

## MBC CONTEXTUAL RISK SCREENING TOOL

Please tick to indicate any risks or concerns you have for the student being referred.

Then upload onto the referral or send to the referrals email [referrals@meadowbrookcollege.org.uk](mailto:referrals@meadowbrookcollege.org.uk)

<b>Student name:</b>		<b>Name of the person completing this form:</b>	
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### HEALTH & WELLBEING

<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Medical	<input type="checkbox"/> Patterns of illness	<input type="checkbox"/> Sexual Health	<input type="checkbox"/> Sleep problems
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Unexplained Injury	<input type="checkbox"/> Anxiety/Depression
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Self esteem & confidence	<input type="checkbox"/> Routines / boundaries	<input type="checkbox"/> Presentation / Appearance	<input type="checkbox"/> Other

### COMMUNITY & POLICE INVOLVEMENT

<input type="checkbox"/> Weapons	<input type="checkbox"/> Criminal Damage	<input type="checkbox"/> ASB	<input type="checkbox"/> Sexualised Offences	<input type="checkbox"/> Physical Assaults
<input type="checkbox"/> Exploitation/ROTH	<input type="checkbox"/> Domestic Violence Perpetrator	<input type="checkbox"/> Theft / Burglary / Robbery	<input type="checkbox"/> Cybercrime	<input type="checkbox"/> Missing Episodes
<input type="checkbox"/> Extremism	<input type="checkbox"/> Arson	<input type="checkbox"/> Hate Crimes	<input type="checkbox"/> Drug Offences	<input type="checkbox"/> Other

### HOME & ENVIRONMENTAL FACTORS

<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Parental Substance misuse	<input type="checkbox"/> Sexual Violence / harrassment	<input type="checkbox"/> CWCF / Previously in Care	<input type="checkbox"/> Parental Mental Health or disability	<input type="checkbox"/> Child drug or alcohol use/misuse
<input type="checkbox"/> Family member in Prison	<input type="checkbox"/> Parental separation / Divorce	<input type="checkbox"/> Family relationship breakdown	<input type="checkbox"/> Community Violence	<input type="checkbox"/> Previous trauma/ACES
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Poverty	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Young Carer	<input type="checkbox"/> Other

### ADDITIONAL NEEDS

<input type="checkbox"/> Learning and Cognition	<input type="checkbox"/> Communication and Interaction	<input type="checkbox"/> Sensory and Physical	<input type="checkbox"/> SEMH	<input type="checkbox"/> Dyslexia/Dyscalculia
<input type="checkbox"/> Awaiting a diagnosis	<input type="checkbox"/> Medication	<input type="checkbox"/> Awareness of risks	<input type="checkbox"/> In need of an EHCP	<input type="checkbox"/> At risk of NEET
<input type="checkbox"/> Vulnerabilities in the community	<input type="checkbox"/> Environmental concerns	<input type="checkbox"/> Social interactions	<input type="checkbox"/> Visual / Hearing impairment	<input type="checkbox"/> Mental Health conditions
<input type="checkbox"/> ASD diagnosis	<input type="checkbox"/> ADHD diagnosis	<input type="checkbox"/> ODD diagnosis	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other

### BEHAVIOURS IN SCHOOL

<input type="checkbox"/> Physically aggressive towards adults	<input type="checkbox"/> Verbally abusive towards adults	<input type="checkbox"/> Persistent disruptive behaviour	<input type="checkbox"/> Damage to property	<input type="checkbox"/> Bullying & harassment
<input type="checkbox"/> Physically aggressive towards other pupils	<input type="checkbox"/> Verbally abusive towards other pupils	<input type="checkbox"/> Sexual misconduct /Sexualised behaviours	<input type="checkbox"/> Abuse against protected characteristics	<input type="checkbox"/> Misuse of social media or online
<input type="checkbox"/> Racist Abuse	<input type="checkbox"/> Non-Attendance	<input type="checkbox"/> Offensive Weapons	<input type="checkbox"/> Concerning traits	<input type="checkbox"/> Other