

Appendix 3

INDIVIDUAL CHILD PLAN and RISK ASSESSMENT



Name:	Staff involved:
DOB:	
Date set:	Review date:

Identification of Risk

What do you think may happen?	
Who may be affected	

Assessment of Risk

When do you think this will happen?	
How likely is it that the risk will arise?	High / Medium / Low

Agreed Behaviour Management Plan & School Risk Management Strategy

Focus of measures	Measures to be employed	Review
Proactive interventions What have we tried already?		
Early interventions What we will do.		
Reactive interventions What needs to be done?		

Planned by _____

Parent signature _____