

Student: _____ Class: _____

At Junior Certificate level the student can:

Identify and suggest different ways of promoting personal security and safety

Date Commenced: _____ Date Awarded: _____

Learning Targets

This has been demonstrated by the student's ability to:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Know fire evacuation procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Describe the possible dangers in travelling to and from school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Know the rules of the road | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Outline the different ways you could respond if your personal safety was threatened | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. List the possible situations in which accidents can occur at home and how they can be avoided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. List the possible dangers in which accidents can occur in school and the workplace and how they can be avoided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Explain how a cyclist can keep safe on the road | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Describe the ways public transport can be misused and how that affects others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Name situations where personal safety could be compromised | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Give examples of ways to deal with a potentially dangerous situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. List the names, addresses and phone numbers of emergency services and support agencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work begun |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Work in progress |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Work completed |

2003 Issue

Profile Meeting	1st	2nd	3rd			
No. of Objectives						