

Guide to Concussion Training

Please follow this guide to complete
your required Concussion
Recognition and Return to Play
Training



Navigate to the [CDC Train Website](#)

Log In or Create Account

CDC TRAIN

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Login Name

Password

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Welcome to CDC TRAIN

CDC TRAIN is a gateway into the [TRAIN Learning Network](#), the most comprehensive catalog of public health training opportunities. TRAIN is a free service for learners from the Public Health Foundation.



CDC TRAIN provides access to more than 1,000 courses developed by the Centers for Disease Control and Prevention (CDC) programs, grantees, and other funded partners. Courses offered by CDC course providers have been approved and verified by CDC.

- If you have an account, login here.
- If you do not have an account, please click “Create an Account”

Create an Account

The image shows a 'CDC TRAIN' 'Create Account' form. The form is white with a blue header containing the 'CDC TRAIN' logo. It includes fields for 'Create Login Name' (with 'SRSAcoach' entered), 'Create a Password' (with a masked password), 'Confirm Password' (with a masked password), 'Your Email Address' (with 'sharpsburgsoftball@gmail.com' entered), 'First Name', 'Last Name', 'Time Zone' (a dropdown menu showing '(GMT-05:00) Eastern Time (US & Canada)'), and 'Zip/Postal Code'. Below these fields is a checkbox for 'I agree to all TRAIN policies' and a blue 'Next Step' button. A red arrow points to the 'Next Step' button. The background of the form is a blurred image of two people working at a computer.

CDC TRAIN

Create Account

Create Login Name

SRSAcoach

Create a Password

Password must:

- ✓ Contain at least one lower case letter
- ✓ Contain at least one upper case letter
- ✓ Contain at least one number
- ✓ Be at least 8 characters

Confirm Password

Your Email Address

sharpsburgsoftball@gmail.com

Please enter your work email address. If you do not have one, enter your school or personal email.

First Name

Last Name

Time Zone

(GMT-05:00) Eastern Time (US & Canada) ▼

Zip/Postal Code

Please enter your work Zip/Postal Code. If you do not have one, enter your school or personal Zip/Postal Code

☐ I agree to all [TRAIN policies](#)

Next Step

- Create your account:
 - Create Login Name
 - Create a Password
 - Enter your email address
 - Personal Name
 - Location
- Click Next Step

Group Selection

CDC TRAIN

CDC TRAIN requires more detailed group selection.
Please refine your selections below

Location / CDC

(Click any level to return to it)

Select: Community of Practice

Group search

[Academia & Research](#)

[DSTDP Workforce Enhancement Development Learning Group](#)

[Environmental Health](#)

[Health Educators & Learning Professionals](#)

[Laboratory Training](#)

[Leadership & Policy](#)

[Migration Health \(Private Sector\)](#)

[Other](#)

[Practitioners & Clinicians](#)

[Preparedness & Emergency Response](#)

[Prevention & Promotion](#)

[Preventive Medicine and Population Health](#)

[SNS Training](#)

[Students & Future Workforce](#)

[Technology & Informatics](#)

Continue

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CDC TRAIN

CDC TRAIN requires more detailed group selection.
Please refine your selections below

Location / CDC / [Other](#)

(Click any level to return to it)

✓ Confirm these selections

Select: Community of Practice

[Other Public Health Interests](#)

Continue

Back

CDC TRAIN

National/CDC

Other

Continue

Back

- Select Other
- Click Confirm these selections
- Click Continue

Group Selection

CDC TRAIN
Georgia Required Group Selection

Georgia TRAIN requires more detailed group selection. Please refine your selections below.

Location / Georgia

(Click any level to return to it)

Select: State or Federal Agency Affiliation

Group search

[Federal Agency](#)

[Georgia Department of Human Services](#)

[Georgia Emergency Management and Homeland Security Agency \(GEMA/HS\)](#)

[Georgia Firefighter Standards & Training Council](#)

[Georgia Trauma Care Network Commission](#)

[NOT AFFILIATED WITH A STATE OR FEDERAL AGENCY](#)

[State/District/County Public Health](#)

[Technical College System of Georgia](#)

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CDC TRAIN
Georgia Required Group Selection

Georgia TRAIN requires more detailed group selection. Please refine your selections below.

Location / Georgia

[NOT AFFILIATED WITH A STATE OR FEDERAL AGENCY](#)

(Click any level to return to it)

Please review the group selections above for accuracy and make changes as necessary.

✓ Confirm these selections

Back

CDC TRAIN
Georgia Required Group Selection

Georgia TRAIN requires more detailed group selection. Please refine your selections below.

National/Georgia

1 NOT AFFILIATED WITH A STATE OR FEDERAL AGENCY

Because you are affiliated with Georgia, you will need to answer a few additional questions.

