director of Student Activities or the Athletic Director for proper approval. The Activity Secretary will check to see if there are funds available in the account, and will then enter a requisition in IVISIONS for reimbursement. The requisition will then electronically go through the approval process. Once the Business Office approves the requisition, a purchase order will be created. No payments will be made unless all supporting documentation is attached. Credit card receipts must be detailed, showing what was purchased. Taxes will not be reimbursed.
4. **Cash Advance requests** - please complete an Advance Check Request Form. This form should be completely filled out and forwarded to the Director of Student Activities for initial approval. The Activity Secretary will check if there are funds available in the account and then enter a requisition in IVISIONS. The requisition will then go through an electronic process requiring Principal approval. Once the Business Office approves the requisition a purchase order will be created, and payment will be made. The check will be sent back to the building with a Cash Advance Memo. After the purchases are complete the receipts are to be returned to the Activity Secretary and attached to the requisition. Receipts must be detailed showing what was purchased. Taxes will not be reimbursed. Original receipts need to be attached to the Cash Advance Memo and sent to the Business Office. Please keep copies for your records.
5. Disbursement requests may be submitted at any time; however, the Business Manager will write checks once every other week. Student Activity Funds should, whenever possible, be spent for the benefit of those students currently in school who have contributed to the accumulation of such funds.
6. Allow sufficient time for requests for payments to be reviewed and processed. We understand that emergencies may occasionally occur and one may need a check processed immediately. Try to avoid "last minute" transactions as much as possible. However, if an emergency does occur or a check is required by a certain date, please email your request to the Business Manager.

Example Deposit Slip

THORNTON FRACTIONAL
HIGH SCHOOL DISTRICT 215
DEPOSIT SLIP

Date:

Event:

Club:

Sponsor:

Currency

Denomination	Quantity	Total
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		

Coin

Denomination	Quantity	Total
\$1.00		
.50		
.25		
.10		
.05		
.01		

Checks	Quantity	Total
Check Number		

Currency Total:

Check Total:

Coin Total:

Total Deposit =

COLLEGE RECRUITMENT FOR HIGH SCHOOL ATHLETES

1. All recruiters should report to the main office and sign in with the secretary.
2. The Athletic Director or the Athletic Director's secretary should be notified of the recruiter's presence.
3. Head coach will notify Athletic Director of any scheduled meetings with recruiters.
4. Recruiters will have access to any / all athletes in that sport.
5. All recruiting is done under NCAA recruiting guidelines; copies of which are given to the head coach of each sport.
6. Head coaches are to provide this information to athletes and parents if requested.
7. A room / office will be provided for the recruiter and athletes to speak with each other and discuss college athletics and academic programs.
8. If an athlete accepts a scholarship, and the head coach is informed, the head coach is to inform the Athletic Director.

NCAA RECRUITING RULES (<https://www.ncaa.org/student-athletes/future/recruiting>)

Recruiting

The NCAA supports student-athlete well-being by promoting a fair recruiting environment that limits intrusions into the lives of student-athletes and their families.

Recruiting happens when a college employee or representative invites a high school student-athlete to play sports for their college. Recruiting can occur in many ways, such as face-to-face contact, phone calls or text messaging, through mailed or emailed material or through social media.

[View a list of recruiting calendars for individual sports.](#)

[View a list of recruiting terms and related FAQs](#)

Recruiting terms

A **contact** happens any time a college coach says more than hello during a face-to-face meeting with a college-bound student-athlete or his or her parents off the college's campus.

An **evaluation** happens when a college coach observes a student-athlete practicing or competing.

A **verbal commitment** happens when a college-bound student-athlete verbally agrees to play sports for a college before he or she signs or is eligible to sign a National Letter of Intent. The commitment is not binding on the student-athlete or the school and can be made at any time.

When a student-athlete **officially commits** to attend a Division I or II college, he or she signs a **National Letter of Intent**, agreeing to attend that school for one academic year.

Campus visits

Any visit to a college campus by a college-bound student-athlete or his or her parents paid for by the college is an official visit. Visits paid for by student-athletes or their parents are considered unofficial visits.

During an official visit the college can pay for transportation to and from the college for the student-athlete, lodging and three meals per day for the student-athlete and his or her parents or guardians, as well as reasonable entertainment expenses including three tickets to a home sports event.

The only expenses a college-bound student-athlete may receive from a college during an unofficial visit are three tickets to a home sports event.

National Letter of Intent

A National Letter of Intent is signed by a college-bound student-athlete agreeing to attend a Division I or II college for one academic year. Participating colleges agree to provide financial aid for one academic year to the student-athlete as long as the student-athlete is admitted to the school and is eligible for financial aid under NCAA rules. Other forms of financial aid do not guarantee the student-athlete financial aid.

The National Letter of Intent is voluntary and not required for a student-athlete to receive financial aid or participate in sports. Signing a National Letter of Intent ends the recruiting process because participating schools are prohibited from recruiting student-athletes who have already signed letters with other participating schools.

A student-athlete who signs a National Letter of Intent but decides to attend another college may request a release from his or her contract with the school. If a student-athlete signs a National Letter of Intent with one school but attends a different school, he or she loses one full year of eligibility and must complete a full academic year at the new school before being eligible to compete.

[Learn more about the National Letter of Intent](#)

Division III Celebratory Signing Form

Division III institutions are permitted to use a standard, NCAA provided, non-binding celebratory signing form. A college-bound student-athlete is permitted to sign the celebratory signing form at any point, including high school signing events, after the student-athlete has been accepted to the institution. Institutions should keep in mind, however, that they are not permitted to publicize a student-athlete's commitment to the institution until the student-athlete has submitted a financial deposit (Bylaw 13.10.7).

To access the Division III celebratory signing form, Division III coaches and administrators can use the "My Apps" link on ncaa.org to navigate to LSDBi. Log in to LSDBi by clicking the "login" tab at the top of the screen and entering your single source sign on information. Once logged in, select the "resources" tab. Once on the "resources" tab, the celebratory signing form can be found under the "compliance" heading.

Recruiting calendars

NCAA member schools limit recruiting to certain periods during the year. Recruiting calendars promote the well-being of college-bound student-athletes and ensure fairness among schools by defining certain periods during the year in which recruiting may or may not occur in a particular sport.

During a **contact period**, a college coach may have face-to-face contact with college-bound student-athletes or their parents, watch student-athletes compete or visit their high schools and write or telephone student-athletes or their parents.

During an **evaluation period**, a college coach may watch college-bound student-athletes compete, visit their high schools and write or telephone student-athletes or their parents. However, a college coach may not have face-to-face contact with college-bound student-athletes or their parents off the college's campus during an evaluation period.

During a **quiet period**, a college coach may not have face-to-face contact with college-bound student-athletes or their parents and may not watch student-athletes compete or visit their high schools. Coaches may write or telephone college-bound student-athletes or their parents during this time.

During a **dead period**, a college coach may not have face-to-face contact with college-bound student-athletes or their parents and may not watch student-athletes compete or visit their high schools. Coaches may write and telephone student-athletes or their parents during

THORNTON FRACTIONAL HIGH SCHOOL DISTRICT 215
ATHLETIC/ACTIVITY CO-CURRICULAR PLEDGE 2024-25

This policy shall be applicable during the entire school year, including those times the student is not participating.

- 1. General Habits and Conduct:** I understand that by taking part in the athletic /co-curricular activity program I must meet the ideals for good sportsmanship, good conduct, and citizenship when in school events and in the community. I understand that it is a privilege to participate in athletics/co-curricular activities and that I should be committed to being a model student athlete/participant. I understand that athletics/co-curricular activities are designed to develop me physically, mentally, and socially. I understand that physical development is easy to understand and easy to see, but mental and social development are just as important and the hardest to develop.
- 2. Academic Eligibility:** *I understand that to be eligible for athletics/activities for semester 1, I must pass five classes the previous semester.* To be eligible for semester 2, I must pass five classes the previous semester. If not, I will be ineligible for the entire next semester. Also, I must maintain passing grades in five classes on a weekly basis. In addition, I must maintain a GPA of 2.0 at the end of the 1st, 2nd, 3rd and 4th nine week grading periods and at the conclusion of the 1st and 2nd semester in order to participate on an athletic team or extra-curricular club/organization. Failure to comply with this will cause me to become ineligible to participate in athletics/activities (i.e., athletic events-games, state band competition, club meetings, etc.). Failure to achieve a 2.0 GPA at the end of the 1st and 3rd quarter will result in me being ineligible until I have raised my cumulative GPA for the current semester to a 2.0 GPA or higher. I will be ineligible for a minimum of 1 week and must attend homework center. Failure to achieve a 2.0 GPA at the end of a semester will result in me being ineligible for a minimum of 3 weeks. If after the three-week period, I am achieving a cumulative GPA for the current semester of 2.0 or higher, I will regain my eligibility. During the week(s) I am ineligible, I must attend a mandatory study hall established to help with academics. I will be required to attend the homework session that has been established for Monday, Tuesday and Thursday from 3:30-4:30 p.m. Any missed study sessions must be made up before I can once again become eligible.
- 3. Physical Examination:** I understand that I must have a physical examination by a licensed physician before I can start practice or tryouts. I further understand that by participating in an athletic/co-curricular activity, I allow my physician(s) to release any information about my health condition and/or treatment to the school.
- 4. School Attendance:** I understand that I must be in attendance for at least half of the school day (two and one-half clock hours of instruction) in order to participate in practice or in a contest or activity. School-sponsored field trips and activities do not count as absences.
- 5. School Infraction:** Any school infraction which results in suspension from school will require that I be suspended from all athletics/co-curricular activities at least until I am properly reinstated in a timely fashion in school.
- 6. Alcohol & Tobacco Products:** I understand that if I use, possess, or sell any alcohol or tobacco product, I will be suspended from athletics/co-curricular activities for ten consecutive days. A repetition of such an incident will result in my suspension from all athletics/co-curricular activities for the remainder of the school year.
- 7. Possession, Sale or Use of Drugs:** I understand that if I am in possession of controlled substances, illegal drugs or drug paraphernalia or involved in the sale, purchase, or use of drugs (other than a valid prescription written for me and exclusively used by me), I will be suspended from any athletic/co-curricular activities for the remainder of the school year.
- 8. Stealing:** I understand that if I am involved in stealing of any nature, I will be suspended from athletics/co-curricular activities for the first incident for a minimum of ten consecutive days and will make restitution for anything stolen. A repetition of a similar incident will result in my suspension from all athletics/co-curricular activities for the remainder of the school year as well as being required to make restitution for anything stolen.
- 9. Destruction or Damage of Property:** I understand that any destruction or damage of property associated with a school activity or an athletic/co-curricular activity will result in my suspension for a minimum of ten consecutive days as well as payment of damages. A second such incident, or first if aggravated, will result in

my suspension from all athletics/co-curricular activities for the remainder of the school year as well as requiring me to pay for damages and restitution.

- 10. **Team/Activity Rules:** I understand that if I violate specific approved and distributed athletic/co-curricular activity rules other than those stated in this pledge, it will be handled by the coach/sponsor in charge of the athletic/co-curricular activity.
- 11. **Appeal of Suspension:** I understand that I have a right to appeal all suspensions. I must first appeal suspensions to the Athletic / Activity Director. Further appeal may be made to the Principal who may have the matter considered by an co-curricular review board designated by the Principal.
- 12. **Awards:** I understand that awards for athletics/co-curricular activities may be withheld, refused or cancelled, if I do not follow all the rules and regulations for a particular athletic/co-curricular activity, including these rules.
- 13. **Participating in One Athletic/Co-curricular Activity:** I understand that I should show loyalty to my athletic/co-curricular activity and coach/sponsor and fellow students by completing the season. If I quit an athletic/co-curricular activity during the season, without reasonable and approved cause, I cannot participate in another athletic/co-curricular activity unless the Athletic/Activity Director gives written permission.
- 14. **Medical Excuse:** I understand that if I am excused from physical education classes because of medical reasons, I may not compete in practice or interscholastic athletic competition until released by my physician.
- 15. **Service Learning:** I will demonstrate my commitment to the community by contributing no less than three hours of work to an approved activity. Service learning activities may include collection of food for the needy, meals or entertainment for the elderly, public property cleanup for the community, fund-raising for a charitable cause, or another worthy community project. All service learning must be approved by the Athletic/Activity Director.
- 16. **Uniform Modification:** I understand that I can modify my athletic/team uniform for the purpose of modesty in clothing or attire that is in accordance with the requirements of my religion, cultural values or modesty preferences. The modification of the uniform may include, but is not limited to, the wearing of a hijab, an undershirt or leggings. If I make alterations to the uniform, I understand that I am responsible for all costs associated with the modification and/or replacement of a school issued uniform.
- 17. This athletic/co-curricular activity pledge will affect my participation in a particular athletic/co-curricular activity for the entire school year.
- 18. I may not participate in any athletic/co-curricular activity until signed copies of this pledge and any athletic/co-curricular activity rules governing my conduct are on file with the Athletic/Activity Director.

I, _____, as a Thornton Fractional student, agree to abide by the preceding Athletic/Co-curricular Activity Pledge during the calendar year in which I am participating in an athletic/co-curricular activity. We, as his/her guardians, agree to encourage and help our child to abide by these rules while participating in the school athletic /co-curricular activity program.

Student

Date

Name of Sport or Activity

Parent / Guardian

Date

Coach

Date

EMERGENCY ACTION PLAN
Thornton Fractional South High School
18500 Burnham Ave. Lansing, IL

Purpose of Emergency Action Plan:

To provide TF South High School Athletics with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. Certified Athletic Trainers (ATC), coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Emergency Contacts:

The following is a list of important phone numbers needed in case of emergency:

Brittany Mitacek, ATC.....	630-291-4296
Gina Helbling, ATC.....	773-343-5873
Athletic Director (Marc Brewe).....	708-932-8607
Ambulance, Fire, Police.....	911
Principal (Lisa Bouler).....	708-828-8182

Information to be provided over the phone in case of emergency:

1. Name and phone number you are calling from
2. Exact location of emergency and directions (street names, buildings, landmarks, entry into building, specific areas, etc.)
3. Type of injury or illness
4. Condition of patient(s) and type of aid being provided
5. Number of people injured
6. Other information as requested and be the last one to hang up

ATC will make the decision to call EMS and will personally make the call or they may assign a responsible person to call. Local EMS should also have a map of campus to aid in the response of an emergency. A map is located at the end of this document.

Chain of Command:

ATC is in charge of emergency until EMS arrives. Coaches and student AT's are also available to assist ATC but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when ATC is not at games or practices the head coach is in charge until ATC or EMS arrive.

Responsibilities of Emergency Team Members:

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC or EMS arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital.

Environmental Conditions:

In case of lightning, referee or athletic director is responsible for the decision to stop the game. However, ATC can inform referee and/or athletic director of possible hazard. Heat issues are not usually a problem in this area except during summer pre-season practice, especially during football. Cold conditions are also a possibility in this area. ATC should be current on both heat and cold injuries signs and symptoms and be able to treat ill or injured athlete(s) accordingly.

EMERGENCY ACTION PLAN TFS CONTINUED

If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions by use of internet websites such as weather.com or local news website. ATC should also follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.

Emergency Care:

Apply basic emergency care as situation requires. Care might include:

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
 - a. AED, spine board, first aid kit
4. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - e. Treat for Shock – if necessary
5. Other things to consider during emergency situation:
 - a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

Documentation:

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit.

All medical records should be kept at the school and copies made to be brought along when traveling. Records left at school are kept in AD office and keys are held by custodians and AD.

EMERGENCY ACTION PLAN TFS CONTINUED

Procedures for Various Sport Locations at TF South High School:

Football Field/Track: In case of emergency, a cell phone will be used by ATC or coach to call EMS. ATC will give directions for EMS to the field and will instruct a coach to let them in the gate to get onto the field.

Baseball Field: In case of emergency, a cell phone will be used by ATC or coach to call EMS. ATC will give directions for EMS to the field and will instruct a coach to lead them onto the field area.

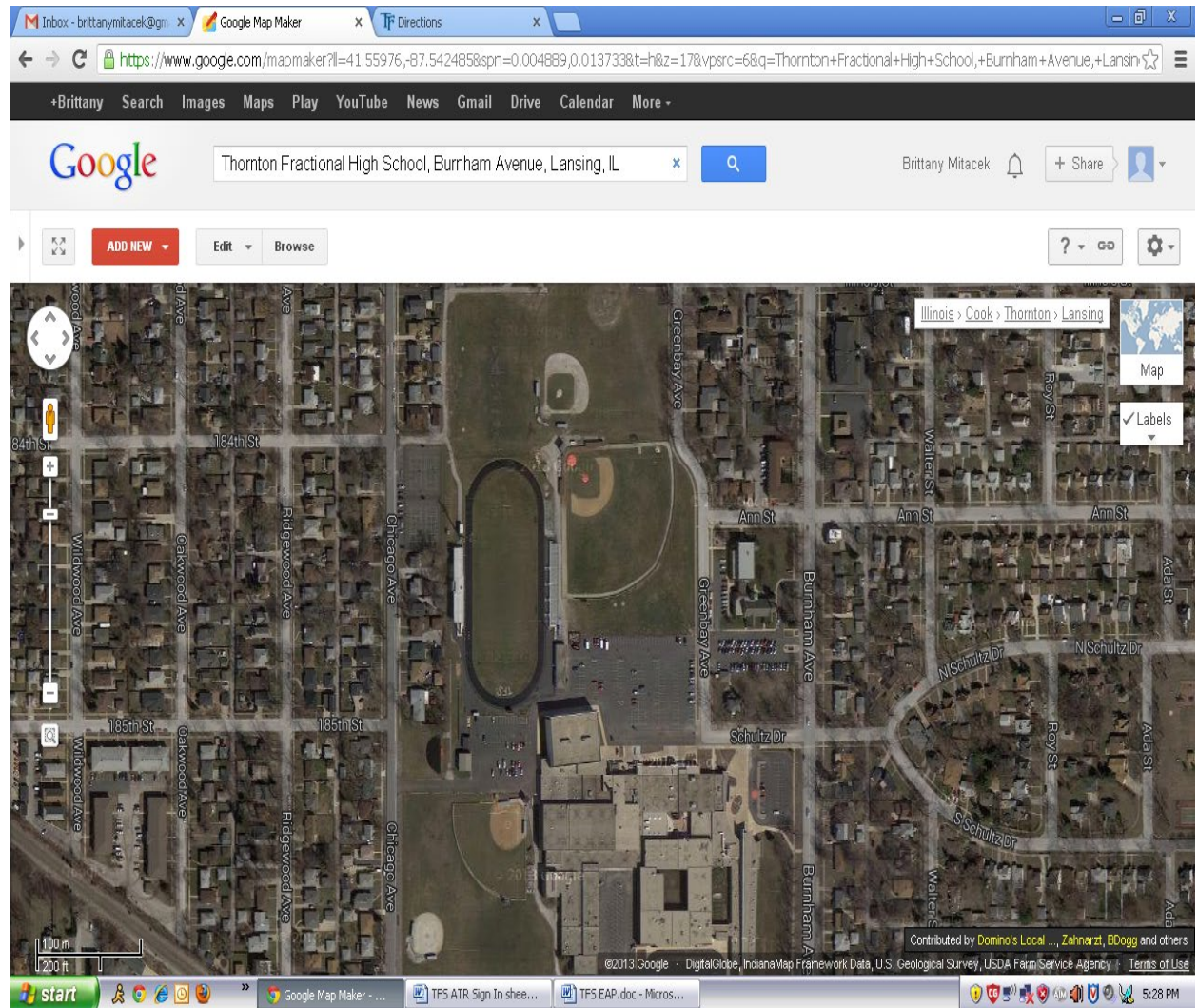
Softball Field: In case of emergency, a cell phone will be used by ATC or coach to call EMS. ATC will give directions for EMS to the field and a coach will direct them onto the field area.

Main Gym (RED) – Basketball, Volleyball, Badminton

In case of emergency a cell phone at the court will be used by ATC. ATC will give directions for EMS to the main gym at TF South High School if necessary. Someone will be assigned to meet EMS at the west entrance (W2) by the softball field. The main gym doors are located immediately inside those doors.

