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NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 581

OREGON DEPARTMENT OF EDUCATION

FILED

10/17/2025 10:56 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: HB 3007 (2025) Bill Implementation: Accommodations for Students with Brain Injuries Temporary-to-Permanent Rulemaking

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 12/11/2025 9:00 AM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/18/2025

TIME: 3:00 PM - 4:00 PM

OFFICER: Haedon Brunelle

REMOTE HEARING DETAILS

MEETING URL: Click here to join the meeting

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1618307027

NEED FOR THE RULE(S)

This rule is needed to clarify that procedures developed by the Department must be used by public education providers to develop and implement an immediate and temporary accommodations plan for a student who has been diagnosed with a concussion or other brain injury in alignment with intent of HB 3007 (2025).

This rule is further needed to clarify use of "Sample form", as well as to clarify terms in HB 3007 (2025).

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

There are a few documents relied upon. For HB 3007 (2025), you may find that on the Oregon Legislative Information System (OLIS) here: <https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/HB3007>

In addition, you'll be able to find more information on this rule at the June 12th, 2025, State Board of Education meeting. Specifically, please refer to the State Board of Education website, boardbook, here: <https://meetings.boardbook.org/Public/Organization/2146>. At this meeting, you'll find a meeting recording and initial documents when this rule was first adopted by the State Board of Education as a temporary rule. To find more

information and a presentation to the State Board of Education as a 1st read in the form of a permanent rule, please refer to that same website, and refer to their October 16th, 2025 meeting.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Adoption of OAR 581-021-3007 promotes racial and social equity by ensuring all students receive fair and timely support, regardless of their background or school resources. Standardized processes help reduce disparities in return-to-learn and return-to-play outcomes, particularly for students from historically underserved communities, including students of color, rural, low-income, and multilingual populations. Consistent documentation and communication strengthen collaboration among schools, healthcare providers, and families, helping to ensure that vulnerable students are not overlooked.

FISCAL AND ECONOMIC IMPACT:

Adoption of OAR 581-021-3007 as a permanent rule is expected to have only a minor fiscal impact for both state agencies and school districts. For state agencies, costs would primarily involve coordination, training resources, and maintaining standardized forms.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

For school districts, expenses may include limited staff training, communication materials, and recordkeeping, but no significant new staffing or infrastructure is anticipated. By leveraging existing systems, the small upfront costs are expected to be offset by long-term efficiencies, clearer processes, and improved student outcomes.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules as this will not impact small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

An administrative rule advisory committee was not consulted. The Oregon Department of Education (ODE) identifies those who may be impacted by these rule updates and hosts direct engagements with them. In addition, ODE staff present their rule updates to a broader group of education partners ranging from non-profits, education service districts, school districts, student rule advisors, and more, prior to approaching the State Board of Education for further consideration and a vote. The State Board of Education holds public meetings and recordings for all rules. You can find all of their meetings here on boardbook: <https://meetings.boardbook.org/Public/Organization/2146>.

ADOPT: 581-021-3007

RULE SUMMARY: ODE is proposing to adopt Temporary OAR 581-021-3007 into a permanent OAR. There are currently no proposed changes to the language of Temporary OAR 581-021-3007.

CHANGES TO RULE:

581-021-3007

Accommodations for Students with Concussions or Other Brain Injuries

(1) For purposes of this rule:

(a) "Health care professional" means a person who is licensed or registered under the laws of this state as a

physician, a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician associate or a nurse practitioner.

(b) "Public education provider" means a school district, a public charter school, or an education service district.

(c) "Written notification" means a written notice from a parent or guardian, supported by medical documentation from a health care professional, informing the public education provider that they are requesting an accommodation for a student who has been diagnosed with a concussion or other brain injury by a health care professional.

(2) When a public education provider receives written notification from a parent or guardian that a student has been diagnosed with a concussion or other brain injury, the public education provider shall follow all procedures developed by the Oregon Department of Education to develop and implement an immediate and temporary accommodation plan.

(3) A public education provider shall use a sample form developed by the department or a district form that includes all content from the department's sample form when developing the accommodation plan described in section (2) of this rule.

(4) A public education provider shall follow procedures outlined by the department to:

(a) Determine if immediate physical activity limitations are necessary to:

(A) Ensure the safety and recovery of the student; and

(B) Minimize the risk of reinjury or additional injury to the student.

(b) In considering the requirements of section (3)(a) of this rule, the public education provider shall consider all physical activities occurring while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities, including but not limited to physical education, recess, unstructured play and similar activities provided by or sponsored through the public education provider that involve running, jumping, climbing, throwing, catching or other movements that pose a risk of falls, collisions or physical injury.

(c) Describe present challenges and symptoms associated with the student's concussion or other brain injury.

(d) Identify and implement immediate and temporary academic, social-emotional, behavioral or other necessary accommodations determined to be appropriate for the student to support meaningful participation in educational activities at a level that is appropriate for the student's recovery.

(e) Communicate accommodations identified under paragraph (c) of this subsection with:

(A) The parent or guardian;

(B) All teachers who provide instruction to the student; and

(C) Other employees of the public education provider who have regular responsibilities for the student's supervision or health, including school administrators, school nurses, counselors, physical education teachers, coaches, athletic trainers and staff supervising recess or other physical activities.

(f) Ensure that any physical activity limitations determined to be necessary are immediately implemented upon the determination, or as soon as practicable thereafter and not later than the next scheduled course or activity that requires physical activity limitations.

(g) Ensure that the accommodations identified under paragraph (c) of this subsection are:

(A) In effect as soon as possible but no later than 10 school days after written notification has been received by the public education provider regarding the concussion or other brain injury; and

(B) Reviewed as needed, but no later than every two months, based on the student's recovery.

(5) Nothing in this rule prohibits a public education provider from determining that a student needs an immediate and temporary accommodation plan without receiving written notice from the parent or guardian that the student has been diagnosed with a concussion or other brain injury.

Statutory/Other Authority: ORS 326.051, ORS 336.495

Statutes/Other Implemented: ORS 326.051, ORS 336.495

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

Required Procedures for Student Concussion or other Brain Injury

August 2025



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Introduction

A timely and coordinated school response to a concussion or other brain injury is essential to ensuring student safety, supporting recovery, and maintaining academic progress. As school staff, you play a critical role in recognizing symptoms, initiating communication with families and healthcare providers, and implementing supports. Brain injuries can result in a wide range of physical, cognitive, and social-emotional symptoms that affect thinking, memory, attention, and behavior in the classroom. Early identification and the use of temporary accommodations can help reduce symptom severity, prevent further injury, and promote a smoother recovery. Returning to school as soon as medically appropriate, often with accommodations, helps students stay connected, emotionally supported, and cognitively engaged.

It is important to understand that behaviors observed after a brain injury may be a result of the injury, rather than defiance or misconduct. School staff should avoid exclusionary discipline in these cases and instead assess whether the behavior could be a manifestation of the injury. Focus should be placed on trauma-informed strategies, positive behavioral supports, and proactive interventions. This approach helps ensure that students are not penalized for symptoms beyond their control and reinforces a safe, inclusive, and supportive school environment for all learners.

Every brain injury is different, and students recover at different rates. Symptoms can vary throughout the day or change depending on the environment or the phase of recovery. A symptom-based return-to-school approach allows educators to adjust academic expectations and classroom activities based on the student's current tolerance and needs. Tasks such as screen use, reading, or problem-solving may need to be limited temporarily. Regular communication and collaboration between classroom teachers, specialists, school nurses, counselors, administrators, and families are key to supporting a successful and gradual reintegration into full school participation.

Legal Framework: Immediate Action for Student Brain Injuries

[House Bill 3007 \(2025\)](#) and [OAR 581-021-3007](#) established that the Oregon Department of Education (ODE) develop procedures and an [Immediate and Temporary Accommodation Plan \(ITAP\)](#) for public education providers to follow upon receiving written notification that a student has been diagnosed with a concussion or other brain injury.

Key Timelines Upon Receipt of Written Notification

- **Immediate:** Physical activity restrictions upon determination
- **Within 10 school days:** Full ITAP implementation
- **Within 5 school days of implementation of the ITAP:** First review
- **Every 2 months maximum:** Subsequent reviews after first review

Definitions

Health care professional: A person who is licensed or registered under Oregon laws as a physician, a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician associate, or a nurse practitioner.

Public education provider: A school district, a public charter school, or an education service district.

Written notification: A written notice from a parent or guardian, supported by medical documentation from a health care professional, informing the public education provider that they are requesting accommodations for a student who has been diagnosed with a concussion or other brain injury by a health care professional.

