|  |  |
| --- | --- |
| 1.0 Date of initial RA: | **2.0 Assessed by:** |
|  | **PRINT:** **SIGNATURE:** *(handwrite and scan):*  |
| 2.1 Ref number: | 2.2 Other personnel involved with assessment |
| *In house reference number**e.g. ABC001/2017* | *Might be parents / carers / other staff within the setting / Ed Psychs etc etc* |
| **3.0 Activity / student to be assessed:** |
|  |
| **4.0 Identification of those at risk:** |  | **4.1 Staff member with responsibility for pupil** | *(eg) Mrs B C Other – Senior SENCO* |
| **5.0 Historical context and current concerns** | *Give a relevant but précised history of the individual if this risk assessment relates to that, so that it is helpful to new staff to understand the context and depth of risk.* |
| **6.0 What hazards are present / are foreseeable?** | **7.0 What have you already done to control those risks?**  | **8.0 Have these controls worked? What level of risk do you judge this at?** | **9.0 What else could you do to control those risks – are they possible to carry out (if not, why not), who is responsible and when by?** |
| *List the nature of concerns in this column, individually as they will each have different controls* | *As per the question above* | *Yes or no****HIGH******MEDIUM******LOW*** | *Dependent on potential further controls available. Name individual responsible for carrying out further actions and dates of implementation.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **10.0 What level of risk would you now grade this situation at and why?** | ***Note:*** *you may not be able to put in additional controls for budgetary reasons or general reasonableness. In this case, the risk rating would remain. OR, the risk is now lower than it was but still presents a significant concern due to behaviours shown, i.e., High to Medium.**If you have multiple hazards, each can be graded as follows:**1: Medium 2: Medium (etc etc) 3: etc etc etc*  |
| **11.0 Is this a safeguarding risk – if so, please describe:**  | *Detail as required* |
| **12.0 Additional notes as required:** | ***General notes to support Student:******General notes to support staff:*****Refer to (ECHP) Health Care Plan: reference number XXXXX***You may want to add other personnel in here who are to do with the case OR significant issues at the child’s home which impact on the behaviours. This will require updating and therefore it may be easier to refer to EHCPs etc. It is also useful here to say that staff support is available through (eg – EAP / in house counselling / open door policy etc etc)* |
| **13.0 Who will this risk assessment will be communicated to and when?****13.1 This is how we communicated it:** | *You MUST communicate this to all staff involved with the pupil and ensure that they have read it* ***and*** *understand the implications.****e.g.,*** *All new staff are shown RAs and ISPs; they sign to say they have read and understood it, or whether they have needed some extra support to understand the implications.* *OR:**During staff meeting on 21 June 2017 we all went through it together (see minutes) and agreed the review.* |
| **14.0 Signed off by:** | *Someone with significant experience of the pupil – may be more than one person – should be different than the author and preferably senior to them if possible.* |
| **15.0 Date of assessment sign off:** | *The date it was agreed (not necessarily the date it was written) – probably the day of the communication or the day before.* |
| **16.0 Review dates:**  *Depending on the severity of the risk and the nature of the context. A review doesn’t mean you have to change the assessment – it can be just making sure it’s still a viable and relevant document. What is important is that you note that you’ve done it and what you’ve done – see below for example. Make sure you include that you have communicated any changes.* |
| ***Review date:****7 June 17 – Mrs A N Other***√****Signed: A N Other*****Changes:****Added in new staff member to section 2.2 – and dated****Communicated****: via team meeting 8 June 17* | ***Review date:****15 June – Mrs A N Other***√****Signed: A N Other*****Changes:****Added in new behaviours and new risks as a result of these to sections 6 – 9 and dated* ***Communicated****: via internal email and face to face* | ***Review date:****21 June – Mrs A N Other*√**Signed: A N Other*****Changes:*** *None – reviewed as part of team meeting**Communicated: via team meeting – all present.* | ***Review date:****30 June – Mrs B C Other* | ***Review date:****7 July – Mr D E Other* | ***Review date:****15 July 2017 – Mrs A N Other*  |

**Individual Support Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **1: Name and photograph:**  |  | **2: DOB****3: Year group** |  |
| **4: Further information required to be shared with relevant staff (e.g., family background etc)** |  |
| **5: Context for ISP with reference to (Risk Assessment as above):** |  |
| **6: Known Triggers:** |  |
| **7: What we want to see:** | *Positive behaviours* | **8: How we can maintain this:** |  |
| **9: First signs of concerns:**  | *Signs of behaviours showing the student is in difficulty* |
| **10: How we manage these – strategies to support:** | *First interventions to counteract first signs of concern and to de-escalate*  |
| **11: Where this can lead**: | *E.g.: Escalation of behaviours if first intervention is not positive* |
| **12: How we manage these – strategies needed**: | *Further management and assistance which should be given* |
| **13: What we want to avoid**: | *Further behaviours which occur – could have negative impact on student, staff or other students* |
| **14: How we respond and deescalate these – interventions necessary**: | *Techniques for intervention at this stage* |
| **15: We must avoid:**  | *e.g. physical interventions / restraint* |
| **16: Who will this ISP be communicated to and when?****16.1: This is how we communicated it:** | ***See section 13 on risk assessment for guidance.***  |
| **17: Review dates: *See section 16 on RA for guidance*** |
| **Review date:** **By (staff):** **Signature:** **Changes:** **Communicated:** *Via team meeting 27 September* | **Review date:** **By (staff):** **Signature:** **Changes:** **Communicated:** | **Review date:** **By (staff):** **Signature:** **Changes:****Communicated:**  |