

School

Positive Handling and Behaviour Support Plan

Name:

D.O.B:

Class:

Date:

* Key adults:

Medical Issues:

Target Behaviours (no more than 3):

Triggers:

Preferred Supportive and Intervention Strategies, including De-escalation Techniques:

Verbal / advice and support		Choices (max 2)		Timeout (___ mins)		Success reminder	
Reassurance		Consequences		Withdrawal (Calm Down Zone)		Take up time / countdown	
CALM stance / talking		Planned ignoring		Contingent touch		Humour	
Negotiation		Distraction		Transfer adult			

Green Behaviour for Name:

<p><u>Support Strategies</u> The things we can do or say to prevent situation from escalating.</p>	<p><u>Behaviour</u> What name does, says and looks like that gives us clues that he is anxious.</p>

Amber Behaviour for Name:

<p><u>Support Strategies</u> The things we can do or say to stop the situation from escalating further</p>	<p><u>Behaviour</u> What name does, says and looks like that gives us clues that he is engaging in challenging behaviours.</p>

Red Behaviour for Name:

<p><u>Support Strategies</u> The things we can do or say to quickly manage the situation and to prevent unnecessary distress, injury or destruction.</p>	<p><u>Behaviour</u> What name does, says and looks like when he is challenging.</p>

Agreed Physical Interventions to be used to prevent danger to self or others and as a last resort: All restrictive interventions are recorded in the Bound and Numbered book

A large empty rectangular box intended for recording information.

Post Incident Strategies:

<p><u>Support Strategies</u> The things we can do or say to support name to become calmer.</p>	<p><u>Behaviour</u> What name does, say and looks like that tells us that he is becoming calmer.</p>

Risk Assessment:

Key Questions: Is the risk potential or actual? How frequently does the risk occur? Who is affected by the risk? How likely is the risk to occur?
Who/what is likely to be injured? What injuries may be sustained? How serious are the outcomes?

		Original Risk Score			Final Risk Score			
Description of risk	Risk Type	Impact	Likelihood	Risk Score	Measures to mitigate	Impact	Likelihood	Residual Risk
<p>Head Teacher Comment:</p> <p>Individual Child Risk Plan:</p>								

Impact						
5			H	VH	VH	
4				H	VH	
3					H	
2						
1						
	1	2	3	4	5	Likelihood

Additional Information (PSP, Other Agencies / Staff Involved):

Copies to:

Review date:

Signed:

SENDCo:

Parent:

Pupil (if appropriate):

Date: