

## Early Identification of Special Educational Needs Risk Assessment



RISK ASSESSMENT FOR:		Early Identification of Special Educational Needs	
<b>Establishment:</b>	<b>Assessment by:</b>	<b>Date:</b>	
<b>1<sup>st</sup> Review Date Due:</b>	<b>Manager Approval:</b>	<b>Date:</b>	

Severity 1-3			Likelihood 1-3		
Minor	Slight injury/illness	1	Low	Where harm will seldom occur	1
Moderate	Injury/illness causing short term disability	2	Medium	Where harm will often occur	2
Severe	Fatality or major injury or illness causing long term disability	3	High	When it is certain or near certain that harm will occur	3

Hazard/Risk	Who is at Risk?	How can the hazards cause harm?	Likelihood Low (1) Medium (2) High (3)	Severity Minor (1) Moderate (2) Severe (3)	Risk (Multiply Risk x Severity)	Control Measures/Comment	Are Normal Control Measures Y/N/NA	
							In Place	Adequate

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Additional Hazards Identified in this School	Estimated Risk Level			Control Measures to be Instituted	Action Dated
	High	Medium	Low		

Additional Control Measures <i>(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels)</i>	Action by Whom <i>(list the name of the person/people who have been designated to conduct actions)</i>	Action by When <i>(set timescales for the completion of the actions – remember to prioritise them)</i>	Action Completed <i>(record the actual date of completion for each action listed)</i>	Residual Risk Rating <i>(see below)</i>
<b>DATE OF REVIEW:</b> <i>Record actual date of review</i>	<b>COMMENTS:</b> <i>Record any comments reviewer wishes to make. Including recommendations for future reviews.</i>			
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<b>Employees informed of risk assessment via all of the following means:</b>	
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<b>Employees to report newly-identified hazards via:</b>			
<b>Date of next assessment:</b>			
<b>Assessment frequency:</b>			
<b>Date:</b>		<b>Signed:</b>	