**Risk Assessment for Reduced Timetable**

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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:**  |
| **Has this been observed or reported?** |  | **Who is placed at risk?** |  |

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| 1. **ASSESSMENT OF RISK**
 | 1. **RISK REDUCTION**
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| **What time of the day is the risk likely to occur?** |  | **Proactive interventions to reduce/prevent risk*** *including any staff training needs identified and/or skill teaching required for CYP*
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| **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?** |  | **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*
 |  |
| **Describe known triggers** |  |
| **What problem is the behaviour trying to solve?** |  | **Additional interventions to respond to situations that have escalated further*** *The priority should be to ensure the safety of all concerned*
 |  |
| **In which situation does the risk usually occur?** |  |
| **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)* |  |
| .. /.. / .. |
| **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** |  |
| **Early interventions used to de-escalate/manage risk** |  |
| **Additional interventions used to respond to situations that have escalated further**  |  |
| **Review of RAG rating** *(please circle)* | **Have any new behaviours/risks been identified?** | **Yes/No***(If so, the risk assessment process* ***should*** *be repeated)* | **Does the Risk Assessment need to continue?** | **Yes/No** |
| **Red****(Significant)** | **Amber****(Moderate)** | **Green****(Low)** |
| **Headteacher signature** |  | **Parent/Guardian signature** |  |
| **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)* |  |
| .. /.. / .. |
| **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** |  |
| **Early interventions used to de-escalate/manage risk** |  |
| **Additional interventions used to respond to situations that have escalated further**  |  |
| **Review of RAG rating** *(please circle)* | **Have any new behaviours/risks been identified?** | **Yes/No***(If so, the risk assessment process* ***should*** *be repeated)* | **Does the Risk Assessment need to continue?** | **Yes/No** |
| **Red****(Significant)** | **Amber****(Moderate)** | **Green****(Low)** |
| **Headteacher signature** |  | **Parent/Guardian signature** |  |
| **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)* |  |
| .. /.. / .. |
| **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** |  |
| **Early interventions used to de-escalate/manage risk** |  |
| **Additional interventions used to respond to situations that have escalated further**  |  |
| **Review of RAG rating** *(please circle)* | **Have any new behaviours/risks been identified?** | **Yes/No***(If so, the risk assessment process* ***should*** *be repeated)* | **Does the Risk Assessment need to continue?** | **Yes/No** |
| **Red****(Significant)** | **Amber****(Moderate)** | **Green****(Low)** |
| **Headteacher signature** |  | **Parent/Guardian signature** |  |