

GOAL SETTING

The most important benefit of setting goals isn't achieving your goal; it's what you do and the person you become in order to achieve your goal. That's the real benefit.

Goal setting is powerful because it provides focus. It shapes our dreams. It gives us the ability to hone in on the exact actions we need to perform to achieve everything we desire in life. Goals are great because they cause us to stretch and grow in ways that we never have before. In order to reach our goals, we must become better.

Here is how to get started:

1. Define your dreams and goals.
2. Make your goals S.M.A.R.T.

Specific
Measurable
Attainable
Realistic
Time-bound



3. Write it down and review frequently.
4. Share them selectively. Be accountable to those with whom you share.



VIOLENCE IN THE WORKPLACE

WorkSafeBC defines "violence" as "the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior which gives a worker reasonable cause to believe that he or she is at risk of injury" (Occupational Health and Safety Regulation 4.27).

Be prepared! Before an incident of violence occurs, ensure you know where the relevant forms are at your school/site.

If you have been threatened with physical force or been injured from an act of violence:

- * Please report to your Administrator or Supervisor, ASAP;
- * If injured, seek first aid;
- * Complete a form 1 "Worker's Statement of Incident".

Form 1 Worker's Statement of Incident		INSTRUCTIONS
*This form is N/A for worker to worker incidents		Complete Form 1 prior to any other form. Completed by worker(s) involved. Provide the completed report to your P/V or Supervisor. P/V or Supervisor to follow investigation process. If you have been injured, please see First Aid Attendant. Incidents to be reported as soon as possible.
School Site:	Specific Location:	
Date & Time of Incident:	Date & Time Worker Reported Incident:	
	AM PM	AM PM
Name of Worker involved in Incident:	Work Phone #	Position
Name of P/V or Supervisor:	Work Phone #	
Name of Witnesses:	1.	2.
	3.	
In your best professional judgment, this incident involving violence can be best categorized as:		
<input type="checkbox"/> Verbal abuse <input type="checkbox"/> Verbal threat <input type="checkbox"/> Written threat <input type="checkbox"/> Threatening Gestures <input type="checkbox"/> Physical assault		
Weapon involved <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
Aggressor's Name (if known): <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Student DOB: _____ Gr: _____		
Nature of Injury: (include body area/part affected, left, right, psychological, etc.) _____		
Did you seek First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you see a physician? <input type="checkbox"/> Yes (if yes, complete Form 6A) <input type="checkbox"/> No if yes, when? _____ (Date)		
Were you absent from work? <input type="checkbox"/> Yes (if yes, complete Form 6A) <input type="checkbox"/> No if yes, when? _____ (Date)		
Description of Violent Incident: (attach supporting documents as required, inc. sequence of events, sketch, equipment, etc.) _____		
Next Steps/Action Taken: <input type="checkbox"/> Completed Form 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Further Action Required <input type="checkbox"/>		
P/V or Supervisor's Signature: _____ Date: _____ Worker's Signature: _____ Date: _____		
Copies to: <input type="checkbox"/> Associate Superintendent (via email) <input type="checkbox"/> P/V or Supervisor (redacted version to be shared with JCHS Committee) <input type="checkbox"/> HR (comerner@dsb1.bc.ca) <input type="checkbox"/> District Behavioral Consultant (dmarchand@dsb1.bc.ca) <input type="checkbox"/> Worker (redacted)		
File this completed form, in a binder, in a secure location in the administrator's office.		

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