

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 17

Work and Learning

Risk Assessment Objectives: To enable Name to have an education for life outside the home

Risk Assessment Objectives: Maximise Life Values and self esteem

- Maintain Personal Hygiene, Care of Clothes and Important Items
- Respect and Maintain Privacy and Dignity
- Give Name as much independence as realistically possible
- Ensure Confidentiality of Information at all Times
- Promote Well-being
- Address Name in their preferred Manner and Name
- Minimise the effects of Incontinence
- Give Medications as Prescribed Observe for Changes in circumstances that may lead to a change in Medication or Care/Support Needs
- Have Regular Reviews with Professionals regarding the Name's Needs
- Maintain Physical Health

PERSONAL STATEMENT

RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THIS MUST BE AN ESSENTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	Red
09	3 rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	Yellow
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	Light Yellow
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

1. _____

Signed _____

Date: ____/____/____

Review Monthly

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 17
Work and Learning

Outcome Name to go to find occupation and / or work.

ASSESSMENT

- Name has a full learning timetable

SUPPORT NEEDED

- Take Name to College and pick them up each college day

SPECIFIC OUTCOMES / ACTIONS TO ACHIEVE

- Continue to support Name in their education



Signed _____

Date: ____/____/____

Review Monthly