

## **Respect & Friendship**

This report provides a respectful and clear pathway for a participant to create a plan that will build personal comfort for their group and for themselves. The plan will be a facilitated by a full-time staff member, unless on outtrip. It will be co-written by the participant, if possible, and initialed and dated by the participant and by two camp staff. The plan will focus on positive solutions. It will build on a participant's strengths. The plan will describe specific actions that the participant and the camp staff believe will improve the situation for the participant and for the group. Provide follow-up notes, with dates – attached extra sheets as required.

Department: ☐ Outdoor Schools ☐ Outdoor Programs☐ Summer Camp ☐ Asset/Kitchen/Administration  Person involved is: participant ☐ staff ☐ teacher or group-leader ☐ volunteer ☐ other:					
If School or Community Group, name:					
Position:	Date ( dd / mm / yy ):	Time of day (AM/PM):			
Full name of person involved:		Age: Female 🗆 Male	<u> </u>		
Location, general (for example: main s	ite CCH, Outpost, on OT, etc.):				
Location, specific (for example: corrals	, pool, Bald Drumlin, OR, if on OT, give local name, m	nap name/number & GR):			
Incident(s) description (provide releval presumptions; use observed events:	nt details: distances, times, sizes, sequence of events	s, etc., to present a clear picture of the situation – please avoid	_		
			_		
			_		
Participant's strengths:					
Participant's main challenge:					
Participant's specific plan for a commit	tment to positive group relationships and for persona	al comfort (include dated follow-up notes):			
Participant:	Staff Member:	Date (dd / mm / yy):			
Coordinator/director:	Signature:	Date (dd / mm / yy ):			
Denartment manager:	Signature	Date (dd / mm / w ):			

Department Manager / Full-time Director:						
Person Involved – Telephone number: #1 #2 if applicable:						
Person involved – Parent(s) Name(s) (if under 18 yrs.): #1						
Person involved – Permanent Address:						
If School or Community Group involved, name or school/group:						
General Manager:	Signature:	Date ( dd / mm / yy):				
Follow-up notes by counsellor, Area Director and/or Department Manager/ACD – initial each author; attach extra sheets if required:						