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**SEND Individual Pupil Risk Assessment**

This risk assessment template aims to identify and assess all aspects of risk relating to a CYP individual needs. This process will support leaders and school staff in planning to mitigate risk and make provision to fully include a CYP in all aspects of school life. It should be preceded by a conversation with the CYP and their parents/carers (see My Support Plan, section 6.2) as part of the co-production process. Any worries or issues identified by the CYP or parent/carer should be reflected in this risk assessment. Schools should carry out an initial accessibility audit for the CYP and then regularly update this risk assessment to ensure any new risks or changes in need are well planned for.

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| --- | --- | --- |
| **Name of Child:** | **Assessment conducted by:** | **Role:** |
| **Date of assessment:** | **Review interval:** Weekly/Monthly/Termly | **Date of next review:** |
| **Signed by CYP:** | **Signed by Parent/Carer:** | **Signed by School:** |

|  |  |
| --- | --- |
| **Related documents (please tick any relevant documents)** | |
| * My SEND Support Plan (section 6.2 of toolkit) * Personal Needs Plan (section 6.18 of toolkit) * Annual review documents (section 6 of toolkit) * Individual Accessibility Audit completed on entry of child with SEND (section 6.16 of toolkit) * SAFeH (where appropriate) * CP/CiN Plan (where appropriate) * PEP for Looked After Children (where appropriate) | * Safeguarding and Child Protection Policy * Health and Safety Policy * Medical Needs Policy * Administration of Medication Policy * Risk Assessment Policy |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk rating** | | **Likelihood of occurrence** | | |
| **Probable** | **Possible** | **Remote** |
| **Likely impact** | **Major**  Causes major physical injury, harm or ill-health. | High (H) | H | Medium (M) |
| **Severe**  Causes physical injury or illness requiring first aid. | H | M | Low (L) |
| **Minor**  Causes physical or emotional discomfort. | M | L | L |

| Area for concern (examples below – add to or delete where applicable) | Risk rating prior to action  H/M/L | Recommended controls – actions to mitigate against risk | In place?  Yes/No | By whom? | Deadline | Risk rating following action  H/M/L |
| --- | --- | --- | --- | --- | --- | --- |
| Injury when navigating internal spaces (corridors, hall, library, ICT suite) |  |  |  |  |  |  |
| Injury when navigating external spaces (including entrance to school and pathways) |  |  |  |  |  |  |
| Classroom Environment |  |  |  |  |  |  |
| Cloakrooms |  |  |  |  |  |  |
| Toilets and changing facilities |  |  |  |  |  |  |
| Lunchtimes |  |  |  |  |  |  |
| Break times |  |  |  |  |  |  |
| Infection Control: Spreading infections between rooms and areas, need for physical touch |  |  |  |  |  |  |
| Hygiene: Support for hand washing, cleaning routines, personal awareness |  |  |  |  |  |  |
| Bathroom care |  |  |  |  |  |  |
| Intimate Personal Care |  |  |  |  |  |  |
| Medical needs |  |  |  |  |  |  |
| Administration of medication and/or treatment |  |  |  |  |  |  |
| SEMH needs to understand routines and expectations |  |  |  |  |  |  |
| Communication and Interaction needs to understand routines and expectations |  |  |  |  |  |  |
| Need for Physical intervention |  |  |  |  |  |  |
| Dietary requirements (including allergies) |  |  |  |  |  |  |
| Use of specific personal aids (e.g. walking frame, hoist, breathing aids) |  |  |  |  |  |  |
| Manual Handling |  |  |  |  |  |  |
| Extra-Curricular activities, clubs, trips |  |  |  |  |  |  |
| Transport |  |  |  |  |  |  |
| PE and / or swimming |  |  |  |  |  |  |
| Subject specific issues (Food Technology, Science, ICT, DT) |  |  |  |  |  |  |

\*For CYP with complex needs, it is recommended that some of the ‘areas for concern’ will need separating to allow for greater detail in mitigating the risks.