

## PUPIL COMPATIBILITY/RISK ASSESSMENT – 2023:2027

All of our pupils are risk assessed in order to evaluate the compatibility of our services and other factors including other peers. To identify compatibility, a number of pre-assessments will take place:

MEASURE	YES	NO	N/A
Discussions and other communications with the key professionals from the LA, school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussions and other communications with parents/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports and other documentation from the LA, School and other key professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussions and other communication with the young person (where possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit to home (if needed) by at least two members of staff on an agreed time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit to the centre with parents/carers and the pupil and or other members of staff or key professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An agreed pupil risk assessment in liaison with the parent/carer, pupil and other key professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 1. SUMMARY OF COMMUNICATION FROM LA, SCHOOL AND OR OTHER KEY PROFESSIONALS

### 2. SUMMARY OF COMMUNICATION WITH PARENT/CARER

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**3. REPORTS AND OTHER DOCUMENTATION FROM THE LA, SCHOOL AND OTHER KEY PROFESSIONALS**

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**4. DISCUSSIONS AND OTHER COMMUNICATION WITH THE YOUNG PERSON (WHERE POSSIBLE)**

Large empty rectangular box for discussions and communication.

**5. VISIT TO HOME (IF NEEDED) BY AT LEAST TWO MEMBERS OF STAFF ON AN AGREED TIME**

**6. VISIT TO THE CENTRE WITH PARENTS/CARERS AND THE PUPIL AND OR OTHER MEMBERS OF STAFF OR KEY PROFESSIONALS**

## 7. PUPIL RISK ASSESSMENT

### PUPIL DETAILS

<b>Name:</b>		<b>Risk Assessment Completed by:</b>	
<b>Age:</b>		<b>Date:</b>	
<b>Date of Birth:</b>			

POSSIBLE TRIGGERS		Likelihood (L)	Severity (S)	Indicators and Prevention or Reactive strategies
Categories	Yes/No	1 - Highly unlikely - (Termly) 2 - Unlikely - ( Monthly) 3 - Likely - (Weekly) 4 - Highly Likely - (Daily) 5 - Near Certain - ( Hourly)	1 - nil 2 - Low 3 - Medium 4 - High 5 - Major	Identify response actions which can be used in response to early warning signs or an escalating situation Notes in black indicate signs an behaviours Notes in blue indicate preventative and reactive strategies
Anxiety, stress, fear				
Allergic reaction				
Attention needed/seeks				
Boredom				

POSSIBLE TRIGGERS		Likelihood (L) 1 - Highly unlikely - (Termly) 2 - Unlikely - ( Monthly) 3 - Likely - (Weekly) 4 - Highly Likely - (Daily) 5 - Near Certain - ( Hourly)	Severity (S) 1 - nil 2 - Low 3 - Medium 4 - High 5 - Major	Indicators and Prevention or Reactive strategies Identify response actions which can be used in response to early warning signs or an escalating situation Notes in black indicate signs an behaviours Notes in blue indicate preventative and reactive strategies
Categories	Yes/No			
Change of teacher/staff				
Challenged by teachers				
Change of routine				
Change of environment				
Frustration				
Incontinence				
Jealousy				

POSSIBLE TRIGGERS		Likelihood (L) 1 - Highly unlikely - (Termly) 2 - Unlikely - ( Monthly) 3 - Likely - (Weekly) 4 - Highly Likely - (Daily) 5 - Near Certain - ( Hourly)	Severity (S) 1 - nil 2 - Low 3 - Medium 4 - High 5 - Major	Indicators and Prevention or Reactive strategies Identify response actions which can be used in response to early warning signs or an escalating situation Notes in black indicate signs an behaviours Notes in blue indicate preventative and reactive strategies
Categories	Yes/No			
Lack of medication				
Lack of food/water				
Other – Crowds				
Prejudice				
Perceived injustice				
Sexual awareness				

RESULTING BEHAVIOURS (PLEASE TICK ALL THAT APPLY)									
Anxiety		Climbing into danger		Improvising weapons		Scratching		Tantrums	

Arson		Damage to property		Kicking		Sexualised behaviour		Threatening	
Biting		False Allegations		Punching		Self-harm		Throwing objects	
Bullying		Head Butting		Refusing to obey instructions		Spitting		Verbal abuse/ Swearing	
Carries weapons		Involuntary movements		Running Away		Shouting & screaming		Volatility	
Other - please specify									

RECOMMENDED RESPONSE STRATEGIES	TICK ALL THAT APPLY	ADDITIONAL INFORMATION - FURTHER DETAILS
Removal of Trigger	<input type="checkbox"/>	
Distraction	<input type="checkbox"/>	
Calming time	<input type="checkbox"/>	
Give physical space	<input type="checkbox"/>	
Verbal support	<input type="checkbox"/>	
Use calm voice	<input type="checkbox"/>	
Physical Intervention	<input type="checkbox"/>	
Going for a walk	<input type="checkbox"/>	
Other - please specify	<input type="checkbox"/>	

RECOMMENDED RESPONSE STRATEGIES	TICK ALL THAT APPLY	ADDITIONAL INFORMATION - FURTHER DETAILS
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Things to avoid, what makes things worse

**Additional Information**

**Aims from Parent/Carer**

Date:

What are the greatest hazards and what harm might result	Who and how many people might be at risk	What are the preventative and protective measures required and have they been put in place?	S	L	R	What further action, if any, needs to be taken to reduce risk	By whom and what date

Severity - S	
1	Nil
2	Low
3	Medium

4	High
5	Major

Likelihood - L	
1	Highly Unlikely (Termly)
2	Unlikely (Monthly)
3	Likely (Weekly)
4	Highly Likely (Daily)
5	Near Certain (Hourly)

Risk Rating S x L		PLEASE TICK
1 - 5	Very Low	<input type="checkbox"/>
6 - 10	Low	<input type="checkbox"/>
11 - 15	Medium	<input type="checkbox"/>
16 - 20	High	<input type="checkbox"/>
21 - 25	Very High/Major	<input type="checkbox"/>

Participant	Name	Signature	Date
Head of Provision			
Parent/Guardian			
Parent/Guardian			