Brain Injury Management Team: A multidisciplinary group responsible for coordinating academic and health-related supports for students recovering from a concussion or other brain injury. The team determines accommodations, monitors progress, adjusts accommodations as needed, and ensures consistent communication among school staff, the student and their family, and healthcare providers.

Medical documentation: Documentation from a healthcare professional that confirms a diagnosis of a concussion or other head injury. This may include:

- Health care professional letter/note
- Discharge summary from hospital or clinic
- Medical office visit summary

Step-by-Step Process

Per [OAR 581-021-3007](#), public education providers are required to implement the following procedures:

Step 1: Receive Written Notification

Upon receiving written notification from a parent or guardian with medical documentation, the school must:

- Document the date received.
- Notify the School Brain Injury Management Team within 24 hours.
- Begin the ITAP process immediately.

Step 2: Convene Brain Injury Management Team

Within 2 school days of notification:

- Schedule a team meeting.
- Invite student and parent/guardian to participate.
- Gather relevant information about the student.

Step 3: Develop Immediate and Temporary Accommodations Plan

The team must:

- Review medical documentation and recommendations.
- Assess current symptoms and their impact.
- Determine necessary physical activity restrictions (implement immediately).
- Identify physical, cognitive, and social-emotional accommodations.
- Complete the ITAP form.

Step 4: Implement and Communicate Plan

- Share the completed ITAP with the parent/guardian on the day it is developed.
- Notify all staff who have responsibilities under the ITAP of their responsibilities within 24 hours.
- Ensure accommodations are implemented as soon as possible and, in no case, more than 10 school days from receiving written notification.

Step 5: Monitor and Review

- Conduct first review within 5 school days of implementation.
- Schedule subsequent reviews at least every 2 months.
- Adjust accommodations based on student symptom progression.
- Document service provision (if applicable), and all reviews and changes.

These procedures do not limit public education providers from supporting students who lack a formal diagnosis. Schools have a legal and ethical obligation to take immediate and appropriate action to protect the health and safety of any student suspected of sustaining a concussion or other brain injury. This includes implementing appropriate accommodations, regardless of whether a formal medical diagnosis has been provided. Public education providers must ensure that their policies and practices are aligned with all applicable state and federal laws.

School Building Brain Injury Management Team

Every public education provider must have policies and practices in place to ensure all students have access to a Brain Injury Management Team and receive appropriate accommodations following a brain injury. Concussion and brain injury policies help ensure a coordinated and consistent response across all schools to support student safety and recovery. These policies and practices must include provisions for staff training, team coordination, and oversight to ensure proper response when a student sustains a concussion or other brain injury. Policies and practices must ensure:

- A symptom-based return-to-school approach that adjusts academic expectations and supports in response to the student's current symptoms and stage of recovery.
- Implementation and training of concussion protocols across all school buildings.
- Oversight and consultation are provided for Brain Injury Management Teams.

- Public education provider-wide documentation is maintained, and use of ODE's Immediate Temporary Accommodations Plan (ITAP) form and procedures are regularly reviewed.
- Public education provider policies are updated and aligned with current state and medical guidelines.

Team Composition

Team membership may vary depending on the student's needs but should always include individuals who can support the student's medical, academic, and social-emotional recovery. At a minimum, a School Brain Injury Management Team must include individuals who collectively meet the following qualifications and areas of expertise. In some cases, a single individual may meet multiple qualifications and fulfill more than one role on the team, provided that the team maintains a collaborative, student-centered approach.

Required Expertise:

1. At least one person who is qualified to interpret medical information and determine necessary health related services and accommodations.
2. At least one person who is knowledgeable about brain injuries and concussions including the physical, cognitive, and social-emotional symptoms a student may experience.
3. At least one person who is qualified to determine physical, cognitive, and social-emotional accommodations based on the student's circumstances.
4. At least one person who is knowledgeable of the student's baseline functioning.
5. Other school personnel, if not already included, as appropriate (i.e. counselors, behavioral support staff, athletic trainers, school psychologists, or administrators.)

Team Responsibilities

- Initiate ITAP process upon notification of a concussion or other brain injury.
- Using the ITAP, Identify symptoms and impacts on learning, and determine appropriate accommodations
- Monitor student progress and adjust supports.
- Ensure compliance with all timelines.
- Coordinate with public education provider-level support.
- Include the student in planning when developmentally appropriate.