Gray Gym – Volleyball, Basketball, Wrestling, Badminton

In case of emergency a cell phone will be used by ATC to call EMS. ATC will give directions for EMS to Gray gym at TF South High School if necessary. Someone will be assigned to meet EMS at the east entrance (N11). They will guide EMS to the gray gym which is accessible though the lobby by the concession stand.



EMERGENCY ACTION PLAN
Thornton Fractional North High School
755 Pulaski Rd. Calumet City, IL

Purpose of Emergency Action Plan:

To provide TF North High School Athletics with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. Certified Athletic Trainers (ATC), coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Emergency Contacts:

The following is a list of important phone numbers needed in case of emergency:

Athletic Director (DeVale Stubbs)..... 708-275-8242
Ambulance, Fire, Police. 911
Principal (Brian Rucinski) 708-955-7072

Information to be provided over the phone in case of emergency:

1. Name and phone number you are calling from
2. Exact location of emergency and directions (street names, buildings, landmarks, entry into building, specific areas, etc.)
3. Type of injury or illness
4. Condition of patient(s) and type of aid being provided
5. Number of people injured
6. Other information as requested and be the last one to hang up

ATC will make the decision to call EMS and will personally make the call or they may assign a responsible person to call. Local EMS should also have a map of campus to aid in the response of an emergency. A map is located at the end of this document.

Chain of Command:

ATC is in charge of emergency until EMS arrives. Coaches and student AT's are also available to assist ATC but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when ATC is not at games or practices the head coach is in charge until ATC or EMS arrive.

Responsibilities of Emergency Team Members:

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC or EMS arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital. Per EMS guidelines, the student will be transported to the nearest hospital. For home events/practices, the nearest hospital is Franciscan Health Hammond, located at 5454 Hohman Ave, Hammond, IN 46320. In non-emergency situations, the ATC will discuss with the parents on how and where their athlete is cared for.

EMERGENCY ACTION PLAN TEN CONTINUED

Environmental Conditions:

In case of lightning, referee or athletic director is responsible for the decision to stop the game. However, ATC can inform referee and/or athletic director of possible hazard. Heat issues are not usually a problem in this area except during summer pre-season practice, especially during football. Cold conditions are also a possibility in this area. ATC should be current on both heat and cold injuries signs and symptoms and be able to treat ill or injured athlete(s) accordingly. If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions by use of internet websites such as weather.com or local news website. ATC should also follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.

Emergency Care:

Apply basic emergency care as situation requires. Care might include:

6. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
7. Call 911 now if necessary
8. Emergency equipment
 - a. AED, spine board, first aid kit
9. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - e. Treat for Shock – if necessary
10. Other things to consider during emergency situation:
 - a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

Documentation:

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit.

All medical records should be kept at the school and copies made to be brought along when traveling. Records left at school are kept in AD office and keys are held by custodians and AD.

EMERGENCY ACTION PLAN TFN CONTINUED

Procedures for Various Sport Locations at TF North High School:

Football Field/Track: In case of emergency, a cell phone will be used by ATC or coach to call EMS. ATC will give directions for EMS to the field and will instruct a coach to let them in the gate to get onto the field.

Baseball Field: In case of emergency, a cell phone will be used by ATC or coach to call EMS. ATC will give directions for EMS to the field and will instruct a coach to lead them onto the field area.

Softball Field: In case of emergency, a cell phone will be used by ATC or coach to call EMS. ATC will give directions for EMS to the field and a coach will direct them onto the field area.

Main Gym (Purple) – Basketball, Volleyball, Badminton

In case of emergency a cell phone at the court will be used by ATC. ATC will give directions for EMS to the main gym at TF North High School if necessary. Someone will be assigned to meet EMS at the south entrance (11-S) on 155th street. The main gym doors are located immediately inside those doors.

Gold Gym – Volleyball, Basketball, Wrestling, Badminton

In case of emergency a cell phone will be used by ATC to call EMS. ATC will give directions for EMS to Gold gym at TF North High School if necessary. Someone will be assigned to meet EMS at the auditorium entrance via the east side of the main parking lot (1-E). They will guide EMS to the gold gym which is accessible through the lobby by the concession stand.



SWIMMING POOL NORMAL OPERATING PROCEDURES

1. **Deck Level Pool**

- Dimensions: South: 75ft. x 32.5ft.
- Depths: 3ft shallow end to 9ft deep end
- Four lanes are marked by a solid black painted line

2 **Bather Load**

The maximum bather load for the pool:
South - 131 : 4 lanes

Procedures for Opening and Securing the Building

- Prior to a swimming lesson/training session, check that the changing room entrance doors are open.
- Once the Coach/Teacher and Poolside Supervisor are on poolside, the changing room doors to the pool will be opened.
- When the lesson/training session has finished, the Coach/Teacher will ensure all pupils have left the pool and lock the changing room and pool office to prevent unauthorized access to the pool.
- Prior to leaving the swimming pool, the Coach/Teacher will make the following checks:
 - That all pupils have left the pool through a head count and roster verification.
 - That the following doors are locked: changing rooms to pool, pool office to pool and all hallway doors leading to pool.

Emergency alarm and rescue equipment

Please refer to site plan for detailed location of emergency equipment.

Fire Alarms: (Diagram)

Access and Exit Routes: (Diagram)

Emergency Exits: (Diagram)

8 **First Aid Equipment**

The first aid box is located on the pool deck.

Emergency Telephone

The emergency telephone is located on the pool deck.

10. **Teachers Duties and Responsibilities**

Teachers and other staff involved in swimming activities must read and understand all relevant pool instructions and be familiar with the location of prior to working with students in and around the pool area:

- First aid equipment
- Rescue equipment
- Emergency telephone
- Fire alarm points

11. **Teachers to Pupil Ratios - these are a maximum as per Water Safety Instructor (WSI) recommendations:**

- Non-swimmers and beginners: A ratio of 15:1 for those unable to swim 20m unaided.
- Improving swimmers 13 years and over: A ratio of 20:1 providing all children can swim at least 20m competently on their back and front.
- Swim team practice/training sessions. Training with swimmers who can initially swim 100 yards continuously demonstrating breath control and rhythmic breathing. Training with swimmers who can swim 200 yards continuously demonstrating breath control and rhythmic breathing, after two weeks of practices. Candidates may swim using the freestyle, breaststroke or a combination of both but swimming on the back or side is not allowed. Swim goggles may be used. Junior Varsity 15:1 Varsity 20:1
- Minimum qualification for teaching staff is current WSI or LGI qualification.
- During curriculum swimming lessons, there must be at least two staff members on duty while there is a group of pupils in the pool area. One of the two staff members must hold the minimum qualification for teaching staff and will take charge of the lesson.
- During swim team practice/training, there must be one staff member on duty on poolside who will be the Lead Coach, subject to the swimmer to staff ratios stated above. In addition, a second adult/responsible person must be in attendance on poolside.
- All swim team members must be instructed in the procedures required to assist the member of staff in the event of an incident or accident. This instruction should be given and recorded at the start of each term.

A “programmed swimming session” is defined as:

- With formal structure
 - Disciplined
 - Supervised or controlled
 - Continuously monitored from the poolside
- In a recreational situation, the maximum ratio is 1 lifeguard to 15 swimmers with a minimum of two staff members on duty. One of whom must be the qualified lifeguard. Lifeguards must hold a current WSI or American Red Cross qualification which is applicable to water depth of at least 2 meters.

12. **Swimming Pool Equipment**

- All poolside equipment should be checked by a staff member prior to use. This might include:
 - Starting blocks, ensuring they are secure and in good condition.
 - Lane ropes, ensuring they are properly tensioned and the cables are not damaged.
 - Training aids, such as kick boards, pull buoys, floats etc. ensuring they are in good condition. These must be allowed to dry before being stored away.
 - Faulty or damaged equipment should not be used and instead, reported to the Assistant Principal of Instruction or Athletic Director.

13. **Lease of Pool to Outside Organizations:**

Checklist of points for inclusion in contract and operating rules:

- Information on numbers and age of those participating and their swimming abilities.
- Name of lessee's representative who will be in charge of the group.
- Numbers and qualifications of swimming teachers/lifeguards to be present during swimming sessions.
- Lessee to be given copies of Normal Operating Procedures and Emergency Action Plan and to sign to the effect that these have been read and understood.
- Rules of behavior to be enforced during the session.
- Safety guidelines to be given to each group of participants.

Details of responsibility in the event of an emergency:

See Emergency Action Plan

14. **Review**

- The policy will be reviewed annually in August and January.

SWIMMING POOL: EMERGENCY ACTION PLAN

Introduction

The following procedures are set so that all staff and facility renters are able to react to an emergency situation with confidence and efficiency. The object of these procedures is to ensure that all staff and facility renters are familiar with their role and the role of other members of staff if an emergency evacuation of the pool is required.

The evacuation procedure is used in situations such as fire, gas escape and bomb scare. Other situations that may arise requiring evacuation may include power/lighting failure, structural failure, etc. This decision will be made by the supervising staff or coach.

All staff who are involved in providing curriculum swimming lessons and club, squad, training sessions and lessees must ensure that they have read and understand the Normal Operating Procedures and Emergency Action Plan before using the swimming pool facility, and must sign to that effect.

1. Disorderly Behavior

- All swimmers must behave in an orderly manner and obey instructions given by their swimming teacher. Any pupil who fails to adhere to these instructions will be sent out of the pool area and disciplined accordingly.

2. Lack of Water Clarity

- Swimming will not commence if the clarity of the water is poor. Teaching staff must be able to clearly see the bottom of the deep end of the pool.

3. Swimmers in Serious Difficulty

The swimming teacher will immediately initiate an emergency action plan by blowing the whistle 3 consecutive times while the second staff member will quickly clear the pool.

- Identify someone to dial 8-911 for an ambulance as necessary.
- If a spinal injury is suspected, the rescuing lifeguard provides in-line stabilization using the head splint technique and swims with the victim toward the side of the pool. The assisting responder on deck brings the backboard to the edge of the water and removes the head immobilizer, placing it within reaching distance, rescuing lifeguard will backboard victim using straps and head immobilizer. Working together, the lifeguard and responder pull and push the backboard onto the deck, then begin to assess the victim's condition and provide the appropriate care.
- An internal incident report must be completed as soon as possible after the event.

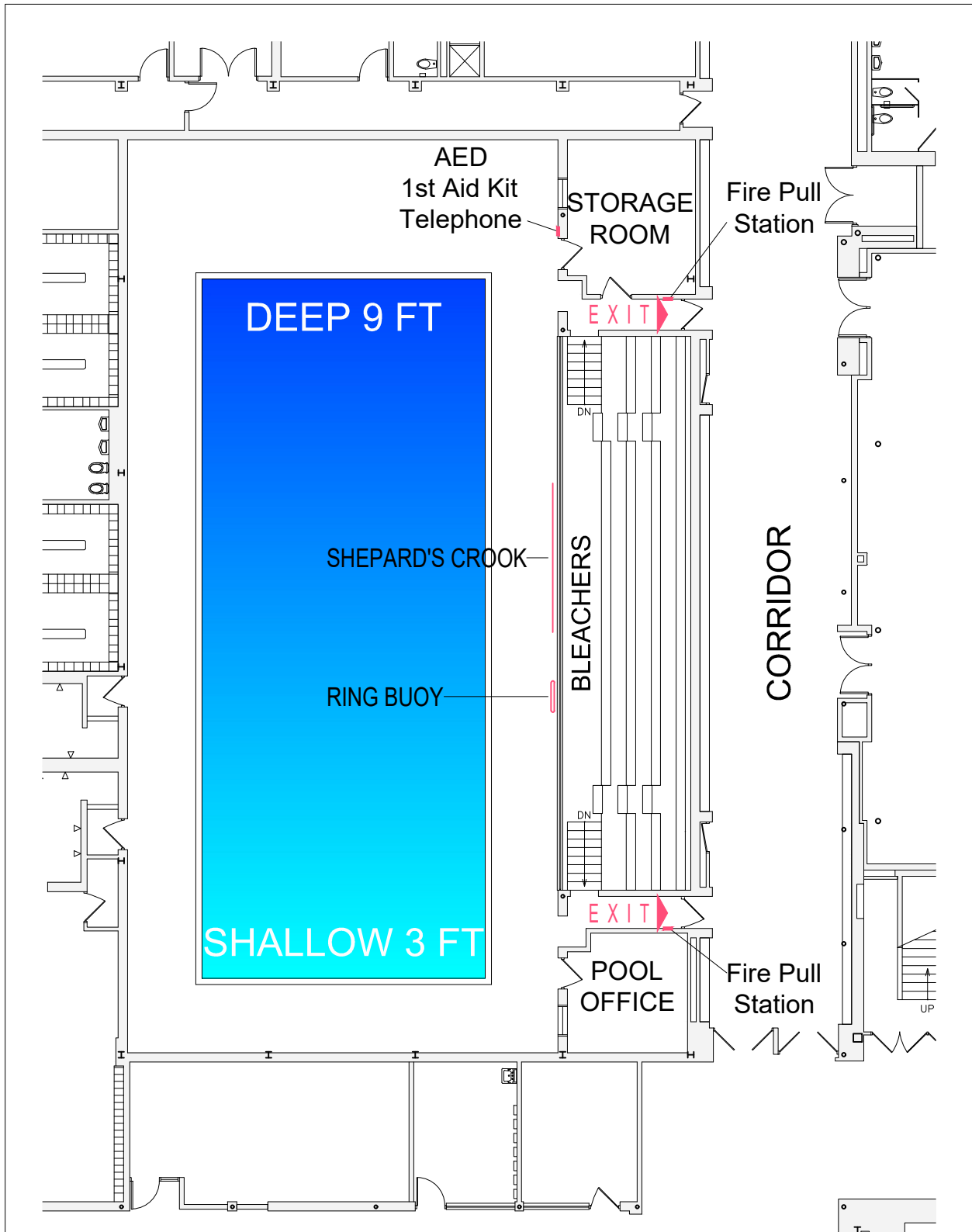
4. Discovery of an Unconscious Swimmer in the Water

- Immediately initiate a rescue while the second staff member clears the pool.
- Identify someone to dial 8-911 for the ambulance service.

5. Reporting Procedure in the event of an accident /incident

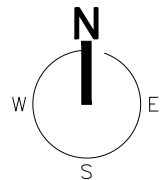
Statutory obligation

- In accordance with Illinois Department of Public Health (IDPH) all drownings and injuries/illnesses that require hospitalization require a report to be filed with IDPH.

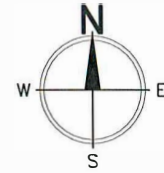





MAXIMUM BATHER LOAD 131

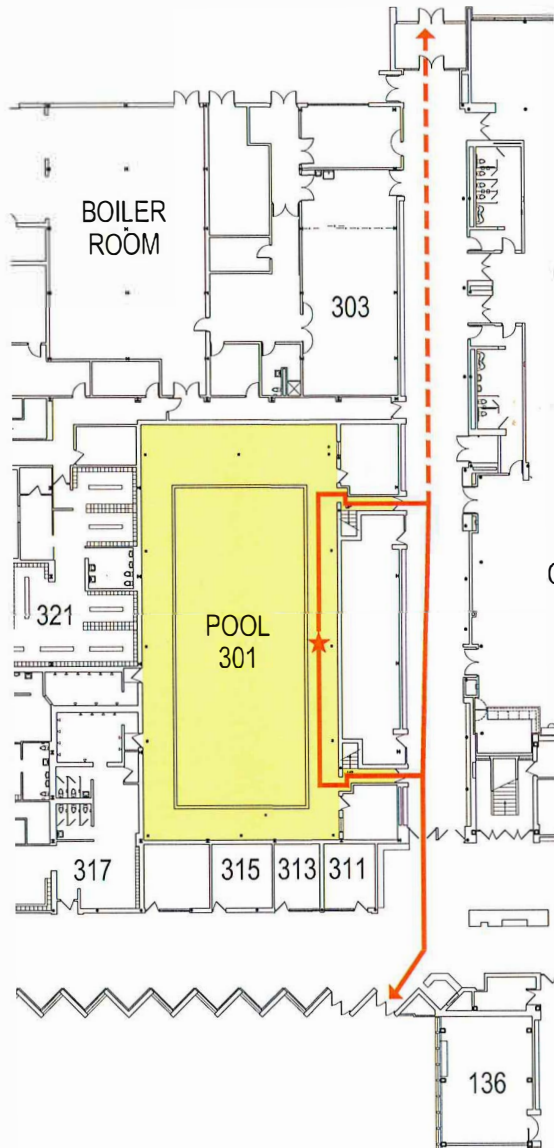
THORNTON FRACTIONAL SOUTH POOL DIAGRAM



THORNTON FRACTIONAL SOUTH FIRST FLOOR PLAN



-  YOU ARE HERE
-  PRIMARY EXIT ROUTE
-  SECONDARY EXIT ROUTE





Thornton Fractional

SCHOOL DISTRICT 215

Thornton Fractional Township High School District 215

Concussion Protocol and Guidelines 2024-25

INTRODUCTION

This document represents the High School District 215 policy and procedure manual for concussion management with TFD 215 students. It has been derived from consultation with agencies such as the Illinois High School Association, the federal Centers for Disease Control and Prevention, local Athletic Trainers association, national neuropsychology experts, TFD 215 specialty-trained staff, and community medical professionals. This document is also an update of the current policies and procedures that reflects recent Illinois state law requirements for schools to implement Return to Learn as well as Return to Play guidelines that are designed to support the student with concussion and maximize full recovery and quality of life (Youth Sports concussion Act 2015, Public Act 099-0245).

The purpose of this document is to:

- 1) Create a central place where TFD 215 policies and procedures are codified.
- 2) Explain the role and make-up of the TFD 215 Concussion Management Team (CMT).
- 3) Define key terms associated with concussion and its management.
- 4) Describe the procedures for reporting a concussion and follow-up.
- 5) Provide forms and information that can be duplicated and distributed to concerned parties.
- 6) Describe the general features of good concussion management.
- 7) Provide resources and forms for the CMT, including students, parents, and professionals.
- 8) Provide information for TFD 215 staff development and training regarding procedures following a concussion.

Definition of Concussion

A concussion is an injury to the brain that results in a temporary loss in brain function. A concussion can be caused by either a direct blow to the head, neck, face or somewhere else on the body that causes force to be transmitted to the head. It is also characterized by the rapid onset of cognitive impairment. In some cases, symptoms and signs may evolve hours after the initial injury. A concussion may result in neuropathological changes, but abnormality is often not seen on standard imaging studies. The effect of a concussion can vary from student to student with a graded set of symptoms that may or may not involve a loss of consciousness. Recovery time can vary greatly from case to case, but typically lasts from 1-4 weeks if the process of treatment and recovery is managed well.

After sustaining a concussion a student may experience different kinds of symptoms. Figure 1 summarizes these symptoms and classifies them into four main types: cognitive, physical, emotional, and sleep. Every student is unique and their symptoms of a concussion will also be unique, including some or even all of the symptoms in the figure below. It is the job of the Concussion Management Team (comprised of TFD 215 staff, local medical professionals, and the family) to work with the student to identify and manage the symptoms so that the concussion will resolve quickly and comfortably.