Location / Georgia

(Click any level to return to it)

Select: Georgia Affiliation

[Georgia EMS / Peace Officer / Firefighter / Specialty Care Center](#)

[Georgia General Public](#)

Back

CDC TRAIN
Georgia Required Group Selection

Georgia TRAIN requires more detailed group selection. Please refine your selections below.

National/Georgia

1 NOT AFFILIATED WITH A STATE OR FEDERAL AGENCY

Because you are affiliated with Georgia, you will need to answer a few additional questions.

Location / Georgia / [Georgia General Public](#)

(Click any level to return to it)

Please review the group selections above for accuracy and make changes as necessary.

✓ Confirm these selections

Back

CDC TRAIN
Georgia Required Group Selection

Georgia TRAIN requires more detailed group selection. Please refine your selections below.

National/Georgia

1 Georgia General Public

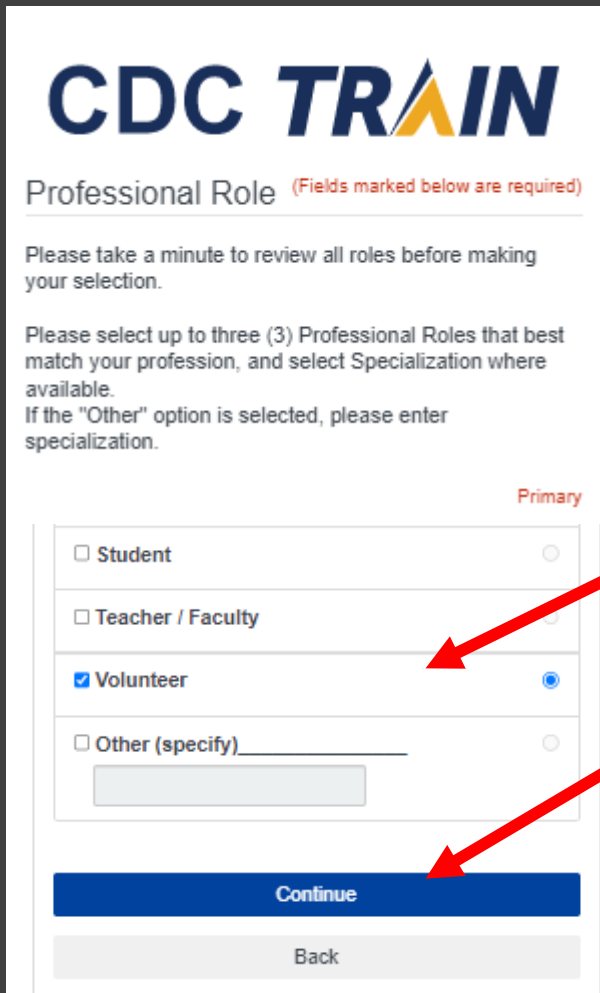
1 NOT AFFILIATED WITH A STATE OR FEDERAL AGENCY

Continue

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- Select NOT AFFILIATED WITH STATE OF FEDERAL AGENCY
- Click Confirm these selections
- Select General Public
- Click Confirm these selections
- Click Continue

Group Selection



CDC TRAIN

Professional Role (Fields marked below are required)

Please take a minute to review all roles before making your selection.

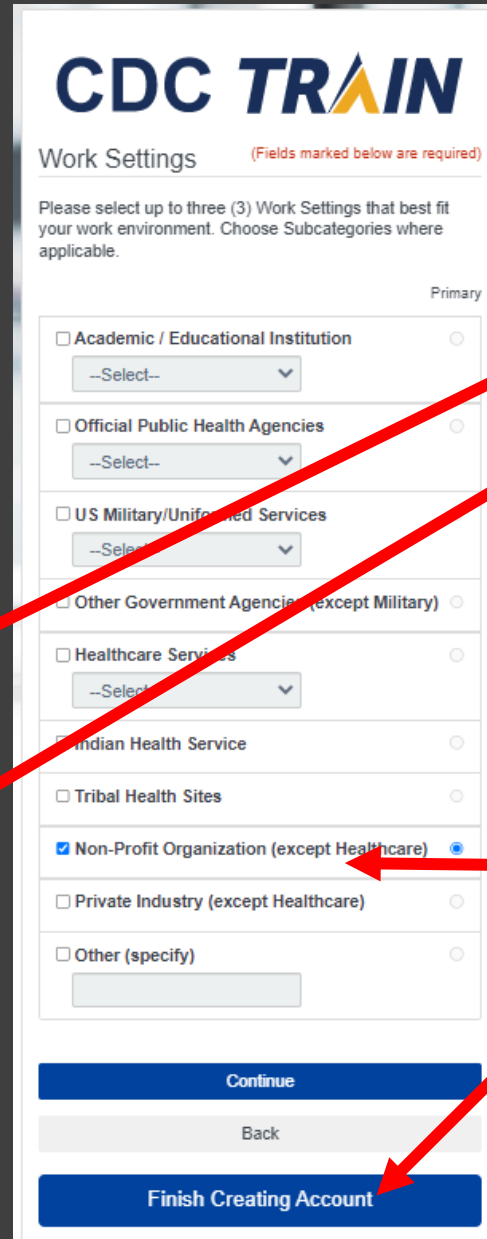
Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available.
If the "Other" option is selected, please enter specialization.

Primary

- ☐ Student
- ☐ Teacher / Faculty
- ☒ Volunteer
- ☐ Other (specify) _____

Continue

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CDC TRAIN

Work Settings (Fields marked below are required)

Please select up to three (3) Work Settings that best fit your work environment. Choose Subcategories where applicable.

Primary

- ☐ Academic / Educational Institution
- ☐ Official Public Health Agencies
- ☐ US Military/Uniformed Services
- ☐ Other Government Agencies (except Military)
- ☐ Healthcare Services
- ☐ Indian Health Service
- ☐ Tribal Health Sites
- ☒ Non-Profit Organization (except Healthcare)
- ☐ Private Industry (except Healthcare)
- ☐ Other (specify) _____

Continue

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Finish Creating Account

- Select Volunteer
- Click Continue

- Click Confirm these selections
- Click Finish Creating Account

Account Successfully Created – Profile Incomplete

The screenshot shows the CDC TRAIN website interface. At the top right, the user's name "Jamie" is displayed next to a profile icon. Below the header, there is a navigation bar with links: HOME, COURSE CATALOG, YOUR LEARNING, CALENDAR, RESOURCES, DISCUSSIONS, and a search icon. A "HELP" link is also present. The main content area features an "Announcements" section with a slide titled "COVID-19 Training Plans" by the "Administrator CDC" dated "Feb 14, 2022". Below this, there is a "Your Training Status" section. On the left, under "Hot Topics", are links for "Opioid Issues", "Zika Virus", and "COVID-19". In the center, under "Search", are links for "Courses", "Training Plans", and "Events". On the right, there is a large orange graphic with a graduation cap icon and the text "Welcome to the TRAIN Learning Network! TRAIN is the nation's most comprehensive learning resource for".

- Click your name to complete your profile – this is necessary to sign up for any training courses.

A dropdown menu is shown, triggered by clicking the user's name "Jamie". The menu contains two options: "Your Profile" and "Log Out, JAMIE" with an external link icon.

- Click Your Profile

Fill the Contact Section

The screenshot shows a user profile page with a sidebar on the left and a main content area. The sidebar contains a list of profile sections: Manage Groups, Account, Contact, Address, Organization, Professional License Number, Professional Role, Work Settings, Demographic Information, FEMA Student ID Number, and Professional Organization ID Number. The 'Contact' section is highlighted with a red arrow. The main content area has a 'Manage Groups' section with a 'Join By Group Search' field and a 'Join By Group Code' field. Below this is a 'Contact' section with a red exclamation mark icon and a 'Phone Numbers' section with a '+ Add a Phone Number' button. A red arrow points to the '+ Add a Phone Number' button. A modal window titled 'Add a phone number' is open, showing a dropdown for 'Select phone type', a text input for 'Phone Number', and 'Cancel' and 'Accept' buttons. Red arrows point to the 'Accept' button and the 'Phone Number' input field.

- Click Contact

- Click +Add a Phone Number

- Select phone type (from drop-down)

- Enter Phone Number

- Click Accept

Fill the Address Section

The screenshot shows a user profile page titled "Your Profile" with a status of "Is incomplete". A progress bar is partially filled. Below the header, there is a sidebar with navigation links: "Manage Groups", "Account", "Contact" (highlighted), "Address", "Organization", and "Professional License". The "Contact" section is active, showing "Phone Numbers" and an "Add Another Phone Number" button. The "Address" section is also visible, with fields for "Country" (United States), "State / Territory" (Georgia), "City", "Street Address", "Street Address Cont", "Time Zone" (GMT-05:00 Eastern T), and "Zip / Postal Code" (30265). Red arrows point from the "Address" link in the sidebar to the "Address" section, and from the "Organization" link to the "Organization" section in a separate window.

Cancel Save

Your Profile Is incomplete

Your profile contains all your system settings and attributes. Please note that some fields are required, until you complete all required settings some site functionality may be limited. For your convenience each section in the profile will indicate if it is incomplete.

Manage Groups

Account

Contact

Address

Organization

Professional License

Contact (Fields marked below are required)

Phone Numbers

Mobile 4234831111

+ Add Another Phone Number

Address (Fields marked below are required)

Country United States

State / Territory Georgia

City

Street Address

Street Address Cont

Time Zone (GMT-05:00) Eastern T

Zip / Postal Code 30265

- Click Address

- Fill the Street Address and City

- Click Organization

This screenshot shows a close-up of the "Address" and "Organization" sections. The "Address" section is highlighted in blue, and the "Organization" section is below it, marked as incomplete with a red exclamation mark icon.

Address

Organization

Fill the Organization Section

Cancel Save

Your Profile Is incomplete

Your profile contains all your system settings and attributes. Please note that some fields are required, until you complete all required settings some site functionality may be limited. For your convenience each section in the profile will indicate if it is incomplete.

Manage Groups

Account

Contact

Address

Organization

Professional License Number

Organization (Fields marked below are required)

Organization Name

Department / Division

Bureau / Section

Title

- Enter SRSA

- Enter Softball

- Enter Volunteer

- Click Save

Cancel Save

Your Profile

Your profile contains all your system settings and attributes. Please note that some fields are required, until you complete all required settings some site functionality may be limited. For your convenience each section in the profile will indicate if it is incomplete.

Manage Groups

Account

Contact

Address

Organization

Professional License Number

Organization (Fields marked below are required)

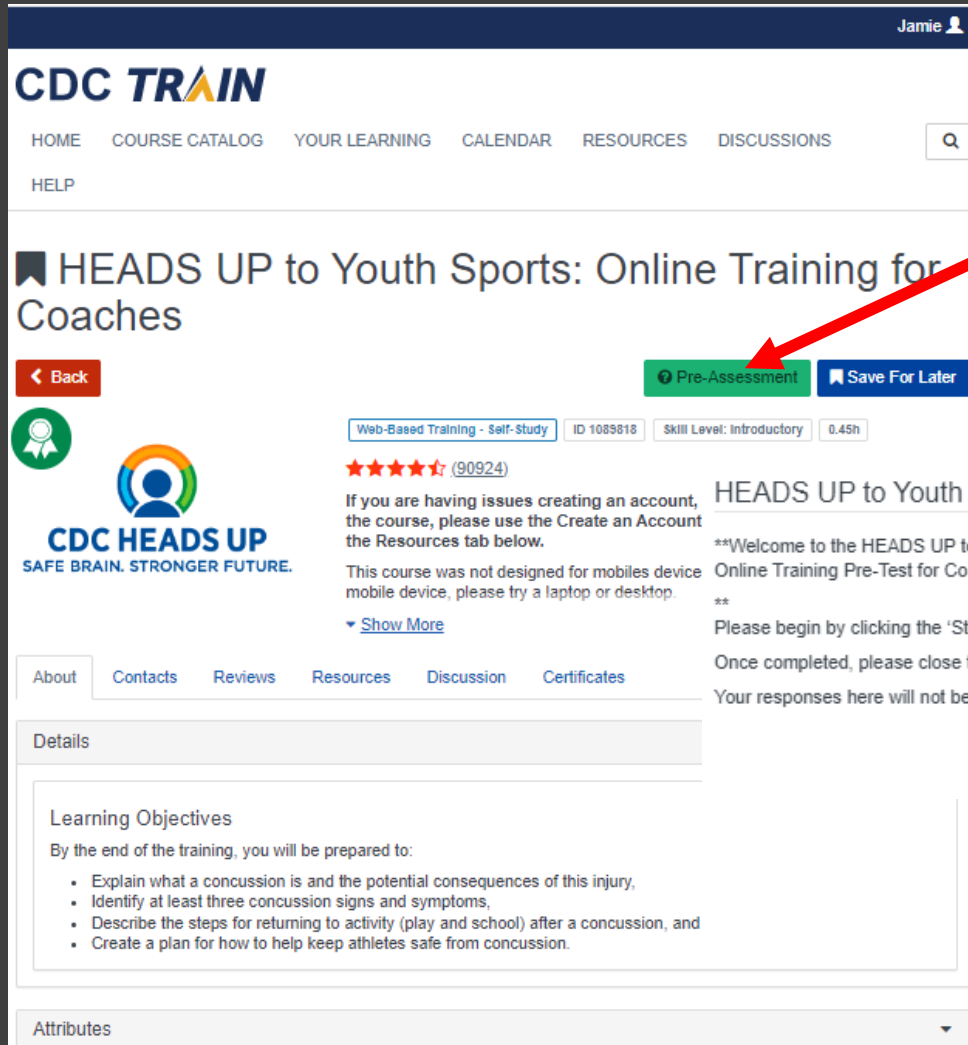
Organization Name

Department / Division

Bureau / Section

Title

Navigate to the CDC HEADS UP to Youth Sports: Online Training for Coaches



CDC TRAIN

HOME COURSE CATALOG YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS HELP

HEADS UP to Youth Sports: Online Training for Coaches

[Back](#) [Pre-Assessment](#) [Save For Later](#)

Web-Based Training - Self-Study ID 1089818 Skill Level: Introductory 0.45h

★★★★★ (90924)

If you are having issues creating an account, the course, please use the Create an Account the Resources tab below.