Parent/Guardian Participation

The participation of a parent or guardian on the Brain Injury Management Team is strongly encouraged to ensure a comprehensive, student-centered approach to recovery. Parents and guardians offer valuable insight into the student's medical history, symptoms, and behavior outside of school, which helps the team develop more accurate and effective supports. Their

involvement also promotes consistent communication between home, school, and healthcare providers, ensuring that accommodations are well-coordinated and aligned across settings.

The team must:

- Provide timely notification and invitation to participate.
- Offer multiple ways to participate (in-person, phone, video).
- Document efforts to include parents/guardians.
- Share completed ITAP and provide clear instructions for input.
- Meaningfully consider parent/guardian input regarding accommodations.

As applicable, public education providers must ensure alignment with parent involvement requirements of other Federal and state regulations including but not limited to the Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Abbreviated School Day Program (ASDP) requirements.

Immediate and Temporary Accommodations Plan (ITAP)

The Brain Injury Management Team must use a collaborative, data-informed, student-centered approach to determine appropriate supports following a concussion or other brain injury. The team shall work toward consensus decisions firmly grounded in available assessment data, medical information, educational records, and observed student needs. Guided by ODE procedures and the Immediate Temporary Accommodations Plan (ITAP) form, the team gathers and analyzes input from key members including educators, healthcare providers, the school nurse, the student (when appropriate), and the family to identify and implement immediate and temporary accommodations.

The Brain Injury Management Team is responsible for determining immediate physical activity restrictions and establishing immediate and temporary accommodations for a student who has sustained a concussion or other brain injury. This process must follow ODE procedures and utilize the ODE ITAP form. Key team responsibilities include:

- Discuss medical recommendations, school observations, parent/guardian insights, and student input (when appropriate).
- Determine whether immediate physical activity limitations are necessary to protect the student's safety, support recovery, and reduce the risk of reinjury.
- Use the ITAP form to review the student's current symptoms and their academic and functional impacts.
- Use the ITAP form to identify appropriate temporary physical, cognitive, social-emotional and other necessary accommodations that support the student's meaningful participation in educational activities, based on their stage of recovery.
- Share the completed ITAP form with the parent or guardian, all instructional staff, and any school personnel responsible for the student's supervision or health, including school administrators, school nurses, counselors, teachers, bus drivers, coaches, athletic trainers, and recess or physical activity supervisors.

- Conduct a follow-up review of the student and revise the ITAP within 5 school days of implementation, and subsequently at intervals not to exceed every two months.
- Implement any necessary physical activity limitations (including but limited to recess, physical education, school sponsored after and before school activities) immediately upon determination or as soon as practicable—no later than the next scheduled course or activity requiring such restrictions.
- Ensure that the accommodations outlined in the student’s ITAP are implemented as soon as possible and no later than 10 school days after written notification of the concussion or brain injury is received by the public education provider.

In the absence of complete information or documentation, the team shall continue to determine accommodations using this collaborative, student-centered process, documenting the basis for decisions with available evidence. This responsibility includes implementing necessary accommodations promptly, monitoring their effectiveness through data collection, and making timely adjustments as the student’s recovery progresses. This same evidence-based, collaborative approach must also guide decisions to adjust or discontinue accommodations as the student’s needs evolve, with consistent documentation of the rationale for changes.

Documentation and Records

Public education providers are responsible for maintaining clear and consistent documentation throughout the brain injury management process to ensure compliance with ODE procedures and to support student recovery. All documentation related to the Immediate Temporary Accommodations Plan (ITAP) and associated actions must be treated as part of the student’s education record and maintained in accordance with state and federal student record requirements. Key documentation and recordkeeping requirements include:

- **Written Notification:** Record the date written notification of a suspected or diagnosed concussion or brain injury is received from a parent or healthcare provider.
- **ITAP Form Completion:** Complete and retain the ODE Immediate Temporary Accommodations Plan (ITAP), including symptoms, accommodations, physical activity restrictions, and team input.
- **Medical and Supporting Documentation:** Maintain copies of relevant medical documentation, provider recommendations, and any additional supporting information used to guide team decisions.
- **Communication Log:** Document when and with whom the ITAP was shared (e.g., parent/guardian, instructional staff, health and supervision personnel).
- **Follow-Up and Implementation Records:** Record follow-up reviews, ITAP revisions, and verification that accommodations and restrictions were implemented in a timely manner.

