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**INDIVIDUAL PUPIL RISK ASSESSMENT PROFOMA FOR USE WHEN CONSIDERING A TIME-LIMITED REDUCED TIMETABLE - TO COVER BOTH IN AND OUT OF SCHOOL RISKS**

Risk assessments should follow the five steps identified by the Health and Safety Executive:

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| 1. Identify possible hazards 2. Decide who may be harmed and how 3. Evaluate the risks and decide on precaution | 1. Record your findings and implement them 2. Regularly review your assessment and update if necessary |

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| **Pupil Name:** | Click here to enter text. | | | |
| **Date of birth:** | Click here to enter a date. | | **Year Group:** | Choose an item. |
| **School:** | Choose an item. | | | |
| **Completed by:** | Click here to enter text. | | **Completed on:** | Click here to enter a date. |
| **Agreed with Parent/Carer on:** | | Click here to enter a date. | | |

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| **PARENT/CARER AGREEMENT:** | | | |
| **Name:** |  | **Date:** |  |
| **Signature:** |  | | |
| **Name:** |  | **Date:** |  |
| **Signature:** |  | | |
| **By signing this form I understand that I am giving the school consent to process personal data relating to my child, for the purpose outlined above.** | | | |

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| **SCHOOL AGREEMENT:** | | | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |
| **Proposed review date:** |  | | |

**Privacy Notice:**

**The school is collecting information about your child and the following lawful bases apply:**

* **Processing is necessary for compliance with a legal obligation.**
* **Processing is necessary for the performance of a task carried out in the public interest or for the exercise of official authority.**

**A copy of our Privacy Notice, which explains how we handle personal data, can be found on the school website or requested directly from the school**

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| 1. **IDENTIFICATION OF RISK** *(Please use a separate sheet for each risk)* |

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| **Describe the concerning behaviour and risks posed:** Click here to enter text. | | | |
| **Has this been observed or reported?** | Click here to enter text. | **Who is placed at risk?** | Click here to enter text. |

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| 1. **ASSESSMENT OF RISK** | | | | | | 1. **RISK REDUCTION** | | | | | | | | |
| **What time of the day is the risk likely to occur?** | | Click here to enter text. | | | | **Proactive interventions to reduce/prevent risk**   * *including any staff training needs identified and/or skill teaching required for CYP* | | | | Click here to enter text. | | | | |
| **How likely is it that the risk will arise?**  *(please circle)* | | Very likely | Likely | | Unlikely |
| **If the risk arises who is likely to be injured/hurt?** | | Click here to enter text. | | | | **Early interventions to de-escalate/manage risk:**   * *Identify exactly what an adult will immediately do if the risk is observed.* * *Identify exactly what an adult will do if the risk is reported to them by a child* | | | | Click here to enter text. | | | | |
| **Describe known triggers** | | Click here to enter text. | | | |
| **What problem is the behaviour trying to solve?** | | Click here to enter text. | | | | **Additional interventions to respond to situations that have escalated further**   * *The priority should be to ensure the safety of all concerned* | | | | Click here to enter text. | | | | |
| **In which situation does the risk usually occur?** | | Click here to enter text. | | | |
| **Initial RAG rating** *(please circle)* | | **Red**  *(Significant)* | **Amber**  *(Moderate)* | | **Green**  *(Low)* | **Revised RAG rating**  *(please circle)* | | | | **Red**  *(Significant)* | | **Amber**  *(Moderate)* | | **Green**  *(Low)* |
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| **REVIEW OF RISK ASSESSMENT PLAN (WK 2)**  *(Contributions should be sought from all affected parties, including the voice of the child)* | | | | | | | **Date** | | **Those present** *(names and roles)* | | Click here to enter text. | | | |
| Click here to enter a date. | |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above**   * *Have the risks/behaviours reduced in frequency/intensity duration?* * *What has/has not worked and why?* * *Have any identified training/skills needs been met?* | | | | | | | | | | |
| **Proactive interventions used to reduce/prevent risk** | | Click here to enter text. | | | | | | | | | | | | |
| **Early interventions used to de-escalate/manage risk** | | Click here to enter text. | | | | | | | | | | | | |
| **Additional interventions used to respond to situations that have escalated further** | | Click here to enter text. | | | | | | | | | | | | |
| **Review of RAG rating** *(please circle)* | | | | **Have any new behaviours/risks been identified?** | | | | Choose an item.  *(If so, the risk assessment process* ***should*** *be repeated)* | | | **Does the Risk Assessment need to continue?** | | Choose an item. | |
| **Red**  **(Significant)** | **Amber**  **(Moderate)** | | **Green**  **(Low)** |
| **Headteacher signature** | | |  | | | | | **Parent/Guardian signature** | | |  | | | |

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| **REVIEW OF RISK ASSESSMENT PLAN (WK 4)**  *(Contributions should be sought from all affected parties, including the voice of the child)* | | | | | **Date** | | **Those present** *(names and roles)* | Click here to enter text. | |
| Click here to enter a date. | |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above**   * *Have the risks/behaviours reduced in frequency/intensity duration?* * *What has/has not worked and why?* * *Have any identified training/skills needs been met?* | | | | | | | |
| **Proactive interventions used to reduce/prevent risk** | | Click here to enter text. | | | | | | | |
| **Early interventions used to de-escalate/manage risk** | | Click here to enter text. | | | | | | | |
| **Additional interventions used to respond to situations that have escalated further** | | Click here to enter text. | | | | | | | |
| **Review of RAG rating** *(please circle)* | | | | **Have any new behaviours/risks been identified?** | | Choose an item.  *(If so, the risk assessment process* ***should*** *be repeated)* | | **Does the Risk Assessment need to continue?** | Choose an item. |
| **Red**  **(Significant)** | **Amber**  **(Moderate)** | | **Green**  **(Low)** |
| **Headteacher signature** | | |  | | | **Parent/Guardian signature** | |  | |

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| **REVIEW OF RISK ASSESSMENT PLAN (WK 6)**  *(Contributions should be sought from all affected parties,*  *including the voice of the child)* | | | | | **Date** | | **Those present** *(names and roles)* | Click here to enter text. | |
| Click here to enter a date. | |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above**   * *Have the risks/behaviours reduced in frequency/intensity duration?* * *What has/has not worked and why?* * *Have any identified training/skills needs been met?* | | | | | | | |
| **Proactive interventions used to reduce/prevent risk** | | Click here to enter text. | | | | | | | |
| **Early interventions used to de-escalate/manage risk** | | Click here to enter text. | | | | | | | |
| **Additional interventions used to respond to situations that have escalated further** | | Click here to enter text. | | | | | | | |
| **Review of RAG rating** *(please circle)* | | | | **Have any new behaviours/risks been identified?** | | Choose an item.  *(If so, the risk assessment process* ***should*** *be repeated)* | | **Does the Risk Assessment need to continue?** | Choose an item. |
| **Red**  **(Significant)** | **Amber**  **(Moderate)** | | **Green**  **(Low)** |
| **Headteacher signature** | | |  | | | **Parent/Guardian signature** | |  | |