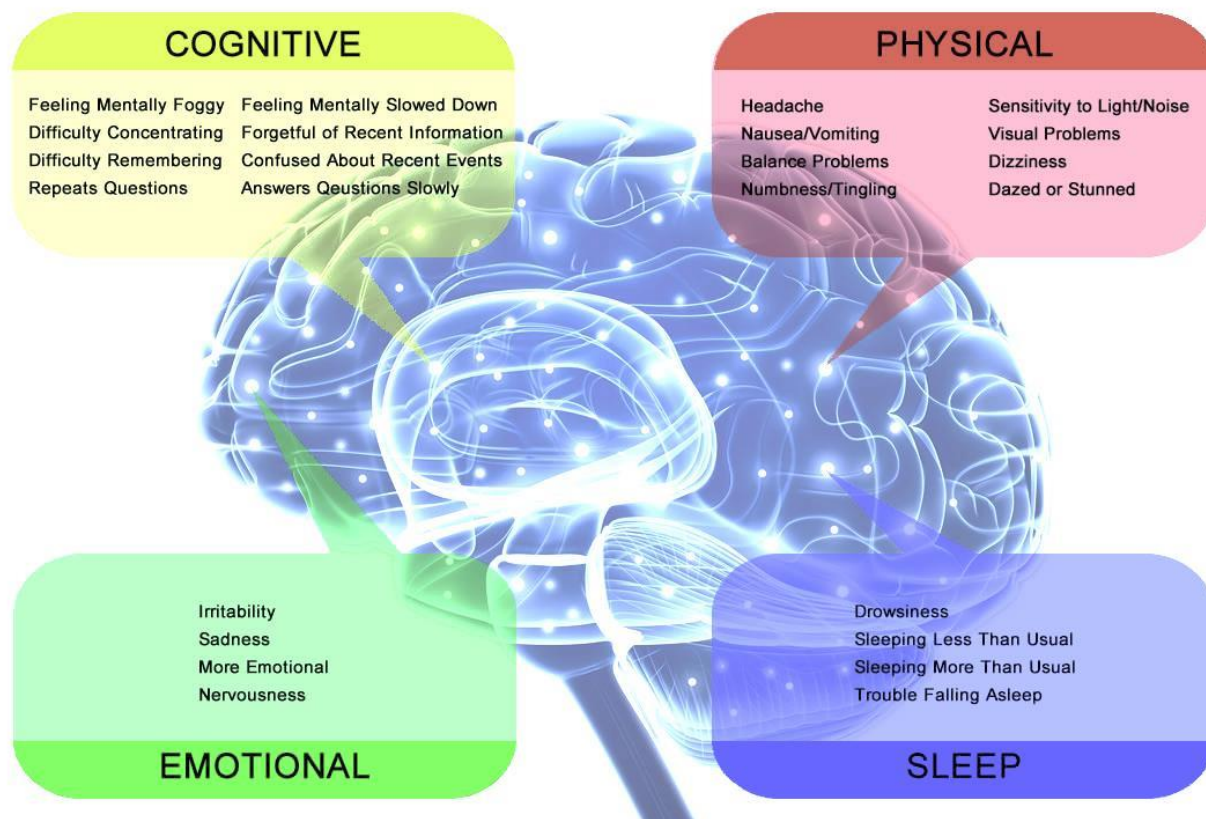


Figure 1: Symptoms associated with concussion

Image retrieved from Advanced Vision Therapy website: <http://www.advancedvisiontherapycenter.com>

Information provided by Centers for Disease Control and Prevention Signs and Symptoms Fact Sheet (www.cdc.gov)

With the Concussion Management Team working together, the student will be surrounded and supported by individuals who understand the symptoms of concussion and know how to teach him or her how to balance periods of rest with periods of activity--good recovery requires both-- and also requires that the student recognizes what to do when symptoms get worse or return after exertion.

THE CONCUSSION MANAGEMENT TEAM

The Concussion Management Team (CMT) is really comprised of four mini-teams that surround the student who has sustained a concussion. These teams interact and work together so that the student can be one of the approximately 80% of children/adolescents who obtain complete recovery in the 1-4 weeks post injury. Successful recovery from a concussion requires that the student is surrounded by family and professionals who communicate frequently, who are knowledgeable about what to do in the early days, are calm and supportive, assist the student in managing exertion and rest balance, and who are all working together to empower the student to take charge of his or her own successful recovery.

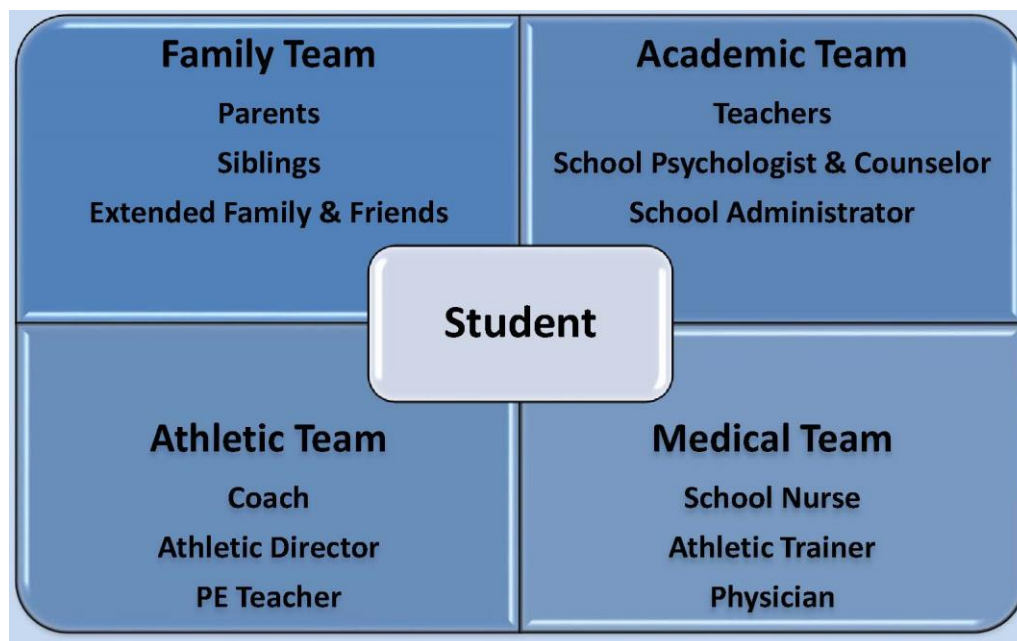


Figure 2. Concussion Management Team (CMT)

Adapted from Lurie Children's Hospital of Chicago
Return to Learn after a Concussion: A Guide for Teachers and School Professionals

In general, when the concussion first occurs, the medical team works very closely with the family team to make sure that the student is medically stable and that he or she and their family know what to do at home right away. In the first few days the family and medical team usually inform and work with the academic team to manage expectations about how long the student will be out of school and when and how the return to school could be managed. If the student is an athlete, then the athletic team will also be involved with informing the family and other staff, and about how to anticipate or manage return to play.

Further Considerations for Students and Student-Athletes

The CMT will assist students in receiving support through the appropriate resources at their respective schools. Recommendations regarding altering and/or limiting schoolwork, allowing breaks throughout the day, and excused absences will be made by the CMT and District 215 staff on a case-by-case basis. Student-athletes that have been diagnosed with a concussion are to be removed from any and all physical activity and activities that exacerbate symptoms, including but not limited to: show choir, band, and PE class. Students will be allowed to visit the school nurse to rest when symptoms are activate during the school day. Ongoing monitoring and reassessment of activities will be made based on present symptoms and individual progress.

KEY CONCUSSION CONCEPTS AND TERMS

Before describing the procedures associated with concussion management it is important to describe what is meant by various key terms that will be used frequently during care.

Key Concepts	
Return to School	A general concept that means that the student is <i>free from all symptoms</i> during academic and sports activities and normal routines are reestablished
Return to Learn	Goal of <i>full academic activities</i> with no symptoms
Return to Play	Goal of <i>full academic and physical/sports</i> activities with no symptoms
Cognitive Activity	Any activity that involves <i>mental stimulation</i> ; includes social interactions, reading, video games, television, writing, music
Cognitive Rest	Limiting cognitive activities to <i>prevent</i> symptoms from surfacing
Tolerance of Activities	Tolerating certain activities post-concussion means participating without <i>exacerbating</i> symptoms

Returning to School

Returning to School is a concept that goes beyond the student just attending school, or going back to school after a day of rest. A full return to school means that the student is symptom free for at least 12-24 hours from any symptoms caused by academic, cognitive, emotional or physical activity. There are two main components for a full Return to School: Return to Learn and Return to Play.

Return to Learn (RTL) is the gradual process of recovery and reentry to academic studies following concussion, while **Return to Play (RTP)** is the process of returning to athletic activities post-concussion. Although the concept of RTP may be more widely known, Illinois law (Public Act 099-0245) states that a protocol for RTP *and* RTL needs to be established within all schools. Furthermore, a student cannot return to the classroom until the RTL protocol has been met and cannot return to interscholastic athletics unless *both* protocols have been met (regardless if the concussion took place within the school setting or during interscholastic athletic activities). These protocols are meant to protect students and if strictly followed, have been successful for preventing future injury and excessive time spent out of school and sports. In fact, if these protocols are followed successfully, research (Master, Gioia, Leddy, & Grady, 2012) has shown that it shortens time away from school and sports. RTL and RTP provide a safe and methodical way for students to return to normal, pre-injury activities as quickly as possible.

GUIDELINES FOR RETURN TO LEARN

Below is a table outlining stages of recovery that help a student with a concussion balance rest and tolerance of activities. The student and CMT work together through all stages of Return to Learn.

Table 1. Guidelines for Return to Learn

Stage	Activity	Next Steps
1. No school/limited cognitive activity	Cognitive rest and good sleep	Able to tolerate activities without symptoms for 12-24 hours? Yes- Continue to stage 2 No- Continue rest and monitoring
2. Gradual reintroduction of daily activities; “not too much, not too little”	Slowly lift previous restrictions on activities and add them back for short periods of time (5-15 minutes at a time)	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 3 No – Return to stage 1
3. Cognitive tasks at home	Assignments, Reading, screen time, on devices in longer increments (20-30 minutes at a time) at home	Able to tolerate activities without symptoms for 12- 24 hours? Yes - Continue to stage 4 No – Return to stage 2
4. Modified (if applicable) school return	Flexible school schedule with accommodations after tolerating 1-2 cumulative hour (20-30 minute increments) of homework at home	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 5 No – Return to stage 3
5. Full reintegration into school	Increase to full day of school (without physical education) and include accommodations.	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 6 No – Return to stage 4
6. Resume pre-injury school schedule and activities	*Resume full academic/cognitive workload without adjustments (or return to normal, pre-injury scheduling)	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue with stage 6 and begin <i>Return to Play</i> guidelines if returning to athletic/physical education activities No – Return to stage 5

*Excludes physical education. Plans to return to physical education will be made by the CMT on a case-by-case basis.

Source: Adapted from Master, C.H., Gioia, G.A., Leddy, J.J., & Grady, M.F. (2012). Importance of “return to learn” in pediatric and adolescent concussion. *Pediatric Annals*, 41(9), 1-6.