Intersection with Other Laws and Regulations

Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973

The brain injury management process may intersect with federal obligations under the IDEA and Section 504 of the Rehabilitation Act of 1973, particularly in relation to Child Find responsibilities. School districts must actively identify, locate, and evaluate students who may require special education or related services due to a disability, including those who have sustained a concussion or other brain injury. While the ITAP provides immediate and short-term support, ongoing symptoms or functional impairments may indicate the need for further evaluation under IDEA or Section 504. The Brain Injury Management Team must monitor the student's progress and, when appropriate, refer the student for evaluation to determine eligibility for an Individualized Education Program (IEP) or a Section 504 Plan. Coordination between ITAP implementation and existing evaluation and eligibility procedures ensures that students with longer-term needs are identified in a timely manner and receive appropriate, legally required supports.

For students already eligible under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973, the ITAP form must be completed by the student's existing IEP team or 504 team. These teams possess comprehensive knowledge of the student's educational history, baseline functioning, strengths, and needs, positioning them to develop the most appropriate and effective accommodations. When developing the ITAP, teams must consider both the acute effects of the concussion or other brain injury and the student's existing disabilities, for which they were already eligible under IDEA or Section 504, to ensure accommodations adequately address all areas of need. The IEP or 504 team must include individuals who meet the brain injury expertise requirements outlined in these procedures and must adhere to all ITAP timelines, including implementation within 10 school days and reviews within 5 school days and every 2 months thereafter. The ITAP serves as a temporary support layer that complements, rather than replaces, the services and accommodations in the student's IEP or 504 plan.

State Laws and Regulations

The development and implementation of an ITAP must align with applicable state laws and regulations to ensure students receive appropriate support following a concussion or other brain injury. The following policies provide important guidance related to school day modifications and health service requirements that public education providers must follow when supporting student recovery.

- **Abbreviated School Day Program (ASDP).** The use of an ITAP for students recovering from a concussion or other brain injury must be clearly distinguished from Oregon's ASDP requirements, as defined in ORS 343.321 to ORS 343.333 and related ODE guidance. While temporary adjustments to a student's school day or schedule (i.e. less

than 10 school days) may be appropriate as part of symptom-based recovery planning under an ITAP, these short-term accommodations are not considered an ASDP. However, if a student's school attendance or instructional time is reduced on a long-term basis (i.e., more than 10 days), a public education provider must follow the formal abbreviated school day process, including proper notification, documentation, and parent consent. The Brain Injury Management Team must ensure that any temporary schedule modifications remain aligned with the student's medical needs and recovery stage, are reviewed regularly, and do not result in unlawful or prolonged exclusion from a full educational program. See ODE's [Abbreviated School Day website](#) for additional information.

- **OAR 581-021-0222 (Health Services).** The implementation of an ITAP must align with [OAR 581-022-2220](#), which requires public education providers to have a process for assessing and determining a student's health service needs when a new medical diagnosis impacts access to education. This includes ensuring the availability of a licensed nurse to assess nursing needs upon, during, and following enrollment, and to implement an Individual Health Plan (IHP) prior to the student attending school. When a student sustains a concussion or other brain injury, the school nurse plays a key role in evaluating the student's health-related needs and coordinating care. The IHP, developed in response to the student's diagnosis, should be implemented in tandem with the ITAP to ensure that both medical and academic supports are aligned, timely, and responsive to the student's stage of recovery. See [ODE's OAR 581-022-2220 \(Health Services\) Resources website](#) for additional information.

Procedural Safeguards

If parents/guardians disagree with proposed accommodations:

1. Meaningfully consider parent/guardian input regarding accommodations.
2. Document concerns and attempt resolution at school level.
3. Involve school district-level administrator.
4. Provide information about formal school district complaint processes.

Resources and Contact Information

Additional information is available on the [ODE Concussions and Other Brain Injuries website](#), including:

- The ODE Immediate and Temporary Accommodations Plan (ITAP) form
- ODE's *Accommodations Guide for Symptom-Based Return to School*

For questions, contact:

Ely Sanders

Required Procedures for Student Concussion or other Brain Injury - 2025

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