Safety Plan
Where applicable, school staff should seek clarification of information contained within this document

Student Information					
Student Name: Preferred Name: Grade: School: Date: READ SERT: READ	(ID) lookup	Student Number: OEN: Date of Birth: Current School Year: Review Date: READ Date of Completion: READ			
Yes No At risk to Injure se	lf/Self-injurious behavior	s part of 's Safety Plan			
	on of Risk of Injury Document				
Staff Name	(ID) Id	okup Non-Lookup	Role	(Correct Title, if necessary)	
Staff Name	(ID) I	ookup Non-Lookup	Role	(Correct Title, if necessary)	
Staff Available to Support R Staff Name		okup Non-Lookup	Role	(Correct Title, if necessary)	
	Preferred Name: Grade: School: Date: READ SERT: READ Risk of Injury READ Yes No At risk to injure of Yes No Personal Protective Staff Information Click Here to Download Notification Developed By READ Staff Name Shared With READ Staff Name Staff Name	Student Name: Preferred Name: Grade: School: Date: READ SERT: READ (ID) lookup Risk of Injury READ Yes No At risk to injure others Yes No Personal Protective Equipment (PPE Stealthwear) is required a Staff Information Click Here to Download Notification of Risk of Injury Document Developed By READ Staff Name (ID) Ic Staff Name (ID) Ic Staff Name	Student Name: Preferred Name: OEN: Grade: Date of Birth: School: Current School Year: Review Date: READ SERT: READ Review Date: READ Date of Completion: READ Risk of Injury READ Wes No At risk to Injure others Yes No At risk to Injure self/Self-injurious behavior Yes No Personal Protective Equipment (PPE Stealthwear) is required as part of 's Safety Plan Staff Information Click Here to Download Notification of Risk of Injury Document Developed By READ Staff Name (ID) lookup Non-Lookup Staff Name (ID) lookup Non-Lookup	Student Name: Preferred Name: OEN: Grade: Date of Birth: Current School Year: Review Date: READ Review Date: READ QUID lookup Risk of Injury READ QUID lookup Risk of Injury READ QUID lookup Risk of Injury READ Quid At risk to injure others Yes	Student Name: Student Number: OEN: Crade: Date of Birth: School: Current School Year: Series READ Date of Completion: READ Series READ Date of Completion: READ Yes No At rick to Injure self/Self-injurious behavior Yes No At rick to Injure self/Self-injurious behavior Yes No At rick to Injure self/Self-injurious behavior Yes No Personal Protective Equipment (PPE Stealthwear) is required as part of 's Safety Plan Staff Name Role Staff Name

Sources Consulted OSR Behaviour Tracking Behaviour Manage Other:	IEP/Relevant Program Pages					
PPE Information HIDE STAFF This chember is not suppo orientation page Staff Name: Principal Name:	neck box should be checked when staffing support for the st rting the student anymore. DO NOT DELETE OR REMOVE THI	tudent changes and the school determines E STAFF MEMBER please just hide them. In poly	the staff should not be listed in the PPE section anymore. E print view they will not show but we must retain the inform	kample: the listed staff ation for the PPE		
Required PPE (none)	V	Notes				
Signatures READ Reviewed By:				D) lookup		
	Principal		Signature			
	Student (as appropriate)	<u> </u>	Signature			
	Parent/Guardian		Signature			
	(ID) lookup	Non-Lookup	Signature			
			Student Name:			
Precipitating Fact	ors READ			le.		

Known Triggers READ					
					//
Student Behaviour / Staff Response READ					
Anxiety	Supportive				
Behaviour: READ	Prevention: READ		Intervention: READ		
Sellaviour NET	Trevention Reve		Intervention: NEXE		
//		//			<i>[i</i>
Defensive	Directive				_
Behaviour: READ	Prevention: READ		Intervention: READ		
Dellaviour. READ	Prevention. READ		Intervention, READ		
6		//			10
Risk Behaviours	Physical Interventions/Safety Int	terventions			
Behaviour: READ	Prevention: READ	ter vertalons	Intervention: READ		
Dellaviour. READ	Prevention. READ		intervention. READ		
//		//			//
Tension Reduction	Therapeutic Rapport				
Behaviour: READ	Prevention: READ		Intervention: READ		
Denaviour. READ	Prevention. READ		Intervention, READ		
6		//			1
he information gathered on this form is gathered pursuant to the Educ ervice provider. School phone numbers are listed alphabetically in the p	ation Act. The information will be used for the polynome book under York Region District School R	purpose of program planning for the student. Any ger	neral questions about the informat	tion gathered on this form may be	discussed with the principal of your child's school o
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