MANAGING THE RETURN TO SCHOOL PROCESS

Following a concussion, there should be an ongoing process of assessing, intervening, and monitoring between school personnel and healthcare providers. Although school adjustments need to be made on a case-by-case basis, the general process of returning to school involves a delicate balance of rest and tolerance of activities. It is important to get plenty of sleep and rest while recovering from concussion. However, it is also important to gradually incorporate daily activities while managing exertion levels. If symptoms surface, such as headaches and/or fatigue, the student must limit the current activity. For example, a student may only be able to attend a few classes per day instead of an entire school day, depending on presenting symptoms. As symptoms decrease, the student can continue to gradually return to school activities, although school accommodations may still be necessary. With support from members of the CMT, the student should learn about monitoring symptoms and working to tolerable limits. The concept of “not too little, not too much” in regards to activity levels has been shown to speed the recovery process and prevent further injury.

Acute Concussion Evaluation Care Plan (Appendix 1)

How does the CMT manage the Return to School process? The Acute Concussion Evaluation (ACE) Care Plan is the central document that the CMT follows. The ACE is a document designed to help with the recovery process and provide information about a student’s progress toward recovery. The CMT can refer to the ACE as an informational guide and progress monitoring tool after a student has received a concussion. The form provides data regarding the student’s present symptoms and will assist in treatment planning and accommodations for school and home.

ACADEMIC ACCOMMODATIONS FOR POST-CONCUSSION

For students returning to school post-concussion, academic accommodations may help in reducing the cognitive load and facilitating Return to Learn. Adjustments made to the school schedule, work assignments, and how information is presented will help optimize recovery time and minimize post-concussion symptoms. Below are various school accommodations that may benefit students during recovery.

Attendance

- No school for _____ school day(s)
- Part time attendance for _____ school day(s) as tolerated
- Full school days as tolerated
- Tutoring homebound/in school as tolerated
- No school until symptom free or significant decrease in symptoms

Breaks

- Allow student to go to the nurse's office if symptoms increase
- Allow student to go home if symptoms do not subside

Visual Stimulus

- Allow student to wear sunglasses in school
- Pre-printed notes for class material or note taker
- No smart boards, projectors, computers, TV screens, or other bright screen
- Enlarged font when possible

Auditory Stimulus

- Allow student to leave class 5 minutes early to avoid noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, text to speech programs)

Workload/Multi-tasking

- Reduce overall amount of make-up work, class work, and homework when possible
- No homework
- Limit homework to _____ minutes a night
- Prorate workload when possible

Testing

- No testing
- Extra time to complete tests
- No more than one test a day
- Oral testing
- Open book testing

Physical exertion

- No physical exertion/athletics/gym
- Begin Return to Play guidelines prior to returning to gym or athletics

Source: Adapted from Ann & Robert H. Lurie Children's Hospital of Chicago – Return to Learn after a Concussion: A guide for Teachers and School Professionals

STUDENT ATHLETES AND RETURN TO PLAY

Once students can tolerate all pre-injury academic activities and schedules, they may then consider returning to athletic activities. The RTP protocol in Table 2 outlines special considerations for students and student-athletes returning to physical activities and sports activities and further explains the concept of Return to Play. The athletic and medical teams are primarily responsible for monitoring the Return to Play protocol and also return to PE or other organized physical activities.

Table 2. Guidelines for Return to Play

Stage	Activity	Next Steps
1. Complete Guidelines for Return to Learn	Resume full academic/cognitive workload without adjustments (or return to normal, pre-injury scheduling)	Able to tolerate activities without symptoms for 12-24 hours? Yes – continue to stage 2 No – Return to Stage 5 of <i>Return to Learn</i>
2. Light aerobic exercise	Walking, swimming, stationary cycling (Heart rate: <70% for 15 mins)	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 3 No – Return to stage 1 with physical rest and monitoring
3. Sport specific Exercise	Skating drills, running drills, cycling (Heart rate: <80% - 45 mins) *NO head impact activities	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 4 No – Return to stage 2 and monitoring
4. Non-Contact training drills	Progress to complex training drills, resistance training, increased exercise, coordination, and attention (Heart rate: <90% - 60 mins)	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 5 No – Return to stage 3 and monitoring
5. Full Contact Practice with Caution	With medical clearance, return to normal training activities	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue to stage 6 No – Return to stage 4
6. Resume pre-injury athletic activities	Normal game play with monitoring and increased awareness of further injury	Able to tolerate activities without symptoms for 12-24 hours? Yes – Continue stage 6 and normal scheduling/activities No – Return to stage 5

Source: Adapted from Consensus Statement on Concussion in Sport 3rd International Conference in Sport held in Zurich, November 2008.

Clearance to Play and Required Forms

The Illinois High School Association (IHSA) **Post-Concussion Consent Form (Appendix 3)** needs to be completed by a physician, parent/guardian, and the student as part of clearance to Return to Play. Final clearance and Return to Play will be the decision of the team Physician of the respective school and/or the Athletic Trainer of that school. Furthermore, TFD 215 Athletic Trainers and administration reserve the right to exclude any student-athlete from participation in sport *in any capacity* and recommend specific academic accommodations until the student-athlete has completed all requirements of the TFD 215 Concussion Protocol.

COGNITIVE AND STABILITY TESTING FOR RETURN TO PLAY

The Sport Concussion Assessment Tool (SCAT5) is a standardized tool for evaluating injured athletes for concussion and can be used in athletes 13 years and older. It is a screening evaluation tool designed for use only by qualified first responders or medical professionals. It will be administered at the time of injury to all athletes suspected of sustaining a concussion, and administered again once the athlete reports he/she is symptom free in order to assess symptoms and neurocognitive abilities.

The SCAT3 incorporates the Balance Error Scoring System (BESS), a portable, cost-effective, and objective method of assessing static postural stability. Information obtained from this clinical balance tool can be used to assist clinicians in making return to play decisions following mild head injury.

ImPACT Testing

1. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.
2. Neuropsychological testing is utilized to help determine recovery after concussion.
3. Athletes in collision and contact sports are required to take a baseline test prior to participation their freshman year and every two years from the initial test.

Athletes must have a test score within normal limits to their baseline before progressing in the return to play process.

Concussion Identification and Intervention Procedures

1. A concussion will be identified when an athlete displays one or more of the following clinical domains:
 - a. Physical sign (loss of consciousness, amnesia, etc.)
 - b. Emotional/Behavioral changes
 - c. Cognitive impairment
 - d. Sleep disturbances
2. The student-athlete will be evaluated by the athletic trainer or a licensed health care professional, using the SCAT5.
3. The patient should be monitored for deterioration and given proper education on what should happen if the condition deteriorates. In the event that the athlete shows signs of deterioration, immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:
 - Deterioration of neurological signs such as motor, sensory and cranial nerve deficits subsequent to initial on-field assessment
 - Deteriorating level of consciousness or loss of consciousness
 - Persistent vomiting
 - Post-concussion symptoms that worsen
4. Following identification by the athletic trainer, the athletic trainer will notify the parents of the student-athlete of their child's condition.

COGNITIVE AND STABILITY TESTING CONTINUED

5. A member of the CMT, most likely the athletic trainer or the school nurse, will notify the school's athletic director and the other CMT members that the student-athlete has been identified with a concussion.
6. Information regarding physicians who specialize in concussion management in the area of each respective school will be given to the athlete and the athlete's parents following diagnosis.
7. The student-athlete will then enter the care of a physician, preferably one that specializes in concussion management. The athlete should be monitored by a licensed health care professional and the CMT as he/she begins the Guidelines for Return to Learn (RTL) and Return to Play (RTP). See appendix for *Acute Concussion Evaluation (ACE) Care Plan*.
8. Each stage of the Guidelines for RTL and RTP is separated with 12-24 hours of no signs or symptoms in between. As the student-athlete progresses through the stages, he/she must not have a return of any symptoms in order to continue to the next stage. If symptoms surface, current activities should be reassessed and/or modified by the CMT and the student-athlete should only begin the next stage once he/she has been symptom free for at least 12-24 hours.

References

- Advanced Vision Therapy (2015). Retrieved from <http://www.advancedvisiontherapycenter.com>
- Ann & Robert H. Lurie Children's Hospital of Chicago, Institute for Sports Medicine (2011). Return to learn after a concussion: A guide for teachers and school professionals. Retrieved from https://www.iesa.org/documents/general/IESA-Lurie_RTL_Guide.pdf
- Centers for Disease Control and Prevention. Heads up to schools: know your concussion ABCs. Retrieved from http://www.cdc.gov/concussion/pdf/TBI_factsheet_TEACHERS-508-a.pdf.
- Master, C.H., Gioia, G.A., Leddy, J.J., & Grady, M.F. (2012). Importance of "return-to-learn" in pediatric and adolescent concussion. *Pediatric Annals*, 41(9), 1-6.
- McAvoy, K. (2012). Return to learning: Going back to school following a concussion. *NASP Communique*, 40(1), 23-25.
- McCrory, P., Meeuwisse, W., Johnston, K., Dvorak, J., Aubry, M., Molloy, M. & Cantu, R. (2009). Consensus statement on concussion in Sport: the 3rd International Conference in Sport held in Zurich (2008), *Br J of Sports Med* 2009; 43 76-84 doi: 10.1136/bjism.2009.058248
- Schoenberg, M. R., & Scott, J. G. (2011). *The little black book of neuropsychology: A syndrome-based approach*. New York, NY: Springer Science+Business Media.
- Youth Sports Concussion Safety Act, 105 ILCS 5/22-80. 099-0245. (2015).

CONCUSSION RESOURCES APPENDIX:

APPENDIX 1: ACUTE CONCUSSION EVALUATION (ACE) CARE PLAN

APPENDIX 2: IHSA CONCUSSION INFORMATION

APPENDIX 3: IHSA POST-CONCUSSION CONSENT FORM

APPENDIX 4: SPORTS CONCUSSION ASSESSMENT TOOL (SCAT 5)

APPENDIX 5: DISTRICT 215 POLICIES



ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN

Gerard Gioia, PhD¹ & Micky Collins, PhD²
¹Children's National Medical Center
²University of Pittsburgh Medical Center

Patient Name: _____
 DOB: _____ Age: _____
 Date: _____ ID/MR# _____
 Date of Injury: _____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).				_____ No reported symptoms
Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following

Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
 - Increased problems paying attention or concentrating
 - Increased problems remembering or learning new information
 - Longer time needed to complete tasks or assignments
 - Greater irritability, less able to cope with stress
 - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

~Continued on back page~

SCHOOL VERSION

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: *(check all that apply)*

- No return to school. Return on (date) _____
- Return to school with following supports. Review on (date) _____
- Shortened day. Recommend ___ hours per day until (date) _____
- Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by _____%. Maximum length of nightly homework: _____ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time

Gradual return to sports practices under the supervision of an appropriate health care provider.

- Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
- Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, stop these activities and let your health care professional know. Once you have not experienced symptoms for a minimum of 24 hours and you receive permission from your health care professional, you should start again at the previous step of the return to play plan.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e.,). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

- Return to this office. Date/Time _____
- Refer to: Neurosurgery _____ Neurology _____ Sports Medicine _____ Physiatrist _____ Psychiatrist _____ Other _____
- Refer for neuropsychological testing
- Other _____

ACE Care Plan Completed by: _____ **MD RN NP PhD ATC**

© Copyright G. Gioia & M. Collins, 2006

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
--	---

Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness
--



Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 7/1/2011 Reviewed 4/24/2013, 7/16/2015, July 2017



Post-concussion Consent Form (RTP/RTL)



Date _____

Student's Name _____ Year in School 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only

Written statement is included with this consent from treating physician, advanced practice nurse (APN), physician assistant (PA) or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date _____

Date _____

SCAT5®**SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION**DEVELOPED BY THE CONCUSSION IN SPORT GROUP
FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by

**FIFA**®**FEI****Patient details**

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. It should not be altered in any way, re-branded or sold for commercial gain. Any revision, translation or reproduction in a digital form requires specific approval by the Concussion in Sport Group.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be **REMOVED FROM PLAY**, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should **NOT** be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed Observed on Video

	Y	N
Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS²

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

	Y	N
What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

STEP 4: EXAMINATION

GLASGOW COMA SCALE (GCS)³

Time of assessment			
Date of assessment			
Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest , does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport / team / school: _____

Date / time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

	Yes	No
Hospitalized for a head injury?		
Diagnosed / treated for headache disorder or migraines?		
Diagnosed with a learning disability / dyslexia?		
Diagnosed with ADD / ADHD?		
Diagnosed with depression, anxiety or other psychiatric disorder?		

Current medications? If yes, please list:

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

2

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: Baseline Post-Injury

Please hand the form to the athlete

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	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 slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6

Total number of symptoms: _____ of 22

Symptom severity score: _____ of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

Please hand form back to examiner

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)⁴

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score	of 5	

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
Digits Score: _____ of 4					

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0	1
Months Score	of 1	
Concentration Total Score (Digits + Months)	of 5	

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom checklist) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

Which foot was tested (i.e. which is the non-dominant foot) Left Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	_____ of 10
Single leg stance (non-dominant foot)	_____ of 10
Tandem stance (non-dominant foot at the back)	_____ of 10
Total Errors	_____ of 30

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started _____

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: _____ of 5 or _____ of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

Yes No Unsure Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

Yes No Unsure Not Applicable

If re-testing, has the athlete improved?

Yes No Unsure Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.

CLINICAL NOTES:

Name: _____
DOB: _____
Address: _____
ID number: _____
Examiner: _____
Date: _____



CONCUSSION INJURY ADVICE

(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

- 1) Avoid alcohol
- 2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:
 - a) Avoid sleeping tablets
 - b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics
- 3) Do not drive until cleared by a healthcare professional.
- 4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: _____
Patient's name: _____
Date / time of injury: _____
Date / time of medical review: _____
Healthcare Provider: _____

© Concussion in Sport Group 2017

Contact details or stamp

INSTRUCTIONS

Words in *Italics* throughout the SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep item is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if sleep item is omitted, which then creates a maximum of 21x6=126.

Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order." The words must be read at a rate of one word per second.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

Concentration

Digits backward

Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

Say: *"I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."*

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Modified Balance Error Scoring System (mBESS)⁵ testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)⁵. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only

one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

Balance testing – types of errors

- | | | |
|---------------------------------|---|---|
| 1. Hands lifted off iliac crest | 3. Step, stumble, or fall | 5. Lifting forefoot or heel |
| 2. Opening eyes | 4. Moving hip into > 30 degrees abduction | 6. Remaining out of test position > 5 sec |

"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

Finger to Nose

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

References

1. McCrory et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017 (available at www.bjsm.bmj.com)
2. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine 1995; 5: 32-33
3. Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181
5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, **medically managed exercise progression, with increasing amounts of exercise.** For example:

Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

General Personnel

5:100 Staff Development Program

Please refer to the applicable collective bargaining agreement(s).

For employees not covered by a current applicable bargaining agreement:

The Superintendent or designee shall implement a staff development program. The goal of the program shall be to update and improve the skills and knowledge of staff members in order to achieve and maintain a high level of job performance and satisfaction. Additionally, the development program for licensed staff members shall be designed to effectuate any School Improvement Plans so that student learning objectives meet or exceed goals established by the District and State.

Abused and Neglected Child Reporting Act (ANCRA) and *Erin's Law* Training

The staff development program shall include the Abused and Neglected Child Reporting Act (ANCRA) mandated reporter training and training on the awareness and prevention of child sexual abuse and grooming behaviors (*Erin's Law*) as follows (see Board policies 4:165, *Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors*, and 5:90, *Abused and Neglected Child Reporting*):

1. Within three months of employment, each staff member must complete mandated reporter training from a provider or agency with expertise in recognizing and reporting child abuse. Mandated reporter training must be completed again at least every three years.
2. By January 31 of every year, all school personnel must complete evidence-informed training on preventing, reporting, and responding to child sexual abuse, grooming behaviors (including *sexual misconduct* as defined in *Faith's Law*), and boundary violations.

In-Service Training Requirements

The staff development program shall provide, at a minimum, within six months of employment and renewed at least once every five years thereafter (unless required more frequently by other State or federal law), the in-service training of all District staff who work with pupils on:

1. Health conditions of students, including but not limited to training on:
 - a. Chronic health conditions of students;
 - b. Anaphylactic reactions and management, conducted by a person with expertise on anaphylactic reactions and management;
 - c. Management of asthma, prevention of asthma symptoms, and emergency response in the school setting;
 - d. The basics of seizure recognition and first aid and emergency protocols, consistent with best practice guidelines issued by the Centers for Disease Control and Prevention;
 - e. The basics of diabetes care, how to identify when a diabetic student needs immediate or emergency medical attention, and whom to contact in case of emergency;
 - f. Current best practices regarding identification and treatment of attention deficit hyperactivity disorder; and
 - g. How to respond to an incident involving life-threatening bleeding, including use of a school's trauma bleeding control kit, if applicable.
2. Social-emotional learning. Training may include providing education to all school personnel about the content of the Illinois Social and Emotional Learning Standards, how they apply to

everyday school interactions, and examples of how social emotional learning can be integrated into instructional practices across all grades and subjects.

3. Developing cultural competency, including but not limited to understanding and reducing implicit bias, including *implicit racial bias* as defined in [105 ILCS 5/10-20.61](#) (implicit bias training).
4. Identifying warning signs of mental illness, trauma, and suicidal behavior in youth, along with appropriate intervention and referral techniques, including resources and guidelines as outlined in [105 ILCS 5/2-3.166](#) (*Ann Marie's Law*).
5. Domestic and sexual violence and the needs of expectant and parenting youth, conducted by persons with expertise in domestic and sexual violence and the needs of expectant and parenting youth. Training shall include, but is not limited to:
 - a. Communicating with and listening to youth victims of domestic or sexual violence and expectant and parenting youth;
 - b. Connecting youth victims of domestic or sexual violence and expectant and parenting youth to appropriate in-school services and other agencies, programs, and services as needed;
 - c. Implementing the District's policies and procedures regarding such youth, including confidentiality; and
 - d. Procedures for responding to incidents of teen dating violence that take place at school, on school grounds, at school-sponsored activities, or in vehicles used for school-provided transportation as outlined in [105 ILCS 110/3.10](#) (see Board policy 7:185, *Teen Dating Violence Prohibited*).
6. Protections and accommodations for students, including but not limited to training on:
 - a. The federal Americans with Disabilities Act as it pertains to the school environment; and
 - b. Homelessness.
7. Educator ethics and responding to child sexual abuse and grooming behavior (see Board policy 5:120, *Employee Ethics; Code of Professional Conduct; and Conflict of Interest*); including but not limited to training on:
 - a. Teacher-student conduct;
 - b. School employee-student conduct; and
 - c. Evidence-informed training on preventing, recognizing, reporting, and responding to child sexual abuse and grooming as outlined in [105 ILCS 5/10-23.13](#) (*Erin's Law*).
8. Effective instruction in violence prevention and conflict resolution, conducted in accordance with the requirements of [105 ILCS 5/27-23.4](#) (violence prevention and conflict resolution education).

Additional Training Requirements

In addition, the staff development program shall include each of the following:

1. Ongoing professional development for teachers, administrators, school resource officers, and staff regarding the adverse consequences of school exclusion and justice-system involvement, effective classroom management strategies, culturally responsive discipline, the appropriate and available supportive services for the promotion of student attendance and engagement, and developmentally appropriate disciplinary methods that promote positive and healthy school climates.
2. Annual continuing education and/or training opportunities (professional standards) for school nutrition program directors, managers, and staff. Each school food authority's director shall document compliance with this requirement by the end of each school year and maintain documentation for a three-year period.
3. All high school coaching personnel, including the head and assistant coaches, and athletic

directors must obtain online concussion certification by completing online concussion awareness training in accordance with [105 ILCS 25/1.15](#). Coaching personnel and athletic directors hired on or after 8-19-14 must be certified before their position's start date.

