

# Return to Learn Program

Use this checklist to record activity levels and review with your health care provider.

Name \_\_\_\_\_ Date of Concussion \_\_\_\_\_ Date Return to Learn Program Started \_\_\_\_\_

Do not begin Return to Learn Program until you have been symptom free for 24 hours or as advised by your health care provider.

Use the appropriate score to rate level of difficulty to complete tasks:

0=no difficulty 1=minimal difficulty 2=moderate difficulty 3=severe difficulty **Activity Length**=time in minutes

Cognitive Activity	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Activity Length	Difficulty Level	Activity Length	Difficulty Level	Activity Length	Difficulty Level	Activity Length	Difficulty Level	Activity Length	Difficulty Level	Activity Length	Difficulty Level	Activity Length	Difficulty Level
Reading														
Watching TV														
Cell phone use														
Texting														
Video games														
Chores														
Homework														
Attend school														
Schoolwork														

Additional comments:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday