**Class Confirmation Form**

* Required to be completed by EACH CLASS teacher,
* Completed form sent to [admin@amarooeec.eq.edu.au](mailto:admin@amarooeec.eq.edu.au) at least x2 weeks prior to program booking date.
* **Please indicate completion of your responsibilities by selecting the checkboxes below.**

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| **Amaroo Environmental Education Centre (AEEC) Staff Responsibilities**   * Create Curriculum Activity Risk Assessments for programs and provide these to Visiting Schools, * Lead Curriculum Activities as qualified teachers, * Provide safe access to grounds, equipment & learning materials for programs delivered, * Provide clear routines, calm zones, and safe spaces. | |
| **Responsibilities of Visiting School (VS) Staff**  Read & be familiar with AEEC Curriculum Activity Risk Assessments relevant to your program,  Complete your own Curriculum Activity Risk Assessment for your student cohort,  Know and manage your students’ behavioural and medical needs during excursion,  Actively supervise students during break times,  Ensure Adult Supervisors have completed [Education Queensland's MAST training for Visitors](https://qed.qld.gov.au/workingwithus/induction/queenslandstateschools/Documents/key-messages-guide.pdf) *(documentation managed by visiting school)*, and are aware of their responsibilities during the excursion,  Collaborate with AEEC teachers to determine additional risks, hazards, and control measures. | **Expectations of Visiting School Adult Helpers**  Read & be familiar with AEEC Curriculum Activity Risk Assessments relevant to your program,  Completed [Education Queensland's MAST training for Visitors](https://qed.qld.gov.au/workingwithus/induction/queenslandstateschools/Documents/key-messages-guide.pdf) *(declarations managed by visiting school)*,  Actively supervise students during break times,  Follow the direction of AEEC staff. |

* **Please complete details below:**

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| **PROGRAM:** Choose an item. | **DATE:** Click or tap to enter a date. | | |
| **CLASS NAME:** | **NUMBER OF STUDENTS:** | | |
| **VISITING SCHOOL:** | | | **Est. ARRIVAL:** |
| **BUS COMPANY:** Choose an item. | | | **Est. DEPARTURE:** |
| **VISITING TEACHER:** | | **CONTACT MOBILE:** | |
| **SUPPORT STAFF:** | | **CONTACT MOBILE:** | |
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**STUDENT INFORMATION:**

* Fill out relevant student information that is pertinent to AEEC staff for safe program delivery, by completing all columns for identified students.

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| **FIRST NAME,**  **LAST NAME INITIAL** | **CONSIDERATION** | **RELEVANT INFORMATION/**  **Potential Impacts** | **MANAGEMENT REQUIREMENTS**  *(BY VISITING SCHOOL)* | **PROGRAM DIFFERENTIATION REQUESTED BY VISITING SCHOOL**  *(FOR AEEC)* | **REQUESTED DIFFERENTIATION NOTES** |
| *E.g.*  *Lee M* | *Health/ Personal Care* | *Anaphylaxis to tree nuts* | *Personal medical Device* | *Additional EpiPen by AEEC* | *Remove any tree nuts from activities* |
| *E.g.*  *Jessie T* | *Social/Emotional/ Behavioural* | *Difficulties self-regulating, runs away* | *Additional Supervision Supplied* | *AEEC Staff Awareness* | *Safe spaces discussed with AEEC*  *Road gate closed* |
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| **ANY ADDITIONAL NOTES FOR PROGRAM DELIVERY:** |
| **TO BE COMPLETED ON DAY OF PROGRAM DELIVERY**  TOTAL NUMBER OF STUDENTS ON DAY OF PROGRAM  (*schools are only invoiced for students who attended booking)*    SIGNED: |