This course was not designed for mobile device. If you are using a mobile device, please try a laptop or desktop.

[Show More](#)

About Contacts Reviews Resources Discussion Certificates

Details

Learning Objectives

By the end of the training, you will be prepared to:

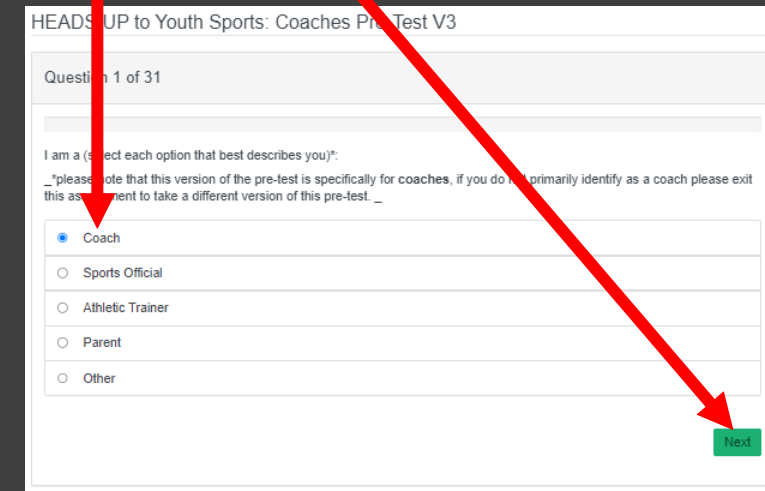
- Explain what a concussion is and the potential consequences of this injury,
- Identify at least three concussion signs and symptoms,
- Describe the steps for returning to activity (play and school) after a concussion, and
- Create a plan for how to help keep athletes safe from concussion.

Attributes

• Click Pre-Assessment

• Click Start

• Click Coach then Next



HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 1 of 31

I am a (select each option that best describes you)*:

*please note that this version of the pre-test is specifically for coaches, if you do not primarily identify as a coach please exit this assessment to take a different version of this pre-test.

- ☒ Coach
- ☐ Sports Official
- ☐ Athletic Trainer
- ☐ Parent
- ☐ Other

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Question 2 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 2 of 31

Please enter the zip code for the location where your athlete(s) or team most often practices or plays:

B I H [List Icons] [Link Icon] [Image Icon] [Attachment Icon] Preview

Attach a file

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- Click in the box

- Enter 30265

- Click Next

Question 3 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 3 of 31

What sport(s) do you coach? (select all that apply)

| | |
|-------------------------------------|--------------|
| <input type="checkbox"/> | Baseball |
| <input type="checkbox"/> | Boxing |
| <input type="checkbox"/> | Cheerleading |
| <input type="checkbox"/> | Cycling |
| <input checked="" type="checkbox"/> | Softball |

[Back](#) [Next](#)

- At least select Softball

- Click Next

Question 4 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 4 of 31

What ages do you work with? (check all that apply)

| | |
|-------------------------------------|---------------|
| <input checked="" type="checkbox"/> | 5 and younger |
| <input checked="" type="checkbox"/> | 6 to 10 |
| <input checked="" type="checkbox"/> | 11 to 13 |
| <input checked="" type="checkbox"/> | 14 to 18 |
| <input type="checkbox"/> | N/A |

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- Select all that apply

- Click Next

Question 5 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 5 of 31

Do you work with boys, girls, or both?

☐ Boys

☒ Girls

☐ Both

☐ N/A

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- Select Girls

- Click Next

Question 6 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 6 of 31

What best describes the level of play of the team(s) you coach:

- ☐ My athletes are beginners. They are still learning the basic skills of the sport.
- ☐ My athletes have experience with the sport, but are still working on skill development.
- ☐ My athletes have a lot of experience playing their sport and have mastered many of the skills. Examples include travel teams and varsity and junior varsity teams.
- ☐ I coach athletes from a variety of levels of the sport.

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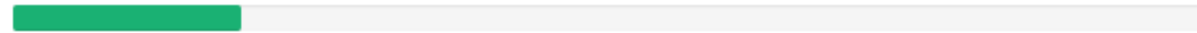
• Select the appropriate answer

• Click Next

Question 7 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 7 of 31



Have you ever had to pull an athlete out of practice, competition, or play because of a possible concussion?

