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| **NAME:** |  | **YEAR/GRADE:** |  | **Photo** |
| **AGE:** |  | **DATE OF RISK ASSESSMENT:** |  |  |
| **Brief outline of student need** (explain the need for the Risk Assessment) |  | **COMPLETED BY:** **(PRINT Name and Sign)** |  |
| **COMPLETED IN CONSULTATION WITH:** |  |
| **SIGNED or PRINT - Parent** |  |
| **SIGNED and PRINT (Principal):** |  |

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| **CORE RISKS AND VULNERABILITIES (Specific Needs of Child):** | **CORE RISKS AND ASSOCIATED LEVEL OF VULNERABILTY** | **CONTROL MEASURES TO THE RISKS AND ASSOCIATED LEVEL OF VULNERABILITY** **(identify resources, equipment, medical provisions in place)** | **SUBSEQUENT LEVEL OF RISK** |
|  |  **Low** |  Med  |  High  |  |  Low |  Med |  High High |
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| **RISK CATEGORY: HEALTH/MEDICAL (use N/A where necessary)** |
| **Risk Factors**:Consider all health-related and/or medical risks | **Identified Risk** | **Risk Level** LOW MEDIUM HIGH | **Controls to Lower Identified Risk** | **Subsequent Risk Level** LOW MEDIUM HIGH |
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| **RISK CATEGORY: PERSONAL (use N/A where necessary)** |
| **Risk Factors**:Examples listed below, these may be deleted or added to as necessary. | **Identified Risk**  | **Risk Level** LOW MEDIUM HIGH | **Controls to Lower Identified Risk** | **Subsequent Risk Level** LOW MEDIUM HIGH |
| Mobility |  |  |  |  |
| Sensory perceptions |  |  |  |  |
| Expressive language |  |  |  |  |
| Receptive language |  |  |  |  |
| Social Communication |  |  |  |  |
| Social Interaction |  |  |  |  |
| Eating/Pica |  |  |  |  |
| **RISK CATEGORY: BEHAVIOURAL (use N/A where necessary)** |
| **Risk Factors**: | **Risk Description** | **Risk Level** LOW MEDIUM HIGH | **Controls to Lower Identified Risk** | **Subsequent Risk Level** LOW MEDIUM HIGH |
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| **RISK CATEGORY: ENVIRONMENTAL (LOCAL/GENERAL) (use N/A where necessary)** |
| **Risk Factors**: | **Risk Description** | **Risk Level** LOW MEDIUM HIGH | **Controls to Lower Identified Risk** | **Subsequent Risk Level** LOW MEDIUM HIGH |
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| **RISK CATEGORY: Specific Activity/Actions (Including Transport Arrangements) (use N/A where necessary)** |
| **Risk Factors**: | **Risk Description** | **Risk Level** LOW MEDIUM HIGH | **Controls to Lower Identified Risk** | **Subsequent Risk Level** LOW MEDIUM HIGH |
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| **LIST ANY ACTIVITIES THAT CANNOT BE SAFELY MANAGED, AS FAR AS IT IS POSSIBLE TO FORESEE (use N/A where necessary)**  |
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|  **FURTHER ESSENTIAL ACCOMMODATIONS NECESSARY TO REDUCE RISK (Include any arrangements for the use of PPE, etc) (use N/A where necessary)** |
| **Risk Identified** | **Further measures** | **Cost** | **Budget/Funding** |
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| **Risk Assessment Review Schedule**: |  | Or within 24 hours following an incident/change in status of school operation |

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| RISK ASSESSMENT AWARENESS |
| The following colleagues have signed to confirm their full awareness and understanding of the pupil individual risk assessment above and confirm that they have had the opportunity to ask questions and seek clarifications in relation to this document. |
| NAME (PRINT) | SIGNATURE | DATE: | NAME (PRINT) | SIGNATURE | DATE: |
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