**INDIVIDUAL PUPIL RISK ASSESSMENT PROFOMA 2024/25**

***For use when considering a time-limited part-time timetable – to cover both in and out of school risks***

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Risk assessments should follow the five steps identified by the Health and Safety Executive:

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| 1. Identify possible hazards
2. Decide who may be harmed and how
3. Evaluate the risks and decide on precaution
 | 1. Record your findings and implement them
2. Regularly review your assessment and update if necessary
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| **Pupil Name:** | Click here to enter text. |
| **Date of birth:** | Click here to enter a date. | **Year Group:** | Choose an item. |
| **School:** | Choose an item. |
| **Completed by:** | Click here to enter text. | **Completed on:** | Click here to enter a date. |
| **Agreed with Parent/Carer on:** | Click here to enter a date. |

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| **PARENT/CARER AGREEMENT:** |
| **Name:** |  | **Date:** |  |
| **Signature:** |  |
| **Name:** |  | **Date:** |  |
| **Signature:** |  |
| **By signing this form I understand that I am giving the school consent to process personal data relating to my child, for the purpose outlined above.**  |

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| **SCHOOL AGREEMENT:** |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |
| **Proposed review date:** |  |

**Privacy Notice:**

**The school is collecting information about your child and the following lawful bases apply:**

* **Processing is necessary for compliance with a legal obligation.**
* **Processing is necessary for the performance of a task carried out in the public interest or for the exercise of official authority.**

**A copy of our Privacy Notice, which explains how we handle personal data, can be found on the school website or requested directly from the school**

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| 1. **IDENTIFICATION OF RISK** *(Please use a separate sheet for each risk)*
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| **Describe the concerning risks posed:** Click here to enter text. |
| **Has this been observed or reported?** | Click here to enter text. | **Who is placed at risk?** | Click here to enter text. |

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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?** | Click here to enter text. | **Proactive interventions to reduce/prevent risk*** *including any staff training needs identified and/or skill teaching required for CYP*
 | Click here to enter text. |
| **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?** | Click here to enter text. | **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*
 | Click here to enter text. |
| **Describe known triggers** | Click here to enter text. |
| **Additional interventions to respond to situations that have escalated further*** *The priority should be to ensure the safety of all concerned*
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| **In which situation does the risk usually occur?** | Click here to enter text. |
| **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)* | Click here to enter text. |
| Click here to enter a date. |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above*** *Have the risks reduced in frequency/intensity duration?*
* *What has/has not worked and why?*
* *Have any identified training/skills needs been met?*
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| **Proactive interventions used to reduce/prevent risk** | Click here to enter text. |
| **Early interventions used to de-escalate/manage risk** | Click here to enter text. |
| **Additional interventions used to respond to situations that have escalated further**  | Click here to enter text. |
| **Review of RAG rating** *(please circle)* | **Have any new risks been identified?** | Choose an item. *(If so, the risk assessment process* ***should*** *be repeated)* | **Does the Risk Assessment need to continue?** | Choose an item. |
| **Red****(Significant)** | **Amber****(Moderate)** | **Green****(Low)** |
| **Headteacher signature** |  | **Parent/Guardian signature** |  |

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| **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)* | Click here to enter text. |
| Click here to enter a date. |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above*** *Have the risks 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** | Click here to enter text. |
| **Early interventions used to de-escalate/manage risk** | Click here to enter text. |
| **Additional interventions used to respond to situations that have escalated further**  | Click here to enter text. |
| **Review of RAG rating** *(please circle)* | **Have any new risks been identified?** | Choose an item. *(If so, the risk assessment process* ***should*** *be repeated)* | **Does the Risk Assessment need to continue?** | Choose an item. |
| **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)* | Click here to enter text. |
| Click here to enter a date. |
| **Evaluation of effectiveness or risk reduction measures set out in section 3) above*** *Have the risks 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** | Click here to enter text. |
| **Early interventions used to de-escalate/manage risk** | Click here to enter text. |
| **Additional interventions used to respond to situations that have escalated further**  | Click here to enter text. |
| **Review of RAG rating** *(please circle)* | **Have any new risks been identified?** | Choose an item. *(If so, the risk assessment process* ***should*** *be repeated)* | **Does the Risk Assessment need to continue?** | Choose an item. |
| **Red****(Significant)** | **Amber****(Moderate)** | **Green****(Low)** |
| **Headteacher signature** |  | **Parent/Guardian signature** |  |