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

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

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

|  |  |
| --- | --- |
| 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)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** |  *(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** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** |  *(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** |  |