

Pupil Risk Assessment

| Name of Student: | | | | | | |
|---|---|---|---|--|--|---|
| Date: | | | | | | |
| Reviewed | | | | | | |
| Frequency | Behaviour | Level of Risk Highlight red for over 7 (level of hazard x probability = the level of risk score 1=low 10=high) | Probability (likelihood of harm) 1 improbable 2 possible 3 probably 4 likely | Hazard (potential for harm) 1 rare 2 occasional 3 frequent 4 persistent | Intention D deliberate A accidental I involuntary | Is this your opinion or is it known to you? K known O opinion |
| H hourly D daily W weekly M monthly O occasionally R rarely | | | | | | |
| | Self-harm | | | | | |
| | Bullying | | | | | |
| | Highly Verbally Abusive | | | | | |
| | Sexually abusing/inappropriate behaviour | | | | | |
| | Violent/aggressive behaviour | | | | | |
| | Impulsive/dangerous behaviour | | | | | |
| | Substance/alcohol misuse | | | | | |
| | Offensive on the basis of race/gender/religion/disability /sexuality | | | | | |
| | Absconding/absenting | | | | | |
| | Damage to property | | | | | |
| | Offending | | | | | |
| | Medical | | | | | |
| | Carrying/using weaponry | | | | | |
| | Other (please specify) | | | | | |
| What are the times of greatest risk – i.e. have any "flash points" been identified? E.g. lessons/mealtimes/free times etc. | | | | | | |

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| 2-Who is most impacted by these risks (self, peers, teachers, other adults etc)? | Estimate the risk level- H/M/L |
| | |
| 3- What measures have been taken to reduce the risk? | Estimate the risk level- H/M/L |
| See actions/ strategies below. | |
| | |
| 4- What further action is needed to reduce the risk? | Estimate the risk level- H/M/L |
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| 5-What activities cannot be reasonably safely managed without disproportionate costs? | |
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| 6- What level is the overall risk posed? | H/M/L |
| Is the provider able to safely work this student? | Y/N |
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| Strategies that can be used that support pupil within the setting: <u>ACTIONS REQUIRED TO MINIMISE RISK:</u> | |
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|--------------------------------|---|----------------|--|
| Name of person completing form | Lauren Stephens | Parent/Carer | |
| Job title: | SENCo | Signature: | |
| Signature: | | Date: | |
| Date: | | | |
| | | | |
| Name of person | | Name of person | |
| Job title: | | Job title: | |
| Signature: | | Signature: | |
| Date: | | Date: | |
| | | | |
| Name of person | | | |
| Job title: | Social Worker (if required)/Any other agency. | | |
| Signature: | | | |
| Date: | | | |