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| --- | --- | --- | --- | --- | --- | --- | --- |
| **This is my risk assessment to help me and others keep safe at school! I have written this with XXXXXXXXXXXXX and as time goes along we will change things on here if we need to. Here is some information about me and how I feel:** | | | | | | | |
| **My name is:** |  | **I’d like you to call me:** | |  | | | |
| **My class name is:** |  | **My teacher’s name is:** | |  | | | |
| **This is a picture of me!**  *(Pupil can draw it or a photo can be inserted):* | |  | | | | | |
| **A picture containing clipart  Description automatically generatedThese are the things I enjoy doing at school:** | |  | | | | | |
| **This is how I feel when I enjoy doing my favourite things:**  *(e.g., happy, relaxed, interested, focussed, etc)* | | **A picture containing clipart  Description automatically generated** | | | | | |
| **This is what I do when I enjoy doing my favourite things:**  *(e.g.,learn, concentrate, listen to my teacher, am kind to people, join in the class, etc)* | | ***This is how I am? This is what I do? This is how I act?*** | | | | | |
| **I don’t enjoy doing these things:** | | **A picture containing clipart  Description automatically generated** | | | | | |
| **This is how I feel when I don’t enjoy doing these things:**  *(e.g., worried, scared, angry, sad, unhappy, stressed, anxious, etc)* | | **A picture containing clipart  Description automatically generatedA picture containing clipart  Description automatically generatedA picture containing clipart  Description automatically generated** | | | | | |
| **This is what I do when I don’t enjoy doing these things:**  *(e.g., walk out of class, upset other people, don’t listen, can’t concentrate, I climb fences, etc)* | |  | | | | | |
| **This is what COULD happen when I do these things:**  *(e.g., things can get broken, I put myself in danger, I put others in danger, etc)* | |  | | | **How dangerous is this?** *(High to low risk to self and / or others)* | | **HIGH**  **MEDIUM**  **LOW** |
| **What can I do to stop these things from happening?**  *(e.g., talk to my teacher, raise my hand, find my quiet space, have a code word, etc)* | |  | | | **If these things stop happening, how dangerous is it now?** *(High to low risk to self and / or others)* | | **HIGH**  **MEDIUM**  **LOW** |
| **What help can a grown-up give me when I have difficult times?** *(e.g., generally - seek help from another adult, give me XXX – blanket, picture, toy etc – help me find a quiet space, be with a friend, etc)* | |  | | | | | |
| **These are the things we’re planning to do to keep me and others safe at school if other things don’t work:** | **1)**  **2)**  **3)**  **4)**  **5)**  **6)** | | | | | | |
| **We will talk about this again on this day:** |  | **We will talk about this again on this day:** |  | | **We will talk about this again on this day:** |  | |
| **Signed by staff:** |  | **Signed by staff:** |  | | **Signed by staff:** |  | |