

**Student Information**

Student Name:	Student Number:
Preferred Name:	OEN:
Grade:	Date of Birth:
School:	Current School Year:
Date:	Review Date:
SERT:	

**Staff Information**

[Click Here to Download Notification of Risk of Injury Document](#)

**Developed By**

Staff Name	Role
<input type="text" value=""/> (ID) <a href="#">lookup</a> / <a href="#">non-lookup</a>	<input type="text" value=""/> (Correct Title, if necessary)
+	

**Shared With**

Staff Name	Role
<input type="text" value=""/> (ID) <a href="#">lookup</a> / <a href="#">non-lookup</a>	<input type="text" value=""/> (Correct Title, if necessary)
+	

**Staff Available to Support**

Staff Name	Role
<input type="text" value=""/> (ID) <a href="#">lookup</a> / <a href="#">non-lookup</a>	<input type="text" value=""/> (Correct Title, if necessary)
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**Sources Consulted**

- |                                                    |                                                          |
|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> OSR                       | <input type="checkbox"/> IEP/Relevant Program Pages      |
| <input type="checkbox"/> Behaviour Tracking        | <input type="checkbox"/> Functional Behaviour Assessment |
| <input type="checkbox"/> Behaviour Management Plan | <input type="checkbox"/> Human Resources(specify):       |
| <input type="checkbox"/> Other:                    |                                                          |

**Personal Protective Equipment**

- |                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Hand/Arm Protector Sleeve | <input type="checkbox"/> Visor                     |
| <input type="checkbox"/> Protective Shin Guard     | <input type="checkbox"/> Safety Glasses            |
| <input type="checkbox"/> Padded Gloves             | <input type="checkbox"/> Light Protective Knee Pad |
| <input type="checkbox"/> Forearm Protector         | <input type="checkbox"/> Active Aide Top           |
| <input type="checkbox"/> Headgear with Ratchet     | <input type="checkbox"/> Other:                    |

**Signatures**

Reviewed By:

<input type="text" value=""/>	Principal	<input type="text" value=""/>	Signature
<input type="text" value=""/>	Parent/Guardian	<input type="text" value=""/>	Signature
<input type="text" value=""/>		<input type="text" value=""/>	Signature

Student Name: Hayden Weller-Boothby

**Precipitating Factors**

**Triggers**

**Student Behaviour / Staff Response**

Anxiety	Supportive
<p>Behaviour:</p> <p><input type="text" value=""/></p>	<p>Prevention:</p> <p><input type="text" value=""/></p> <p>Intervention:</p> <p><input type="text" value=""/></p>

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Defensive		Directive	
 Behaviour:	Prevention:	Intervention:	
			

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Acting Out		Non Violent Physical Crisis Intervention	
 Behaviour:	Prevention:	Intervention:	
			

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Tension Reduction		Therapeutic Rapport	
 Behaviour:	Prevention:	Intervention:	
			