

Leaky Brake Toolbox: Introduction

Segment:	Team Member e.g. "Patient", "Parent 1"	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
Video Training Introduction		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Video Training Introduction

Leaky Brake Toolbox: All-Purpose Kit

Segment:	Team Member e.g. "Patient", "Parent 1"	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
#1: The Language of Brake Shop		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on The Language of Brake Shop

Leaky Brake Toolbox: All-Purpose Kit

Segment:	Team Member <i>e.g. "Patient", "Parent 1"</i>	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
#2: Telling Others About Your Leaky Brakes		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Telling Others About Your Leaky Brakes

Segment:	Team Member <i>e.g. "Patient", "Parent 1"</i>	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
#3: Bullying Prevention: Peer Training & Strategies		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Bullying Prevention: Peer Training & Strategies

Leaky Brake Toolbox: All-Purpose Kit

Segment:	Team Member e.g. "Patient", "Parent 1"	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
#4: Self-Acceptance	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Self-Acceptance

Segment:	Team Member e.g. "Patient", "Parent 1"	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
#5: Self-Advocacy	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Self-Advocacy

Leaky Brake Toolbox: All-Purpose Kit

Segment:	Team Member e.g. "Patient", "Parent 1"	Viewed Video?		Reviewed Worksheets?
		#	Date(s)	
#6: Tourette Syndrome & the Community		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Tourette Syndrome & the Community

Additional Notes

Want more? Many answers to **Frequently Asked Questions (FAQ)** about self-esteem & self-advocacy can be found on our website (www.leakybrakes.ca) under Frequently Asked Questions/Self Esteem & Advocacy"