**Individual behaviour/risk management plan**

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| --- | --- | --- | --- | --- |
| **Name:** | **Date of birth:** | | **Date:** | **Review date:** |
| **Risk reduction measures and differentiated measures (to respond to triggers)** | | | | |
| **Pro-social/positive behaviours:** | | **Strategies to respond** | | |
| **Anxiety/difficult behaviours:** | | **Strategies to respond** | | |
| **Crisis/dangerous behaviours:** | | **Strategies to respond** | | |
| **Post-incident recovery and debrief measures** | | | | |

**Signature of plan co-ordinator: Date:**

**Signature of parent/carer: Date:**

**Signature of young person: Date:**

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