

School Risk Assessment and Safety Plan

Name of Child:

Date of Birth:

Home Address:

School Address:

School Risk Assessment and Safety Plan completed by:

Date This Assessment Began:

Date This Assessment Completed:

Reason for this Risk Assessment and Safety Plan

Identified Risks

Where has the information been gathered from?

History of Behaviours

Child's Own Views

Parents/ carers Views

Agreed Supervision

School/Building Assessment

Vulnerable areas i.e- corridors
 i.e- playing field areas
 i.e-

Agreement with Child and Parents

Consequences

Support for the Child

_____ Signed

_____ Date

Parents agrees to keep school informed of any incidents that occur as well as general behaviour.

_____ Signed

_____ Date

School (name) will keep the safety plan in place within school, they will keep XXXX parents and appropriate staff informed of XXXXX progress. (school, Name) need to review plan to ensure all supervision requirements are in place.

_____ Signed

_____ Date