

STUDENT BEHAVIOUR ASSESSMENT FORM M.19

NAME:		SCHOOL:		
Date of Birth:		Date of Incident:		
Age:		Date of Form		
		Completion:		
Gender:		Indigenous Ancestry	Yes	No
Parent/Guardian		Phone:		
Previous Incidents?	YES	_NO Details:		

1. Summary of Worrisome Behaviour (attach drawings, notes, writing, if applicable):

Vague threatening statements	Stories/journals with violence or sexualized themes	Significant change in baseline behaviour
Unusual interest in fire or fire setting	Social media posts (concerning content)	Abrupt change in social group
Isolation (withdrawn from social activities)	Change in verbal communication	Change in clothing (inappropriate)
Skipping school / decline in attendance	Decline in marks / failing courses / kicked off team(s)	Lack of participation in class
Excessive time on device (according to age group)	Negative community based incident(s)	Opposition to authority
Excessive fixation on school based shootings	Violent themes in assignments / writings /drawings	Change in appearance / disheveled / unkempt
Change in sleep pattern / lack of sleep	Angry/violent outbursts	Expressed Suicidal Ideation
Negative outlook / depression / withdrawn	Overly emotional (can't control tears, fears, etc.) lack of self-regulation	Self-harm behaviour (cutting, mutilation, hair pulling, burning)
Drug or alcohol use: Type:	Interest/participation in negative activities (violent games, weapons, fighting)	Signs of Radicalization: (a process by which an individuals adopt increasingly extreme political, social, or religious ideal)

Other (Describe in detail, Please do not include other students' name and information):		

2. Social, Emotional and/or Behavioural Concerns:

Recent loss	Social phobia	Chronic health
expressed Suicidal ideation	Anxiety / panic attacks	Hopelessness / depression
Possible drug / Alcohol use	Family conflict	Change in eating habits
Issues with authority	Peer conflict	Poor self-control
Disengaged with school	Mood swings	Extreme risk taking
Sleep issues	Poor coping skills	Lack of motivation
Bully victimization	Bullying others	Aggression/anger
Overt sexualized behaviour (inappropriate)	Struggles to manage transitions / change(s)	Feels behaviour is justified
Change in behaviour	Social isolation (peers)	Self-harm behaviour
Other (describe):		

3. Risk Enhancers/ Risk Reducers:

Risk Enhancer	Possible Risk Reducer	Possible Support / Agency

4. School Level Action Plan:

Steps /Considerations for Support / Intervention	
Notify Parent(s)/Guardian(s) - Mandatory	Recommend school based counseling
Notify appropriate school staff- as required	ABED supports
Modify schedule as needed	Referral to Drug & Alcohol Counsellor
Recommend School Based Team meeting	Recommend IEP meeting/review
Develop student safety Plan	Develop FBA with Plan
Review current safety plan with staff	District disciplinary procedures
Recommend psychoeducational assessment	Conflict/anger/social emotional skills education / training
Relationship building strategies	Referral to MCFD
Recommend referral to CYMH	Mentorship connection
Other:	Enhance school connectedness
Connect with Co-oordinator of Mental Health and Addictions	Other community partner involvement:

Specifics of School Level Plan:

5. Community / Home Action Plan:

Considerations for Support/ Intervention	
Backpack check before school	MCFD supports
Reduce/monitor screen time/ online access	Increase connectedness at home
Bedroom & Digital Device check	Increase community connectedness
Medical referral / check up	Counselling / CYMH referral
Other community supports:	
Other:	

PRINCIPAL OR VICE-PRINCIPAL Name:	Signature:
PRINCIPAL OR VICE_PRINCIPAL Name:	Signature:
CASE MANAGER Name:	Signature:
SCHOOL COUNSELLOR Name:	Signature:
OTHER(S) Name:	Signature:
OTHER(S) Name:	Signature:

Specifics of Community / Home Action Plan:

<u>NOTE</u>: A copy of the completed Worrisome Behaviour Assessment must be sent to the Director of Inclusive Education and the Manager of Safe Schools for review ASAP.

Reported DATE/TIME: