ACADEMIC ACCOMMODATIONS CHECKLIST RED SHEET-RETURN TO CLASS POLICY

| NAME: | | ADVISOR | :D | OATE: |
|--|---|---|--|--|
| DORM PARENT CENTER/ATC: | | C/COACH | V JV IIIrds I | HEALTH |
| Once the school receive condition and expectation complete a daily post-comparticipate in or attend a student is cleared by the Students will not be clearly symptoms / Symptoms / Symptoms / Symptoms / Symptoms / Accompany / Accompany / Accompany / Symptoms / Accompany / Symptoms / Accompany / Accompany / Symptoms / Accompany / Accompany / Symptoms / Symptom | ons for any acad oncussion sympt any athletic prace medical doctor ared for athletics om Severity Sc | emic accommodation scale with the tices or games. A and athletic trains before they are | ations, the student is e Health Office. Stud Athletic clearance will her following the retu cleared for academic | required to dents may not ll come after a rn to play protocol. |
| Indicated | | | | |
| Attending | no academic work partial classes as olerated | | | |
| complete cour | extended time to se work/assignments nd tests | | | |
| | ework/classwork by -50%,-75% | | | |
| No significa | ant tests or exams | | | |
| No accomm Other | modations needed | | | |
| Please obtain your teacher's s ACADEMIC day, THE STUDIES OFFICE WIL Arts: | FAILURE T | O TURN IN YOUR I | RED SHEET IN PERSON | |
| ESL: | | | History: | |
| Language: | · · · · · · · · · · · · · · · · · · · | | Learning | |
| Coach: Math: | | | Science: | |
| Advisor: Parent: Other: | | | Dorm | |
| | | | Other: | |