**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** | | | |
| **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 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)* |  | |
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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?** | | **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** | |  | |