Risk assessment/Positive Handling plan

Pupil Name: _____ Date:_____

People involved in developing this plan (including parents/carers):

Why does the child need a risk assessment/positive handling plan?

Details of the strategies that:

Support the child to prevent restrictive intervention: De-escalate the behaviour:

What could the school do differently in future to prevent restrictive intervention?

Parent/Carer Signature: _____

Staff Signature: _____