



Empowerment Support Solutions LLC

Self-Determination Program (SDP)

Head-to-Toe Injury Report Form

Participant Name:

Date:

Time (Start–End):

Staff Name:

Location:

Injury Description:

Head-to-Toe Checklist

Head/Face

Torso/Chest/Back

Arms/Hands

Legs/Feet

Other

Follow-Up Action Taken:

Staff Signature:

Date:

Participant/Family Signature:

Date: