

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

Risk of Injury READ

☐ Yes ☐ 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	Role
<div><div></div><div>(ID) lookup Non-Lookup</div></div>	<div><div></div><div>(Correct Title, if necessary)</div></div>

Shared With READ

Staff Name	Role
<div><div></div><div>(ID) lookup Non-Lookup</div></div>	<div><div></div><div>(Correct Title, if necessary)</div></div>

Staff Available to Support READ

Staff Name	Role
<div><div></div><div>(ID) lookup Non-Lookup</div></div>	<div><div></div><div>(Correct Title, if necessary)</div></div>

Sources Consulted

- ☐ OSR
☐ Behaviour Tracking
☐ Behaviour Management Plan
☐ Other:

- ☐ IEP/Relevant Program Pages
☐ Functional Behaviour Assessment
☐ Human Resources(specify):

PPE Information

☐ **HIDE STAFF** This check box should be checked when staffing support for the student changes and the school determines the staff should not be listed in the PPE section anymore. Example: the listed staff member is not supporting the student anymore. DO NOT DELETE OR REMOVE THE STAFF MEMBER please just hide them. In print view they will not show but we must retain the information for the PPE orientation page..

Staff Name: (ID) [lookup](#) [Non-Lookup](#)

Principal Name:

Required PPE	Notes
<input type="text" value="(none)"/> ▼	<input type="text"/>

Signatures READ

Reviewed By:

Principal

Student (as appropriate)

Parent/Guardian

(ID) [lookup](#) [Non-Lookup](#)

(ID) [lookup](#)

Signature

Signature

Signature

Signature

Precipitating Factors READ

Student Name:

Known Triggers **READ**

Student Behaviour / Staff Response **READ**

Anxiety	Supportive	
Behaviour: READ	Prevention: READ	Intervention: READ
Defensive	Directive	
Behaviour: READ	Prevention: READ	Intervention: READ
Risk Behaviours	Physical Interventions/Safety Interventions	
Behaviour: READ	Prevention: READ	Intervention: READ
Tension Reduction	Therapeutic Rapport	
Behaviour: READ	Prevention: READ	Intervention: READ

The information gathered on this form is gathered pursuant to the Education Act. The information will be used for the purpose of program planning for the student. Any general questions about the information gathered on this form may be discussed with the principal of your child's school or the service provider. School phone numbers are listed alphabetically in the phone book under York Region District School Board or through the Board's website: www.yrdsb.ca

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