

# STUDENT RISK PROFILE



NAME OF STUDENT	PASTORAL CLASS	DATE DEVELOPED

This checklist is intended as a guide only and allows the identification of "other" risks.

RISK TO <span style="font-size: small;">—————&gt;</span>	STUDENT	STAFF	OTHERS	Management / Support Plans in Place See example sheet	Actions to be taken e.g. review or develop new plan
<b>RISK AREAS</b>	<b>Risk Category</b> (Please tick) (Red, Amber, Green)				
<b>1. Behaviours</b>					
a. Self - injury	Red	Amber	Green		
b. Physical Assault	Red	Amber	Green		
c. Verbal Abuse / Threats	Red	Amber	Green		
d. Damaging Property	Red	Amber	Green		
e. Persistent Non-compliance	Red	Amber	Green		
f. Persistent Routine Disruption	Red	Amber	Green		
g. Throwing objects	Red	Amber	Green		
<b>2. Accidental Movement</b>					
a. Startle reflex	Red	Amber	Green		
b. Panic behaviour	Red	Amber	Green		
c. Grabbing, holding, leaning	Red	Amber	Green		
d. Sudden body movements	Red	Amber	Green		
e. Falling, bumping	Red	Amber	Green		
f. Tripping, running	Red	Amber	Green		
<b>3. Resistance to Support during Activities of Daily Living</b>					
a. Feeding	Red	Amber	Green		
b. Toileting	Red	Amber	Green		
c. Grooming	Red	Amber	Green		

<b>RISK TO</b> →	<b>STUDENT</b>	<b>STAFF</b>	<b>OTHERS</b>	<b>Management / Support Plans in Place</b> See example sheet	<b>Actions to be taken</b> e.g. review or develop new plan
<b>RISK AREAS</b>	<b>Risk Category</b> (Please tick) (Red, Amber, Green)				
<b>4. Unsafe Actions</b>					
a. Inappropriate sexualized actions	Red	Amber	Green		
b. Wander, abscond	Red	Amber	Green		
c. Inappropriate dialogue with others	Red	Amber	Green		
d. Touching unsafe items	Red	Amber	Green		
<b>5. Environmental &amp; Social</b>					
a. Crossing the road	Red	Amber	Green		
b. Riding in vehicle	Red	Amber	Green		
c. Public transport	Red	Amber	Green		
d. Stranger danger	Red	Amber	Green		
e. Sun exposure	Red	Amber	Green		
<b>6. Manual Handling</b>					
a. Transfers	Red	Amber	Green		
b. Mobility	Red	Amber	Green		
c. Vehicle access	Red	Amber	Green		
d. Personal care tasks	Red	Amber	Green		
<b>7. First Aid</b>					
a. Physical Health Needs	Red	Amber	Green		
b. Mental Health Needs (including anxiety)	Red	Amber	Green		
c. Medication Needs	Red	Amber	Green		
<b>8. Other</b> (e.g. fears of medical professionals)					
a. Sensory Needs	Red	Amber	Green		

<b>Sign-Off</b>			
Assessor 1:	Role:	Signature:	Date:
Assessor 2:	Role:	Signature:	Date:
Co-ordinator:	Role:	Signature:	Date:
	Primary/Secondary		
Assistant Principal:		Signature:	Date:

<b>Review Schedule</b>				
Quarterly Review	Term 1	Term 2	Term 3	Term 4
Date Completed:				
Reviewed by:				
Date set for next review:	Week One	Week One	Week One	Week One

<b>Reviews outside of Quarterly Review</b>		
Date Completed:	Reviewed by:	Reason for Review:

