



**NOTIFICATION OF POTENTIAL RISK OF INJURY
(Abridged Safety Plan)
(CONFIDENTIAL – NOT TO BE POSTED)**

Date: _____

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

BRIEF DESCRIPTION OF BEHAVIOUR THAT PRESENTS AT RISK

TRIGGERS

SAFETY STRATEGIES	
<u>DO</u>	<u>DO NOT</u>

HOW TO GET IMMEDIATE ASSISTANCE