

Abuse Prevention Participant and Activities Risk Assessment

Organization _____ Division _____
 Department _____ Area _____
 Completed by _____ Date Completed _____

**Check if Applicable*

Present	General Risk Factors	Total
<input type="checkbox"/>	Disengaged Families	
<input type="checkbox"/>	Poverty	
<input type="checkbox"/>	Behavioral Problems	
<input type="checkbox"/>	Delinquent Behavior	
<input type="checkbox"/>	History of Physical/Emotional/Sexual Abuse	
<input type="checkbox"/>	Medically Fragile/Complex	
<input type="checkbox"/>	Mental/Emotional/Physical Disabilities	
<input type="checkbox"/>	History of Neglect	
	Sub-Total	

Present	Participant Risk Factors	Total
<input type="checkbox"/>	Expresses feeling lonely	
<input type="checkbox"/>	Shyness	
<input type="checkbox"/>	Clingy	
<input type="checkbox"/>	Emotionally in Need	
<input type="checkbox"/>	Viewed as Different	
<input type="checkbox"/>	Has a Disability	
<input type="checkbox"/>	Identifies as LGBTQ	
<input type="checkbox"/>	Shows Sexualized Behavior	
<input type="checkbox"/>	Uses Sexually Explicit Language	
<input type="checkbox"/>	Taunts or Harasses Peers	
<input type="checkbox"/>	Prefers Younger Children to Age-Mates	
<input type="checkbox"/>	Displays Anger or Aggression	
<input type="checkbox"/>	Violates the Boundaries of Others	
<input type="checkbox"/>	Avoids Supervision	
<input type="checkbox"/>	Dominates other Participants	
	Sub-Total	

Present	Services Risk Factors	Total
<input type="checkbox"/>	Mentoring Programs	
<input type="checkbox"/>	Overnight Camps	
<input type="checkbox"/>	Overnight Field Trips	
<input type="checkbox"/>	New Participants with Behavioral Issues	
<input type="checkbox"/>	International Students	
<input type="checkbox"/>	Afterhours Pick-up/Dropoff	
<input type="checkbox"/>	Rehabilitation Services	
<input type="checkbox"/>	In-home Services	
Sub-Total		

Grand Total _____ **out of 31 Possible % Score:** _____

Risk Factor Action Plan					
Risk Factor Identified	Control Measure	Assigned To	Date Due	Complete	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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