

PUPIL RISK ASSESSMENT FORM

Name of Pupil		School/Class	Date of Assessment		Risk Rating	High Medium Low
What are the Hazards?	Who is at risk and how would they may be harmed?	What is done to control the risk?	What more can be done?	Action by whom?	Target Date	Date completed
Date of Review	Teacher's Name/Signature	Assessors Name/Signature	Assessors Name	Head Teachers' Name		
		Not agreed	Signature	Signature		
Professional: Others Present			Parent/Carer Name/Signature			

