

Student Safety Plan

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.