

Student Safety Plan

Student's Name: _____ DOB: _____ Date: _____

Triggers

There are certain situations or circumstances which make me feel uncomfortable and/or agitated:

- 1.
- 2.
- 3.

Warning Signs

I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):

- 1.
- 2.
- 3.

Coping Skills/Healthy Behaviors

Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):

- 1.
- 2.
- 3.

Places I Feel Safe

Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or refer in the presence of safe people):

- 1.
- 2.
- 3.

School Support

Healthy adults at school and/or ways school staff can give me support:

- 1.
- 2.
- 3.

Adult Support

Healthy adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):

- 1.
- 2.
- 3.

Parent Support

Actions my parent/guardian can take to help me stay safe:

- 1.
- 2.
- 3.

Case Carrier Support

Actions my case carrier can take to help me stay safe:

- 1.
- 2.
- 3.

Outside Mental Health Agency/Provider

Mental Health Agency: _____

Clinician Name: _____ **Office #:** _____

Clinician Email: _____ **Cell #:** _____

During a crisis, I can also call:

- _____ Hotline for Immediate Support
- **Suicide Prevention Lines in home language (24 Hours preferred)**
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- Local and online support options:

Signatures

Student Signature

Date

Parent/Guardian Name (please print)

Phone#

Parent /Guardian Signature

Date

Administrator/Case Carrier (please print)

Title

Administrator/Case Carrier Signature

Date