

LONDON BOROUGH OF ENFIELD
SWERRL Team
(Primary Behaviour Support Service)

**Baseline and Review Assessment Questionnaire
(BRAQ)**
for Individual Pupil Requests for Involvement

PUPIL:	
SCHOOL:	
Section 1 & 2- completed by:	Name and designation:
Section 3- completed by class teacher:	Name:
Section 4- completed by Headteacher:	Name:

BASELINES	Date Completed:
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Priority presenting behaviour 2:

Rate your level of concern	0 1 2 3 4 5 6 7 8 9 10 Lowest concern Highest concern
Describe the behaviour that concerns you and who is affected by it.	
When and where does it typically occur? How frequently and to what severity?	
What strategy are the staff currently using in response and describe the pupil's reaction	

Priority presenting behaviour 3:

Rate your level of concern	0 1 2 3 4 5 6 7 8 9 10 Lowest concern Highest concern
Describe the behaviour that concerns you and who is affected by it.	
When and where does it typically occur? How frequently and to what severity?	
What strategy are the staff currently using in response and describe the pupil's reaction	

READINESS FOR LEARNING

Negative Indicators	Positive Indicators
Pupil lacks engagement and shows limited interest	Pupil is motivated and open minded with a growth mindset
Pupil is easily distracted and can demonstrate disruptive, attention seeking behaviour	Pupil listens well and responds to instructions
Pupil is anxious about succeeding and is reluctant to attempt unfamiliar material	Pupil sustains concentration and can persevere

0 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
Worst **Best**

Please describe any strengths and concerns that have informed your rating choice:

Describe any additional concerns you might have about this pupil
e.g. general health concerns, lack of sleep, etc...

SECTION 3: TEACHER MANAGEMENT OF PUPIL

This Section should be completed by the pupil's class teacher

1. How positive is your relationship with this pupil, currently?	0 1 2 3 4 5 6 7 8 9 10 Absolutely negative Perfectly positive Your comments: (+ please identify who in school you believe has the best relationship with the pupil)
2. How accurately have you been able to assess this pupil's academic capabilities?	0 1 2 3 4 5 6 7 8 9 10 Not at all Completely Your comments:
3. How well do you feel you have been able to assess this pupil's social and emotional needs?	0 1 2 3 4 5 6 7 8 9 10 Not at all Perfectly Your comments:
4. How successfully are you able to support this pupil's achievement in class?	0 1 2 3 4 5 6 7 8 9 10 Not at all Totally Your comments:
5. How well has it been possible	0 1 2 3 4 5 6 7 8 9 10

to identify triggers to this pupil's challenging behaviour?	<p style="text-align: center;">Not at all Totally</p> <p>Your comments:</p>
6. How successfully have school staff been able to calm the pupil if their behaviour escalates?	<p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10 Not at all Consistently</p> <p>Your comments: <i>(Please identify any successful strategies that have been used)</i></p>
7. How frequently are you able to praise and reward this pupil?	<p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10 Not at all With consistent frequency</p> <p>Your comments: <i>(Please specify what positive reinforcement you use and what achievements are reinforced)</i></p>
8. How successful has the current 'behaviour management plan' been for this pupil?	<p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10 Not at all Completely</p> <p>Your comments: <i>(Please comment factually on the development and effectiveness of any school arrangements to manage this pupil's behaviour)</i></p>
9. What small step of change would you need to see to feel this pupil could be more successfully included in your classroom?	<p>Your comments:</p>
10. Do you feel this pupil's presentation has impacted on your own sense of wellbeing? In what ways?	<p>Your comments:</p>

SECTION 4: RISK OF EXCLUSION:

This Section of the form must be completed with input from the Headteacher with the necessary overview of the school position:

How far from permanent exclusion would you rate this pupil currently?

RISK OF EXCLUSION RATING

***Please note the particular nature of this scale i.e. 0 = most at risk 10 = least at risk**

0	1	2	3	4	5	6	7	8	9	10
Extreme risk of PEx				Moderate risk of PEx						Minimal risk of PEx

Please describe any strengths and concerns that have informed your rating choice:

How do you hope that the SWERRL team could contribute to your management of this challenging situation?