**STUDENT INCLUSION – RISK ASSESSMENT**

**Pupil Name: Date of Birth:**

**Completed By: Date:**

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| **Please note: if you answer yes to any of the questions numbered 1 - 37 on this form you will need to provide dates and details of incidents on page 4 of this assessment. Use further sheets if necessary.** | | | | | |
|  |  | **YES - In the last 12 months** | | **YES**  (more than 12 months ago) | **NO** |
| **Once** | **More than once** |  |  |
| 1 | Has the student been known to assault another pupil (eg bite, kick, pull hair, etc)? |  |  |  |  |
| 2 | Has the student been known to assault an adult (eg bite, kick, pull hair, etc)? |  |  |  |  |
| 3 | Has there been any concern about this pupil regarding e-safety issues? |  |  |  |  |
| 4 | Did any assault(s) lead to actual bodily harm? |  |  |  |  |
| 5 | Did the assault(s) use weapons / objects? |  |  |  |  |
| 6 | Did the assault(s) lead to medical treatment? |  |  |  |  |
| 7 | Has the student been known to threaten another pupil? |  |  |  |  |
| 8 | Has the student been known to threaten an adult? |  |  |  |  |
| 9 | Did any student have time off school as a result of the assault(s)? |  |  |  |  |
| 10 | Did any member of staff have time off as a result of the assault(s) |  |  |  |  |
| 11 | Was any assault reported using the county council’s Incident Report Form ? |  |  |  |  |
|  | **Incident History continued……………………………** | **YES - In the last 12 months** | | **YES**  (more than 12 months ago) | **NO** |
| **Once** | **More than once** |
| 12 | Has the student been known to use offensive language (swearing, racist / sexist abuse of other members of the school community?) |  |  |  |  |
| 13 | Has the student committed any criminal offence? (which would be criminal if committed by an adult) |  |  |  |  |
| 14 | Has there been any police, Youth Offending Service, Drug Action Team involvement ? |  |  |  |  |
| 15 | Has the student been known to do him/herself physical harm? |  |  |  |  |
| 16 | Has CAMHS been involved ? |  |  |  |  |
| 17 | Has there been evidence of inappropriate sexualised behaviour? |  |  |  |  |
| 18 | Has the student been known to use non-prescription, illegal drugs ? |  |  |  |  |
| 19 | Has the student been known to cause significant damage to property? |  |  |  |  |
| 20 | Has the student been restrained (in accordance with the School's policy on physical restraint ?) |  |  |  |  |
| 21 | Is there evidence that the student is unaware that his/her actions are wrong? | Yes/ No | | | |
| 22 | Is there evidence to suggest that unacceptable behaviour is likely to be repeated in the future? | Yes / No | | | |
| 23 | Have triggers for the student’s inappropriate behaviour been identified? | Yes / No | | | |
| 24 | Is the student known to Social Care Services? | Yes / No | | | |
| 25 | Has the student made any allegations against any staff member? | Yes / No | | | |
| 26 | Is the student on the Child Protection Register? | Yes / No | | | |
| 27 | Is the student ‘looked after’? | Yes / No | | | |
| 28 | Is the student the subject of a  Statement/EHCP | Yes / No | | | |
| 29 | Does any educational psychologist, medical or other report indicate a risk of violent behaviour? | Yes / No | | | |
| 30 | Has the parent / guardian made any allegations against any staff member? | Yes / No | | | |
| 31 | Is anyone living/staying in the home environment known to pose a potential risk to others? | Yes/ No | | | |

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| Additional Detail | | | | | |
| 32 | | Can the student be led or carried to safety away from others? | | | | Yes / No | | | |
| 33 | | Does the student require medication during the school day? | | | | Yes / No | | | |
| 34 | | Does the student require intrusive medical treatment or personal care during the school day (eg toileting)? | | | | Yes / No | | | |
| 35 | | Do health professionals take precautions when examining this student (e.g. protective clothing)? | | | | Yes / No | | | |
| 36 | | Does the student present any known health risk? | | | | Yes / No | | | |
| 37 | | Has the parent refused to sign any school indemnity form (for the administration of drugs by a qualified volunteer member of staff? | | | | Yes / No | | | |
| **Further Observations** | | | | | | | | | |
| **Please provide details of incidents against the corresponding question number. Use further sheets if necessary.** | | | | | | | | | |
| Question Number | | | | Date of incident | Details | | | | |
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|  | | **Stage 2 – options for improving the risk rating**  **Potential resource requirements, support and arrangements** | | | | **Yes** | **NO** | **Comment on: Usefulness of strategies already tried and whether it is felt any that have not been tried might be helpful** | |
| 1 | | Additional specialist staffing: full-time attendance of a trained behaviour assistant/mentors/Learning Support Assistant/teacher | | | |  |  |  | |
| 2 | | Suitably trained staff to meet the student's medication or personal care needs (e.g. injections; prescription drugs) | | | |  |  |  | |
| 3 | | Training for all relevant staff on dealing with the forms of challenging behaviour identified by the risk assessment. ie. Schoolsafe, classroom management skills, or other approved training | | | |  |  |  | |
| 4 | | Specified maximum class size for the special behavioural needs in the group, and/or for particular subjects. | | | |  |  |  | |
| 5 | | Special supervision or peer mentoring during breaks, out of school activities, in practical subjects (e.g. Chemistry, Art, PE) | | | |  |  |  | |
| 6 | | Arrangements to assist with anger management, (counselling services, circle of friends, self-esteem projects) | | | |  |  |  | |
| 7 | | Specialist training for restraint, lifting, defusing techniques | | | |  |  |  | |
| 8 | | Additional teaching materials and resources | | | |  |  |  | |
| 9 | | Sufficient trained staff to assist with effective intervention | | | |  |  |  | |
| 10 | | Additional means of communication between colleagues to assist with incidents or crises | | | |  |  |  | |
| 11 | | Support from social services, mental health agenices and/or other relevant external organisations. Or multi-agency support where appropriate and desirable (such as outreach from PRUs) | | | |  |  |  | |
| 12 | | LA Behaviour Support Service | | | |  |  |  | |
| 13 | | Protective clothing | | | |  |  |  | |

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| **Activity or Task** | **Hazards** | **People at risk** | **Existing controls/controls available to minimise risk** | Residual  Risk Level  **H/M/L** | **Further actions required** |
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