

Management of Risk of Injury Meeting Summary

This document is to be used to summarize the Management of Risk of Injury meeting and should be placed in the OSR only. If the student is relocating, please ensure that the receiving Principal receives a copy.

☐ Current TDSB student ☐ Entry from another board ☐ Entry from ECPP or Suspension Program ☐ Beginning school for first time

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|--------------------------|-------------------|-----------------------|----------------------|
| | | | |
| Student's Surname | First Name | Student Number | Date of Birth |

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|--------------------|--------------|------------------|
| | | |
| School Name | Grade | Placement |

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|----------------------------------|---|---|--|
| School Attendance Status: | <input type="checkbox"/> Attending | <input type="checkbox"/> Suspended (Re-entry date:) | <input type="checkbox"/> Expelled (Re-entry date:) |
| | <input type="checkbox"/> Re-entered (Date:) | <input type="checkbox"/> Relocating (Name of program/school:) | |

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| Ongoing Consultation | |
| Names/Title: | |
| Reason for Consultation: (Provide information about injurious behaviours to self and/or others in a respectful manner maintaining student's dignity). | |
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| Summary and Next Steps: (Describe information gathered, decisions reached, strategies the adults will implement to ensure student success, persons responsible and future plans for student.) |
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Principal's Signature

Date