



INDIVIDUAL STUDENT RISK ASSESSMENT

STUDENT NAME		KEY STAGE		DATE OF BIRTH	
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Please tick all relevant columns where a risk is identified. Please indicate whether it is High, Medium or Low based on your knowledge of the student.

Risk Factor	High	Medium	Low	Additional Information (Triggers/support strategies/etc.)
Self-Harm				
Bullying				
Abusive or violent language				
Sexually abusing/inappropriate behaviour				
Violent/Aggressive/Intimidating behaviour				
Impulsive dangerous behaviour				
Substance/Alcohol misuse				
Offensive on a basis of Gender/Race/Religion/Disability or Sexuality				
Absconding/Absence				
Damage to property				
Offending behaviour (e.g. theft)				
Carrying/Use of weapons				
Vulnerable to bullying				
Mental health difficulties				



Additional information/comments: