

To: All Education Assistants (EAs)
All Applied Behaviour Analysis Support Worker (ABA SWs)

cc: All Principals and Vice-Principals

From: EA Peer Support Facilitators, Student Support

Date: September 2021

Subject: REVISED EA / ABA SW SUB-BOOK

Attached please find the current EA / ABA SW Sub-Book. It is to be used when creating new sub books (*existing sub books do not need to be replaced at this time*). To better suit your program/student, please customize as needed, but keep the duo-tang colour yellow and include the "Immediate Concerns" sheet.

IMPORTANT:

- All Sub-Books should be yellow duo tangs.
- All Sub-Books need to be kept together.
- Sub-Books contain confidential information and must be kept in a secure location.
- IEPs or other confidential documents are NOT to be included in the Sub-Book.
- Duo tangs and dividers should be reused and information sheets shredded at the end of the year.

PAGE ORDER:

Immediate Concerns - this should be the first page

Tab 1 School Map *if needed*

Tab 2 Schedule and Information (*see sample pages*)

Tab 3 Student Profile (*see sample pages*)

Tab 4 Employee Safety Plan *if needed*

Tab 5 Behaviour Plan *if needed*

Tab 6 Medical/Personal Care Plan *if needed*

Tab 7 School Information (*see page for ideas*)

Tab 8 Time Sheets

- Plastic sleeve with a SAMPLE / VOIDED time sheet filled in with your hours.
- Place a few blank yellow spareboard time sheets behind the sample one.
- Indicate who signs time sheets at your school.

Be sure to include a few sheets of blank paper for notes.

IMMEDIATE CONCERNS

This sub-book belongs to: _____

Please report to: _____ Room #: _____

Employee Safety Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	See section for detailed information
Medical Plan & Personal Care Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toileting:
		Other:
Behaviour Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	See section for more information
Lunch Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please go to _____ at _____ o'clock to supervise _____ _____
Bus Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please go to _____ at _____ o'clock and meet _____ _____

Remember to return this sub-book at the end of the day.

WEEKLY SCHEDULE AND INFORMATION

Scheduled hours of work: _____/day _____/week

Coffee break(s): _____ Lunch break: _____

Supervision: _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday

DAILY SCHEDULE AND INFORMATION

Scheduled Hours of Work: _____

Total Weekly Hours: _____

Break Times: _____

Coffee / Lunch _____

Block _____	Teacher _____ Room _____ Students I support: _____ _____
Block _____	Teacher _____ Room _____ Students I support: _____ _____
Block _____	Teacher _____ Room _____ Students I support: _____ _____
Block _____	Teacher _____ Room _____ Students I support: _____ _____

STUDENT PROFILE AT A GLANCE

Name & Grade	Communication Needs <i>(Pic Symbols, Sign Language, iPad)</i>	Strengths / Concerns

STUDENT PROFILE

Student Name: _____

Grade: _____

Likes:

Dislikes:

Rewards:

Peers:

Level of Supervision/Safety Concerns (*Playground, cafeteria etc.*)

SCHOOL INFORMATION

Information that can be included in this section:

- School hours
 - Start time
 - Recess
 - Lunch
 - Dismissal
- Evacuation plans
- Earthquake and fire drill
- Lockdown (code red) plans
- Accident/incident reporting