

Check-In

Your Code/ID (e.g., F5656) _____

In your position currently, what is your sense of physical safety in working with students?

1—unsafe 2—slightly unsafe 3—not sure 4—mostly safe 5—completely safe

Have you experienced a physical injury due to an interaction with a student since the last training?

Yes. No. If yes, number of incidents _____

What types of injury(ies) did you sustain? (e.g., hit, bite, muscle strain) _____

Have you used any information/skills provided in the SHIP trainings in your work with your students this year? **Yes. No.**

If yes, which area(s) of the training provided this information? (Check all that apply.)

- ☐ Relation between disabilities & behavior
- ☐ Principles of behavior change
- ☐ Developing positive relationships
- ☐ Responding to behavior escalation
- ☐ Lines of communication
- ☐ Understanding special education law