INITIAL STUDENT RISK ASSESSMENT

STUDENT DETAILS	
NAME:	DATE OF BIRTH:

ONE TO ONE WORKING	
RISK LEVEL	**FACTORS AUTHORISING ONE TO ONE WORKING**
o Low o Medium o High	Please enter details here

SELF HARM		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

VIOLENCE TOWARDS YOUNG PEOPLE / BULLYING / VERBAL ABUSE		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

VIOLENCE / VERBAL ABUSE TOWARDS STAFF / OTHER PEOPLE		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

DAMAGE TO PROPERTY		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

ABSCONDING	
RISK LEVEL	**FACTORS AUTHORISING ONE TO ONE WORKING**
o Low o Medium o High	Please enter details here

SEXUAL RISK TO YOUNG PEOPLE		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

SEXUAL RISK TO STAFF / PEOPLE		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

SEXUAL RISK FROM OTHER PEOPLE		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

ALLEGATIONS AGAINST STAFF		
RISK LEVEL	**PREVIOUS HISTORY**	**ACTION REQUIRED**
o Low o Medium o High	Please enter previous history here	Please enter required actions

DANGER TO ANIMALS

RISK LEVEL	FACTORS AUTHORISING ONE TO ONE WORKING
o Low o Medium o High	Please enter details here

TRANSPORTATION

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

ONLINE RISK

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

OFF SITE ACTIVITIES

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

ALCOHOL / DRUG / SOLVENT RISK

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

EATING DISORDERS

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

ARSON

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

SELF-MEDICATION

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

RADICALISATION

RISK LEVEL	PREVIOUS HISTORY	ACTION REQUIRED
o Low o Medium o High	Please enter previous history here	Please enter required actions

Date Completed:

Name of Compiler: