

MY SAFETY PLAN



Student:	Date:	Grade:	ID:	Site:
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Summary of actions or events that led to necessitate safety plan meeting:

What are my warning signs that a crisis may be developing?

What are some ways I can help myself ?

At Home:	At School:

Who are people I can call if I need help?

Name:	Phone #:

Name:	Phone #:

Name:	Phone #:

Reduction of access & means:

At Home:	At School:

Who will I contact in case of an emergency:

Call 911

National Suicide Prevention Lifelines Hotline 1-800-273-8255 (TALK)

Text HELLO to 741741

Student Signature:	Date:	Staff Signature:	Date:

Parent Signature: (if present)	Date:	Parent provided a copy of Free Risk Screening	Y	N