

Document to be placed in the student's personal assistance file.

## Information on the student

Student's name:	
Date of birth:	Group/class:
School:	

## Goal of the student protocol in accordance with the student's individualized education plan

Identify the competencies the student needs to develop:
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## Preventive interventions and alternative measures to be used with a student in a crisis situation

### 1. Before the crisis:

Observable behaviours	Interventions
Behavioural manifestations on the part of the student indicating that a crisis is likely to occur:	Preventive interventions to be carried out before the crisis starts, depending on the triggers:

### 2. During the crisis:

Observable behaviours	Interventions
Behavioural manifestations on the part of the student indicating the early warning signs of a crisis:	Preventive interventions to be carried out at the beginning of the crisis:
Behavioural manifestations on the part of the student indicating an escalation of the behaviours:	Interventions to be carried out to defuse the crisis:
Dangerous behavioural manifestations by the student (emergency situations):	Alternative measures to be applied:

## Preventive interventions and alternative measures to be used with a student in a crisis situation (cont.)

### 3. At the end of the crisis:

Observable behaviours	Interventions
Indicators that the student wants to collaborate and signs that they have regained their composure:	Interventions to be carried out for the regaining of composure:

### Danger-assessment criteria:

✓ <b>Predictability of danger</b> Does the student's behaviour present a real danger for themselves or others?
✓ <b>Immediacy of danger</b> Is the control measure the only possible intervention that I have the time to carry out?
✓ <b>Severity of consequences</b> Will the consequences of the student's behaviour be serious for themselves or others?

### Activity reserved for an authorized professional

Name:
Profession:
Date of the assessment by the authorized professional:

### Situations that justify recourse to a control measure

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### Methods and conditions for applying a control measure

#### Control measure selected:

Level of supervision required:
Duration of the application:
Indicators that the student wants to collaborate and signs that they have regained their composure, signalling that the application of the measure should be discontinued:

### Contraindications and associated risks:

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## Methods and conditions for applying a control measure (cont.)

### Date or terms and conditions for a reassessment by the authorized professional:

### Locations designated for the application of the selected control measure:

### Locations designated for the regaining of composure:

### Staff members involved in intervention and their roles:

Persons designated to apply the control measure:
Persons designated to carry out the supervision:
Persons who will have to check the safety of the locations:

### Names and contact information of partners who could be of help during the intervention:

## Post-incident procedures

### Person designated to ensure that post-incident procedures are followed:

### Staff members designated to meet the people concerned and see to their well-being:

Student:
Staff members involved in the intervention:
Witnesses:

### Person responsible for communicating with the parents:

Name of the person to contact:
Contact information:
Situations requiring that parents be contacted:

## Post-incident procedures (cont.)

### Staff members responsible for documenting the information with regard to the situation:

Person designated to write up the incident report (24 hours following the intervention):

### Person designated to review the intervention with the stakeholders concerned and facilitate the meeting:

## Terms and conditions for the activation of the student protocol and for communication

Code used to activate the student protocol:

Means of communication the staff will use to request help, secure the area and communicate throughout the intervention (e.g. intercom, walkie-talkie):

### Staff members responsible, depending on the time of day, for:

Informing the principal every time the student protocol is activated:

Communicating with emergency services, if applicable:

## Team involved

\_\_\_\_\_  
(Name and title)

## Date set to review the student protocol

I give my free and enlightened consent for the application of the means stated in this protocol.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
Date (year-month-day)

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
Date (year-month-day)