



19a Ambleside  
Luton  
LU3 2SF

General Telephone Enquiries:  
0333 320 4401 E-mail: [lisa.michie@ameinacentre.co.uk](mailto:lisa.michie@ameinacentre.co.uk)

## Student Referral Risk Assessment

<b>Name of Student:</b>		<b>Date of Birth:</b>	
<b>Date of Risk Assessment:</b>		<b>Risk Assessed by:</b>	

	Yes, No or Don't Know:	Details (including name of contact person and dates of incidents where relevant):
Has the student been known to assault adults or pupils?		
Did the assault(s) use weapons / objects?		
Has the student been known to carry weapons		
Did the assault(s) lead to medical treatment?		
Has the student been known to threaten another pupil?		
Has the student been known to threaten an adult?		
Has the student been known to use offensive language to others?		
Has the student been known to use non-prescription, illegal drugs?		
Has the student been known to do him/herself physical harm?		
Has CAMHS been involved?		
Has the student made any allegations against any staff member?		
Has the student been known to cause damage to property?		
Has there been any Police, Youth Offending Service, Drug Action Team involvement?		

Is the student on the Child Protection register?	
Is the student 'looked after'?	
Is the student the subject of a statement of SEN?	
Can the student be led to safety away from others?	
Does the student require medication during the school day?	
Does the student present any known health risk?	
Is additional support required from social services, mental health agencies and/or other relevant external organisations which is yet to be put in place?	

**Please provide details of the factors which trigger the student's inappropriate behaviour:**

--

**Please provide details about the current arrangements in place for managing the risk associated with this student:**

--