

SAFETY PLAN

Student Name: _____ DOB: _____

School: _____ Current _____ Grade: _____

Date: _____ Person Completing Form: _____

Step 1: Warning signs (thoughts, images, moods, situations, behavior) that a crisis might be developing:			
1.			
2.			
3.			
Step 2: Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activities):			
1.			
2.			
3.			
Step 3: People and social settings that provide distraction: (students)			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Step 4: People whom I will ask for help: (adults)			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Step 5: Professional or agencies I can contact during a crisis:			
SW WA Crisis	360-696-9560	National Suicide Hotline	800-273-8255
Legacy Medical Center	503-413-4848	Trevor Project (LGBTQ)	800-866-4-U-TREVOR
Peace Health Medical Center	360-514-2000	TEEN Talk	360-397-CHAT
		Emergency Services	Call 911
Step 6: Making the environment safe:			
Staff Signature: _____			
Student Signature: _____			
Date: _____			

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