**Risk Assessment – Prior to start of Modified Timetable -** *The school must carry out a thorough risk assessment* ***before*** *implementation. This should be recorded.*

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

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

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| 1. **ASSESSMENT OF RISK** | | | | 1. **RISK REDUCTION** | | | |
| **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* |  | | |
| **How likely is it that the risk will arise?**  *(please circle)* | Very likely | Likely | Unlikely |
| **If the risk arises what is the likely outcome** |  | | | **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 is the external behaviour trying to achieve/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)* |  | |
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| **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?** | | *(If yes, the risk assessment process* ***should*** *be repeated)* | | **Does the Risk Assessment need to continue?** |  |
| **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)* |  | |
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| **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?** | | *(If yes, the risk assessment process* ***should*** *be repeated)* | | **Does the Risk Assessment need to continue?** |  |
| **Red**  *(Significant)* | **Amber**  *(Moderate)* | | **Green**  *(Low)* |
| **Headteacher signature** | | |  | | | **Parent/Guardian signature** | |  | |