**Pupil Risk Assessment**

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| School: | Name: | Date: |
| Review date: | Signature of SLT: | Signature of parent/carer: |

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| **Types of Hazard(s) identified (assuming no controls)** | **Who might be harmed and how** | **Likelihood (1, 2 or 3)** | **Severity (1, 2 or****3)** | **Risk Rating****(H, M or L)** | **What are you already doing?** | **Do controls reduce the risk to an acceptable****level?** |
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| Assessors Name: |  | Assessors Signature: |  | Date: |  |

**Pupil Risk Assessment Action Plan**

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| **Hazard** | **Do you need to do anything else to control this risk?** | **To be actioned by: (name of person)** | **Date to be done by:** | **Checked and signed off by:** | **Date:** |
| Example:Angry pupil lashing out at staff and pupils. | Example:Behaviour support plan/5A plan to be completed and shared or staff require physical interventiontraining. | Example: Class Teacher | Example:No later than xx/xx/xxxx | Signature and name | (xx/xx/xxxx) |
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