☐ True

☐ False

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- Select the appropriate answer

- Click Next

Question 8 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 8 of 31

In the last 12 months, have you had to pull an athlete out of practice, competition, or play because of a possible concussion?*

**Please only answer this question if you answered YES to the previous question.*

- ☐ Yes
- ☐ No
- ☐ N/A. (I answered NO to the previous question)

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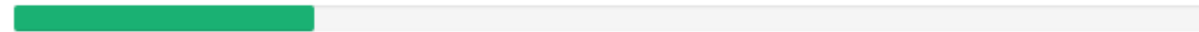
- Select the appropriate answer

- Click Next

Question 9 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 9 of 31



Has a medical provider ever diagnosed an athlete you were coaching with a concussion?

☒ Yes

☐ No

☐ Unsure

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- Select the appropriate answer

- Click Next

Question 10 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 10 of 31

How often do you have an athletic trainer or other healthcare provider at practices or games?

☐ 5 (Never)

☐ 4

☐ 3

☐ 2

☐ 1 (Always)

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Next

- Select the appropriate answer

- Click Next

Question 11 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 11 of 31

My athletes' parents are invested in the outcome of games or competitions.

- ☐ 5 (Strongly Disagree)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 (Strongly Agree)

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Next

- Select the appropriate answer

- Click Next

Question 12 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 12 of 31

My sports program or school is concerned about concussion safety.

- ☐ 5 (Strongly Disagree)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 (Strongly Agree)

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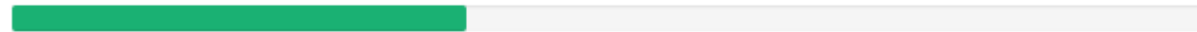
- Select the appropriate answer

- Click Next

Question 13 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 13 of 31



Prior to taking the training today, had you completed a training on concussion?

- ☐ Yes, I have taken one training on concussion.
- ☐ Yes, I have taken more than one training on concussion.
- ☐ No, I haven't taken any trainings on concussion.

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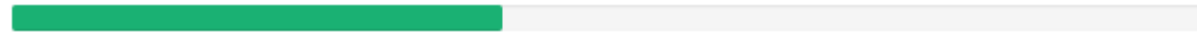
• Select the appropriate answer

• Click Next

Question 14 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 14 of 31



Concussions:

- ☐ Only occur if there is a hit to the head.
- ☐ Often cause a person to pass out or lose consciousness.
- ☐ Are noticeable right away after a hit to the head.
- ☐ Happen most often in sports as a result of a collision between athletes.

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Next

- Select the appropriate answer

- Click Next

Question 15 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 15 of 31



Which of the answers below is a common symptom of concussion:

- ☐ Headache
- ☐ Night sweats
- ☐ Numbness
- ☐ Shooting pains

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Next

- Select the appropriate answer

- Click Next

Question 16 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 16 of 31

Most athletes with a concussion no longer have symptoms from the injury:

- ☐ The next day
- ☐ Within a couple of weeks
- ☐ Within 1 to 2 months
- ☐ After 3 months

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Next

- Select the appropriate answer

- Click Next

Question 17 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 17 of 31

Following a concussion:

- ☐ An athlete won't have any problems getting back to school.
- ☐ An athlete may feel frustrated, sad, angry, or lonely.
- ☐ Athletes have a lower chance of getting another one.
- ☐ An athlete should be required to sleep all day in a dark room right after their injury.

Back

Next

• Select the appropriate answer

• Click Next

Question 18 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 18 of 31

Subconcussive head impacts:

- ☐ Cause symptoms just like a concussion.
- ☐ Always result in long-term health problems.
- ☐ Can be reduced by limiting collisions on the sports field.
- ☐ Are only a concern for professional and college athletes.

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Next

- Select the appropriate answer

- Click Next

Question 19 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 19 of 31

Consider the following scenario: It is the last quarter of the championship game. Your best athlete is knocked down, and you think she may have hit her head. She continues playing, but you notice that she is not acting right. You call a time-out to talk to her. She says she is fine, and wants to keep playing. What should happen next?

- ☐ Require her to take a break before she returns to the game.
- ☐ Allow her to finish the quarter since the game is almost over.
- ☐ Require her to sit out for the rest of the day.
- ☐ Immediately rush her to a hospital or emergency room.

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Next

- Select the appropriate answer

- Click Next

Question 20 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 20 of 31

Consider the following scenario: One of your athletes has been working on his return to play progression over the last 3 weeks. During practice today, you have him work on step 3 of the progression. However, you notice that he starts to look a little off. What should happen next?

- ☐ Let him continue practice as he hasn't reported any symptoms.
- ☐ Have him take a break and let him know that at the next practice (in 3 days) he should go back to step 2 as long as he feels ok.
- ☐ Send him home and let him know that he should restart the progression at step 1 once he feels better.
- ☐ Sit him out of practice and make sure he rests for 10 to 14 days.