4. The following individuals must complete concussion training as specified in the Youth Sports Concussion Safety Act: coaches and assistant coaches (whether volunteer or employee) of an interscholastic athletic activity; nurses, licensed and/or non-licensed healthcare professionals serving on the Concussion Oversight Team; athletic trainers; game officials of an interscholastic athletic activity; and physicians serving on the Concussion Oversight Team.
5. For school personnel who work with hazardous or toxic materials on a regular basis, training on the safe handling and use of such materials.
6. For delegated care aides performing services in connection with a student's seizure action plan, training in accordance with [105 ILCS 150/](#), the Seizure Smart School Act.
7. For delegated care aides performing services in connection with a student's diabetes care plan, training in accordance with [105 ILCS 145/](#), the Care of Students with Diabetes Act.
8. For all District staff, annual sexual harassment prevention training.
9. Title IX requirements for training as follows (see Board policy 2:265, *Title IX Grievance Procedure*):
 - a. For all District staff, training on the definition of sexual harassment, the scope of the District's education program or activity, all relevant District policies and procedures, and the necessity to promptly forward all reports of sexual harassment to the Title IX Coordinator.
 - b. For school personnel designated as Title IX coordinators, investigators, decision-makers, or informal resolution facilitators, training on the definition of sexual harassment, the scope of the District's education program or activity, how to conduct an investigation and grievance process (including hearings, appeals, and informal resolution processes, as applicable), and how to serve impartially.
 - c. For school personnel designated as Title IX investigators, training on issues of relevance to create an investigative report that fairly summarizes relevant evidence.
 - d. For school personnel designated as Title IX decision-makers, training on issues of relevance of questions and evidence, including when questions and evidence about a complainant's sexual predisposition or prior sexual behavior are not relevant.
10. Training for all District employees on the prevention of discrimination and harassment based on race, color, and national origin in school as part of new employee training and at least once every two years.
11. Training for at least one designated employee at each school about the Prioritization of Urgency of Need for Services (PUNS) database and steps required to register students for it.

The Superintendent shall develop protocols for administering youth suicide awareness and prevention education to staff consistent with Board policy 7:290, *Suicide and Depression Awareness and Prevention*.

LEGAL REF.:

[20 U.S.C. §1681](#) et seq., Title IX of the Educational Amendments of 1972; [34 C.F.R. Part 106](#).

[42 U.S.C. §1758b](#), [Pub. L. 111-296](#), Healthy, Hunger-Free Kids Act of 2010; [7 C.F.R. Parts 210](#) and [235](#).

[105 ILCS 5/2-3.62](#), [5/2-3.166](#), [5/3-11](#), [5/10-20.17a](#), [5/10-20.61](#), [5/10-22.6\(c-5\)](#), [5/10-22.39](#), [5/10-](#)

[23.12](#), [5/10-23.13](#), [5/22-80\(h\)](#), [5/22-95](#), and [5/24-5](#).

[105 ILCS 25/1.15](#), Interscholastic Athletic Organization Act.

[105 ILCS 145/25](#), Care of Students with Diabetes Act

[105 ILCS 150/25](#), Seizure Smart School Act.

[105 ILCS 110/3](#), Critical Health Problems and Comprehensive Health Education Act.

[325 ILCS 5/4](#), Abused and Neglected Child Reporting Act.

[745 ILCS 49/](#), Good Samaritan Act.

[775 ILCS 5/2-109](#) and [5/5A-103](#), Ill. Human Rights Act.

[23 Ill.Admin.Code §§ 22.20, 226.800](#), and [Part 525](#).

[77 Ill.Admin.Code §527.800](#).

CROSS REF.: 2:265 (Title IX Grievance Procedure), 2:270 (Discrimination and Harassment on the Basis of Race, Color, and National Origin Prohibited), 3:40 (Superintendent), 3:50 (Administrative Personnel Other Than the Superintendent), 4:160 (Environmental Quality of Buildings and Grounds), 4:165 (Awareness and Prevention of Child Sexual Abuse and Grooming Behaviors), 5:20 (Workplace Harassment Prohibited), 5:90 (Abused and Neglected Child Reporting), 5:120 (Employee Ethics; Code of Professional Conduct; and Conflict of Interest), 5:250 (Leaves of Absence), 6:15 (School Accountability), 6:20 (School Year Calendar and Day), 6:50 (School Wellness), 6:160 (English Learners), 7:10 (Equal Educational Opportunities), 7:20 (Harassment of Students Prohibited), 7:180 (Prevention of and Response to Bullying, Intimidation, and Harassment), 7:185 (Teen Dating Violence Prohibited), 7:270 (Administering Medicines to Students), 7:285 (Anaphylaxis Prevention, Response, and Management Program), 7:290 (Suicide and Depression Awareness and Prevention), 7:305 (Student Athlete Concussions and Head Injuries)

Adopted: May 28, 2024

Thornton Fractional THSD 215

Educational Support Personnel

5:280 Duties and Qualifications

All support staff: (1) must meet qualifications specified in job descriptions, (2) must be able to perform the essential tasks listed and/or assigned, and (3) are subject to Board of Education policies as they may be changed from time to time at the Board's sole discretion.

Paraprofessionals

Paraprofessionals provide supervised instructional support. Service as a paraprofessional requires an educator license with stipulations endorsed for a paraprofessional educator unless a specific exemption is authorized by the Ill. State Board of Education (ISBE).

Individuals with only non-instructional duties (e.g., providing technical support for computers, providing personal care services, or performing clerical duties) are not paraprofessionals, and the requirements in this section do not apply. In addition, individuals completing their clinical experiences and/or student teaching do not need to comply with this section, provided their service otherwise complies with ISBE rules.

Nonlicensed Personnel Working with Students and Performing Non-Instructional Duties

Nonlicensed personnel performing non-instructional duties may be used:

1. For supervising study halls, long-distance teaching reception areas used incident to instructional programs transmitted by electronic media (e.g., computers, video, and audio), detention and discipline areas, and school-sponsored extracurricular activities;
2. As supervisors, chaperones, or sponsors for non-academic school activities or for school activities connected to the academic program during any time in which the Governor has declared a disaster due to a public health emergency, in accordance with ISBE rule; or
3. For non-teaching duties not requiring instructional judgment or student evaluation.

Nothing in this policy prevents a nonlicensed person from serving as a guest lecturer or resource person under a certificated teacher's direction and with the administration's approval.

Coaches and Athletic Trainers

Athletic coaches and trainers shall have the qualifications required by any association in which the School District maintains a membership. Regardless of whether the athletic activity is governed by an association, the Superintendent or designee shall ensure that each athletic coach: (1) is knowledgeable regarding coaching principles, (2) has first aid and CPR training, and (3) is a trained Automated External Defibrillator user according to rules adopted by the Illinois Department of Public Health. Anyone performing athletic training services shall be licensed under the Illinois Athletic Trainers Practice Act, be an athletic trainer aide performing care activities under the on-site supervision of a licensed athletic trainer, or otherwise be qualified to perform athletic trainer activities under State law.

LEGAL REF.:

[34 C.F.R. §200.58.](#)

[105 ILCS 5/10-22.34](#), [5/10-22.34a](#), and [5/10-22.34b](#).

[625 ILCS 5/6-104](#) and [5/6-106.1](#), Ill. Vehicle Code.

[23 Ill.Admin.Code §§1.280, 1.630, and 25.510.](#)

CROSS REF.: 4:110 (Transportation), 4:170 (Safety), 5:30 (Hiring Process and Criteria), 5:35 (Compliance with the Fair Labor Standards Act), 6:250 (Community Resource Persons and Volunteers)

Adopted: February 28, 2023

Thornton Fractional THSD 215

STUDENTS

7:305 Student Athlete Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by students. The program shall:

1. Fully implement the Youth Sports Concussion Safety Act (YSCSA), that provides, without limitation, each of the following:
 - a. The Board must appoint or approve member(s) of a Concussion Oversight Team for the District.
 - b. The Concussion Oversight Team shall establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention:
 - i. A return-to-play protocol governing a student's return to interscholastic athletics practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol.
 - ii. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise the person responsible for compliance with the return-to-learn protocol.
 - c. Each student and the student's parent/guardian shall be required to sign a concussion information receipt form each school year before participating in an interscholastic athletic activity.
 - d. A student shall be removed from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition: a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol.
 - e. A student who was removed from interscholastic athletic practice or competition shall be allowed to return only after all statutory prerequisites are completed, including without limitation, the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn.
 - f. The following individuals must complete concussion training as specified in the YSCSA: all coaches or assistant coaches (whether volunteer or a district employee) of interscholastic athletic activities; nurses, licensed healthcare professionals or non-licensed healthcare professionals who serve on the Concussion Oversight Team (whether or not they serve on a volunteer basis); athletic trainers; game officials of interscholastic athletic activities; and physicians who serve on the Concussion Oversight Team.
 - g. The Board shall approve school-specific emergency action plans for interscholastic athletic activities to address the serious injuries and acute medical conditions in which a student's condition may deteriorate rapidly.
2. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association (IHSA), including its *Protocol for Implementation of NFHS Sports Playing Rules for Concussions*, which includes its *Return to Play (RTP) Policy*. These specifically require that:

- a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
 - b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
 - c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois, advanced practice registered nurse, physician assistant or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
3. Require that all high school coaching personnel, including the head and assistant coaches, and athletic directors obtain online concussion certification by completing online concussion awareness training in accordance with [105 ILCS 25/1.15](#).
 4. Require all student athletes to view the IHSA video about concussions.
 5. Inform student athletes and their parent(s)/guardian(s) about this policy in the *Agreement to Participate* or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
 6. Provide coaches and student athletes and their parent(s)/guardian(s) with educational materials from the IHSA regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.
 7. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.
 8. Include a requirement for staff members to distribute the Ill. Dept. of Public Health concussion brochure to any student or the parent/guardian of a student who may have sustained a concussion, regardless of whether or not the concussion occurred while the student was participating in an interscholastic athletic activity, if available.
 9. Include a requirement for certified athletic trainers to complete and submit a monthly report to the IHSA on student-athletes who have sustained a concussion during: 1) a school-sponsored activity overseen by the athletic trainer; or 2) a school-sponsored event of which the athletic director is made aware.

LEGAL REF.:

[105 ILCS 5/22-80](#).

[105 ILCS 25/1.15](#), Interscholastic Athletic Organization Act.

[20 ILCS 2310/2310-307](#), Civil Administrative Code of Illinois.

CROSS REF.: 4:170 (Safety), 5:100 (Staff Development Program), 7:300 (Extracurricular Athletics)

Adopted: August 22, 2023

Thornton Fractional THSD 215