

Public Reporting burden of this collection of information is estimated at 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-1009).

## Interview Instrument

### Customer feedback interviews with state-level implementers of "Return to Learn"

|                           |  |
|---------------------------|--|
| <b>Conference Call #:</b> |  |
| <b>Date of interview:</b> |  |
| <b>Interviewer:</b>       |  |

#### Introduction:

Hello. Thank you for agreeing to speak with me. My name is [insert your name], I am a public health researcher working on a project to learn more about best practices and needs related to students' reentry to the classroom after concussion. The goal of today's discussion is to hear about your experiences related to development and implementation of return-to-learn processes. Based on the information learned from these interviews, our partners may develop tools to assist states with developing and implementing return-to-learn processes.

Today's discussion will last about 45 minutes. I hope you feel comfortable sharing your thoughts and experiences with me, but if at any time you don't want to answer a question, that is fine. Please note that this discussion is being recorded and our conversation will be transcribed after the call. We will send you a copy of the transcript as well, if you'd like.

You should have received an email with the questions I would like to ask you today. Did you receive that email? Do you have any questions before we begin?

1. Does your state/school district/school use a uniform return-to-learn process to help students who have sustained a concussion with academic reentry?

- YES
- NO

If **YES**, please describe the authority for the return to learn process, e.g. statute, regulation, school district initiative(s). If **NO**, have there been attempts to develop a return-to-learn process? What have been the barriers to developing/implementing such a process?

*Text box*

[If Answer to Question 1 was **NO**, skip to question #16.]

2. Please describe the return-to-learn process.

*Text box*

If respondent does not address the following, ask for description of:

- Parties responsible for administration of the process
- What triggers use and conclusion of the process
- Source of medical documentation
- Whether and how students are monitored
- Whether RTL is part of special education procedures or separate

3. How are the student's parents involved in the process?

*Text box*

4. Is/was funding provided to develop, implement, train, monitor, or maintain the return-to-learn protocol?

*Text box*

5. What are the major goals and objectives of the process?

1. *Text box*

6. Do you know (or could you approximate) how many schools are implementing the return-to-learn process that you described (i.e., all, half, few, unique to your school or district)?

*Text box*

7. Describe what you think has been successful about the return-to-learn process:

*Text box*

8. What factors do you think contributed to these successes (e.g., pre-existing policies, partnerships, earmarked funds, policy champion)?

*Text box*

9. Do you think the return-to-learn process helps students stay on track with learning?

*Text box*

10. Describe any challenges the return-to-learn process creates (both general challenges and specific challenges for teachers and administrators, clinicians, parents, and students). What do you think can be done to eliminate these challenges?

*Text box*

11. Is there a process to collect feedback from those involved in the return-to-learn process (e.g., from school staff, teachers, health care providers, students and their families)? If so, what is the process? What feedback has been given?

*Text box*

12. Are there stakeholder or other relationships that help facilitate the return-to-learn protocol?

*Text box*

13. Have there been any implementation challenges related to interactions between medical and educational entities (e.g., sharing medical information)?

*Text box*

14. Have methods been developed to measure success of the return-to-learn process? Is data being collected (e.g., number of students, source of concussion (e.g., sports-related vs. non-sports-related), number of days in process)?

*Text box*

15. Have there been any efforts to measure effectiveness of the return-to-learn process? If so, what were the results?

*Text box*

16. Is there anything else you think we should know about developing return-to-learn processes or implementing return-to-learn in your state?

*Text box*

17. Is there anyone else that you think we should speak with about return-to-learn implementation best practices and challenges?

*Text box*

18. Do you know of any other programs or practices in your state or elsewhere which have been implemented to assist children in returning to school after experiencing a concussion?

2. *Text box*

19. The CDC and its partners may develop tools to assist states with developing and implementing return-to-learn. If we have further questions related to your experience and expertise, would you be willing to speak with us again in a few months?

*Text box*

This concludes the questionnaire. Thank you so much for your time today. Would you like me to send you a copy of our transcribed conversation?

**END INTERVIEW**