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• Select the appropriate answer

• Click Next

Question 21 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 21 of 31

Consider the following scenario: After running into another athlete and hitting her head, you notice that one of your athletes looks dazed. You ask the sports official to pause the competition so you can talk to her. She says she feels sick to her stomach, and then blacks out (loses consciousness). What should happen next?

- ☐ Ask a teammate to help carry her into the gym so she can take a nap and cool off.
- ☐ Give her some ice and have someone walk her around to help wake her up.
- ☐ Require her to stay out of play the rest of the day.
- ☐ Immediately rush her to a hospital or emergency room.

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Next

• Select the appropriate answer

• Click Next

Question 22 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 22 of 31

Consider the following scenario: The team captain is out with a concussion she got 4 days ago. She is at school half days this week as part of her recovery. However, she wants to attend practice today to help support her teammates. What should happen next?

- ☐ Tell her it is better for her to rest at home. After a concussion, she shouldn't do any activities until all her symptoms are gone.
- ☐ Let her attend practice to cheer on her teammates. However, also let her know she can't return to sports participation until she is back to her other regular activities (such as school).
- ☐ Allow her run a few laps with her team so she doesn't feel left out. However, let her know she can't do the full practice until she feels better.
- ☐ Advise her to stay at home, but give her some exercises or drills to do at home to help her keep in shape for the season.

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• Select the appropriate answer

• Click Next

Question 23 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 23 of 31

Consider the following scenario: The sports program director asked you to put together a concussion safety plan for your team. As part of that, you need to educate your athletes about concussion. What is the best approach?

- ☐ Set time aside before games and practices to encourage athletes to tell you about a possible concussion.
- ☐ Teach ways athletes can lower the chance for concussion.
- ☐ Post information about concussion in locker rooms or other places where your athletes practice and compete.
- ☐ All of the above.

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Next

• Select the appropriate answer

• Click Next

Question 24 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 24 of 31



There are things I can do to help lower the chance for concussion among my athletes.

☐ 5 (Strongly Disagree)

☐ 4

☐ 3

☐ 2

☐ 1 (Strongly Agree)

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Next

- Select the appropriate answer

- Click Next

Question 25 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 25 of 31

Removing an athlete from play with a possible concussion is best for their recovery.

☐ 5 (Strongly Disagree)

☐ 4

☐ 3

☐ 2

☐ 1 (Strongly Agree)

Back

Next

- Select the appropriate answer

- Click Next

Question 26 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 26 of 31



Concussions are less serious than other injuries.

☐ 5 (Strongly Disagree)

☐ 4

☐ 3

☐ 2

☐ 1 (Strongly Agree)

Back

Next

- Select the appropriate answer

- Click Next

Question 27 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 27 of 31

A concussion can lead to long-term health problems.

- ☐ 5 (Strongly Disagree)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 (Strongly Agree)

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Next

• Select the appropriate answer

• Click Next

Question 28 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 28 of 31

My athletes want to hear from me about concussion safety.

- ☐ 5 (Strongly Disagree)
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1 (Strongly Agree)

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Next

- Select the appropriate answer

- Click Next

Question 29 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 29 of 31



My role in concussion safety is clear.

☐ 5 (Strongly Disagree)

☐ 4

☐ 3

☐ 2

☐ 1 (Strongly Agree)

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Next

• Select the appropriate answer

• Click Next

Question 30 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 30 of 31



I am confident in my ability to spot concussion symptoms among my athletes.

☐ 5 (Strongly Disagree)

☐ 4

☐ 3

☐ 2

☐ 1 (Strongly Agree)

Back

Next

- Select the appropriate answer

- Click Next

Question 31 of 31

HEADS UP to Youth Sports: Coaches Pre-Test V3

Question 31 of 31

I am confident in my ability to help an athlete with the return to sports process.

☐ 5 (Strongly Disagree)

☐ 4

☐ 3

☐ 2

☐ 1 (Strongly Agree)

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Next

- Select the appropriate answer

- Click Next

Pre-Test Completion

HEADS UP to Youth Sports: Coaches Pre-Test V3

Passed

Thank you for completing the Pre-Test!

Please close this window and click the green 'Launch' button to begin the HEADS UP training.

