# Occupational therapy risk assessment

Date risk assessment completed:
Responsible OT assigned to child:
Child name:
Age:
Diagnoses (include any visual or hearing impairment): N/A

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| | |
|---|---|
| Special school provision? | N |
| Is this child currently on, or ever been under, Child Protection law? | Y/N |
| Has this child been known by CAMHS before? | Y/N |

Please complete the following, adding comments where appropriate:

| Risk/area of need | Yes/sometimes/not sure/no |
|---|---|
| Able to climb standard playground equipment e.g. ropes, swing, ladder, stepping stones | |
| Independent toileting | |
| Independent eating (inc without choking) | |
| Eats/mouths non edible items | |
| Flight risk (likely to run off) | |
| Hurts others e.g. hit, bite, kick | |
| Hurts self e.g head bangs, throwbacks or other self-harm | |
| Unaware of dangers e.g. near pond, car park, tree climbing too high etc | |
| Oppositional e.g. rule breaker, disruptive | |
| Meltdowns/tantrums | |
| Seizures/absences | |

Please describe any other risks or concerns raised that may impact on the safety of the child, the group and/or facilitators?

Risk assessment level confirmed with parental/school consultation:

1 (low risk) 2 (medium risk) 3 (high risk)

Please specify why the above level has been confirmed:

What action will be taken to address risks identified?
*Examples include 1:1 adult assistance, close group supervision, lowered group numbers, specific behavioural resources*

| **Action** | **Review date** |
|---|---|
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| | |

OT name:
Signature: Date: