

Sport Works Additional Needs Form : Stage 2

**Proforma for assessing and managing foreseeable risks for children who present challenging behaviours**

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| **Identification of Risk** |
| Describe the foreseeable risk |  |
| Is the risk potential or actual? |  |
| List who is affected by the risk |  |
| **Assessment of Risk** |
| In which situations does the risk usually occur? |  |
| How likely is it that the risk will arise? |  |
| If the risk arises, who is likely to be injured or hurt? |  |
| What kind of injuries or harm are likely to occur? |  |
| How serious are the adverse outcomes? |  |
| **Risk Reduction Options** |
| Measures | Possible Options | Benefits | Drawbacks |
| Proactive interventions to prevent risk |  |  |  |
| Early interventions to manage risk |  |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |  |
| **Agreed Behaviour Management Plan & Risk Management Strategy** |
| Focus of measures | Measures to be employed | Level of risk |
| Proactive interventions to prevent risks |  |  |
| Early interventions to manage risks |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |
| **Communication of Behaviour Management Plan & Risk Management Strategy** |
| Plans and strategies shared with | Communication method | Date actioned |
|  |  |  |

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| Assessment completed by: | ................................................................................................ |
| Signature:  | ............................................................................................... |
| Date: | ............................................................................................... |

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| **The information on this Care Plan has been agreed with:** |
| Parent/Legal Guardian (Name): |  |
| Provider (Name): |  |
| Signature: |  |
| Date: |  |
| Signature: |  |
| Date:  |  |