Your Score

10 points

Passing Score

0 points

Review

Continue

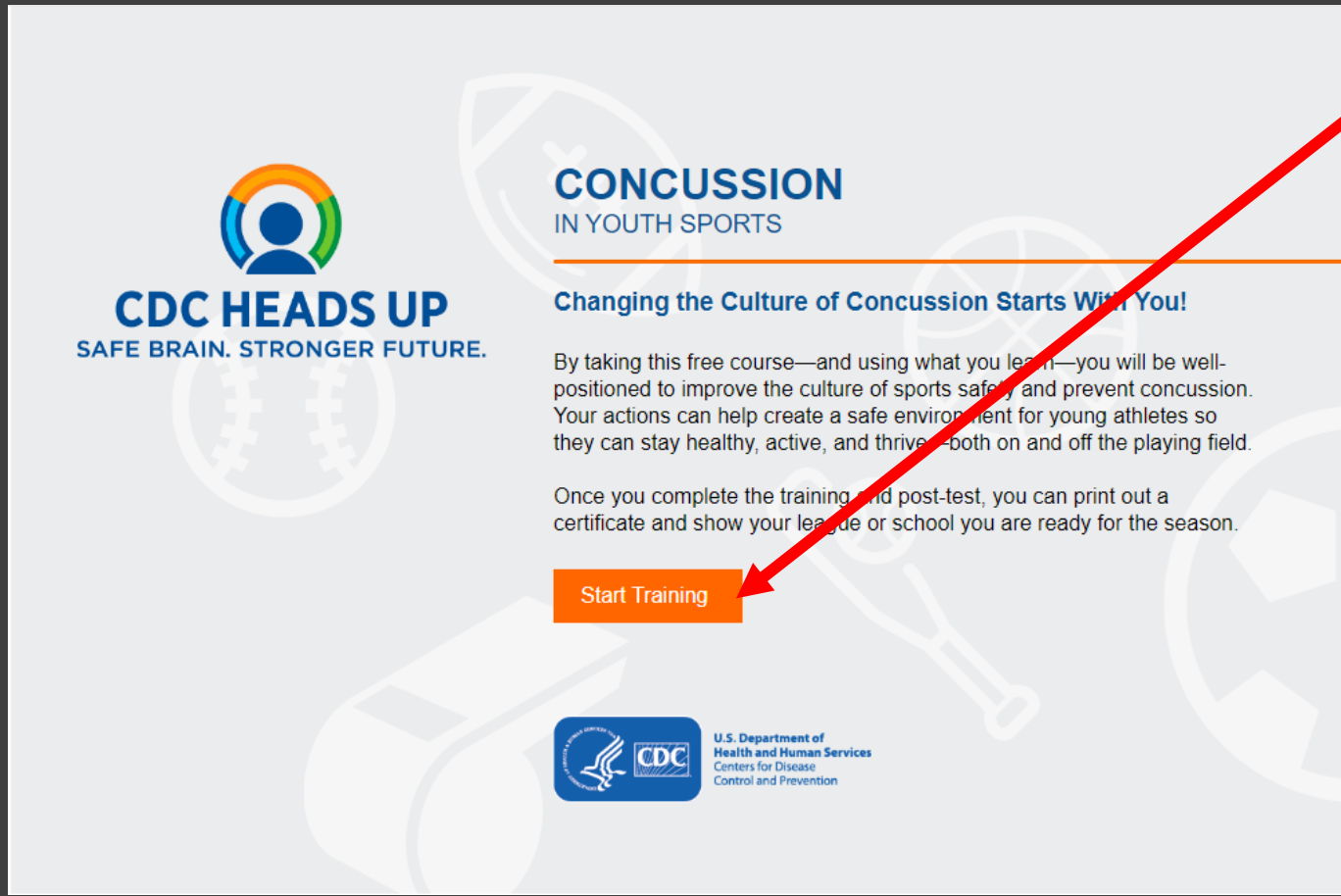
- Click Continue

- Click Open

HEADS UP to Youth Sports: Online Training for Coaches

Open

Pre-Test Completion



- Click Start Training
- Follow the training program by watching the training videos and answering the Post-Training Test.
- Once completed,

Completed Training

Notifications 2 Jamie

CDC TRAIN

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HEADS UP to Youth Sports: Online Training for Coaches

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Completed Web-Based Training - Self-Study ID 1085818 Skill Level: Introductory 0.45h

★★★★☆ (90929)

If you are having issues creating an account, starting the course, or navigating the course, please use the Create an Account and FAQ documents located in the Resources tab below.

This course was not designed for mobiles devices. If you are having issues while on a mobile device, please try a laptop or desktop.

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Details

Learning Objectives

By the end of the training, you will be prepared to:

- Explain what a concussion is and the potential consequences of this injury,
- Identify at least three concussion signs and symptoms,
- Describe the steps for returning to activity (play and school) after a concussion, and
- Create a plan for how to help keep athletes safe from concussion.

Attributes

• When you navigate back to the training course page ([linked here](#))

• Click Print Certificate

• This downloads the file to your computer. You can then upload this file to your SRSA Coach Application.