‘Sensory Needs’ Intervention Risk Assessment

*N.B, Please use in accordance with your own setting’s Health and Safety policy and ensure you have a first aid kit within a close proximity of delivering this intervention due it practical nature. \*\*\* edit as you wish\*\*\**

**Key: L ~ low M ~medium H ~high**

**School :
Session
Date
Completed b y :**

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| --- | --- | --- | --- | --- | --- |
| **Apparatus**  | **Potential Hazard**  | **Risk**  | **Who does the risk effect?**  | **What can we to reduce the risk?**  | **New Risk rating**  |
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