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**EARLY YEARS RISK ASSESSMENT FOR CHILDREN WITH SEN/BEHAVIOURAL DIFFICULTIES**

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| CHILD’S NAME: | | | | | CHILD’S DOB: | | |
| NAME OF SETTING: | | | | | NAME OF PERSON COMPLETING RISK ASSESSMENT: | | |
| RISK ASSESSMENT NUMBER: | | | | | NAME OF PERSON SUPPORTING COMPLETION: | | |
| CHILD’S PRESENTING NEEDS/DIAGNOSIS: | | | | | | | |
| OVERALL SUMMARY OF RISK:  ANY FURTHER COMMENTS FOLLOWING REVIEW: | | | | | | | |
| DATE OF THIS RISK ASSESSMENT : | | | | DATE RISK ASSESSMENT TO BE REVIEWED: | | | |
| **RISK RATING** (what is the risk to the child or to others) 1 = low risk injury 2 = medium risk injury 3 = high risk injury 4 - death  **LIKELIHOOD RATING** (how likely is the risk to occur) 1 = low/seldom 2 = medium/occasional 3 = high/regularly 4 = very high/constant | | | | | | | |
| RISK | TRIGGERS/EVIDENCE | INITIAL RISK LEVEL | LIKELIHOOD RATING | | | ACTION TO BE TAKEN TO REDUCE RISK | NEW RISK LEVEL |
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| RISK | TRIGGERS/EVIDENCE | INITIAL RISK LEVEL | LIKELIHOOD RATING | | | ACTION TO BE TAKEN TO REDUCE RISK | NEW RISK LEVEL |
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