Risk Assessment Form

Student Name:

How to complete The Risk Grid:

Perform a calculation for every risk listed in the Risk Assessment Table (following page)

- 1) LIKELIHOOD: How LIKELY is it that the risky event will occur? *Rare, Unlikely, Possible, Likely?*
- 2) SEVERITY How SEVERE would the consequence of such an event be? Insignificant, Minor, Moderate, Significant, Severe?

RESULT: You will then have a number and colour which denotes Level of Risk for each risk.

			Severity of CONSEQUENCE of event occurring				
			Insignificant	Minor	Moderate	Significant	Severe
D	of event occurring	Highly Unlikely	1	2	3	4	5
ООН		Unlikely	2	4	6	8	10
LIKELIHOOD		Possible	3	6	9	12	15
		Likely	4	8	12	16	20
		Almost Certain	5	10	15	20	25

Risk Grid:

1-4	Very Low Risk (Green)
5-11	Low Risk (Yellow)
12-16	Medium Risk (Orange)
17-25	High Risk (Red)

RISK ASSESSMENT

Calculate current level of risk	using grid.		
Any scores in the Medium or High range (from 12-25) please complete a SAFETY PLAN			
HISTORY OF RISK TO SELF OR OTHERS <u>FROM YOUNG PERSON</u>	Risk Number (1-25)	12 or above?	Complete Safety Plar
Risk of substance misuse		Y	
Risk of alcohol misuse		Y / N	
Risk of eating difficulties (such as avoidance of food, allergies)		Y	
Risk of self-neglect		Y / N	
Risk of sexualised behaviour		Y / N	
Risk of being vulnerable to coercion		Y / N	
Risk of suicide attempts / suicidal ideation		Y / N	
Risk of self-harming behaviour		Y / N	
Risk of violence in school		Y / N	
Risk of physicality in school (toward staff or other students)		Y / N	
Risk of physicality on activities (toward staff, students or the public)		Y / N	
Risk of absconding from school		Y / N	
Risk of absconding when on activities		Y / N	
Risk of threatening / intimidating behaviours in school		Y / N	
Risk of threatening / intimidating behaviours when on activities		Y / N	
Using objects to inflict harm to other (incl. weapons)		Y / N	
Risk of racist language		Y / N	
Risk of homophobic language		Y / N	
Risk of involvement in gangs		Y / N	
Risk of involvement in criminal activity		Y / N	
Risk of experiencing anxiety		Y/N	
Risk of experiencing low mood / depression		, Y / N	
Risk of experiencing dissociative states		, Y / N	
Risk of other mental health problems (please specify)	, Y / N	
Any other risk to self/others		, Y / N	
Risk of being bullied / victimised		Y / N	

HISTORY OF RISK TO THE YOUNG PERSON FROM OTHER PEOPLE	Risk Number (1-25)	12 or Above?	Complete Safety Plan
Risk of physical abuse		Y / N	
Risk of neglect- WITH SAFEGUARDING -FSSW		Y / N	
Risk of sexual abuse / being sexually exploited- ON CATSE		Y / N	
Risk of emotional abuse		Y / N	
Risk of being bullied		Y / N	
Parental substance misuse		Y / N	

Parental mental health difficulties	Y / N	

Is a SAFETY PLAN needed?			
	Completed?		
If a Safety Plan is needed please complete the Staff Safety Plan Form with members of staff who know the young person.	Staff SP? YES		
Then complete the Pupil Safety Plan with the young person (and a carer if risk is in the HIGH range 20-25).	Pupil SP? 🗌 YES		

SAFETY & RISK MANAGEMENT PLAN			
Has the Safety Plan been discussed with			
1) Young Person	Yes 🗌 No 🗌		
2) Parent/Carer	Yes 🗌 No 🗌		
3) Social Worker	Yes 🗌 No 🗌		
4) Other external agencies (as appropriate)	Yes No		
Were the benefits and risks of the Safety Plan Comments:	n discussed? Yes 🗌 No 🗌		
Name and role of the assessor:			
Person responsible for monitoring:			
Review Date:			