**NOTIFICATION OF POTENTIAL RISK OF INJURY**

**(Abridged Safety Plan)**

**(CONFIDENTIAL – NOT TO BE POSTED)**

Date:

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| **IDENTIFYING INFORMATION** | (Insert Photo) |
| Name: |
| Classroom #/Location: |
| School/Location: |

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| **BRIEF DESCRIPTION OF BEHAVIOUR THAT PRESENTS AT RISK** |
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| **TRIGGERS** |
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| **SAFETY STRATEGIES** | |
| **DO** | **DO NOT** |

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| **HOW TO GET IMMEDIATE ASSISTANCE** |
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