

Risk Assessment
For Individual Pupil

School	
Pupil's Name	
D o B	
Address	
Year and Form	
Pupil's Pastoral Carer/Teacher	
Support Worker (if applicable)	
Date of this Assessment	
Any Previous assessments	
Assessment carried out by	

1. Nature of actual and potential risks associated with this individual	2. Who could be affected by the identified risk (highest risk group at the top)
<ul style="list-style-type: none"> ▪ Physical Violence Yes / No ▪ Verbal Violence Yes / No ▪ Self Harm Yes/ No ▪ Deliberate damage to equipment used by others Yes / No ▪ Arson Yes / No ▪ Sexual Yes / No ▪ Other risk - (specify) Yes / No i.e Transmission Hep B Carrier 	<ul style="list-style-type: none"> Specific Pupils (in immediate class) Yes / No Specific Staff (working directly Yes / No with this child) Other Pupils Generally Yes / No Staff Generally Yes / No School Volunteers Yes / No Visitors to School Yes / No Public (out of School Activities) Yes / No i.e Outdoor Educational Visits & Swimming Baths Others - (specify) Yes / No

3. How could those identified above be exposed to the identified risk (e.g. generally or in specific circumstances?)	4. What is the likelihood of harm based on past history and current issues and <u>without</u> additional control measures
5. What are the existing and additional control measures that are necessary to reduce the risks	6. Who will be responsible for checking that these control measures remain in force
7. What is the level of residual risk after Agreed control measures have been put Into place	8. When and by whom will this assessment be monitored and reviewed
Names of individuals and agencies involved in agreeing this assessment	
Signed	
Date	
Copies to	