



Individual Risk Management Plan



<u>Name:</u>	<u>DOB:</u>	<u>Date:</u>	<u>Review Date:</u>
---------------------	--------------------	---------------------	----------------------------

Reinforce 'in the moment' that something good has happened

<u>Photo:</u>	<u>Risk reduction measures and differentiated measures (to respond to triggers):</u>
----------------------	---

Pro social / positive behaviour	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 _____