**Student Safety Plan**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Triggers**  There are certain situations or circumstances which make me feel uncomfortable, unsafe and/or agitated:  1.  2.  3.  **Coping Skills / Healthy Behaviors**  Things I can do to calm myself down or feel better in the moment (hobbies, activities, relaxation techniques):  1.  2.  3.  **School Support**  Trusted adults at the school and/or ways school staff can give me support:  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.  **Places I Feel Safe**  Places that make me feel better and make me feel safe (physical location, an imaginary happy place):  1.  2.  3.  **Parent/Guardian Support**  Actions my parent/guardian can take to help me stay safe:  1.  2.  3. |

**Safety Plan Notes:**

|  |
| --- |
|  |

**Outside Mental Health Agency Providing Me Support**

*Are you currently seeing a therapist?*  **YES** **NO**

**Mental Health Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Qr code

Description automatically generated **DSD Community Resources Page**

**During a crisis, I can also contact:**

* **911** for Immediate Support
* **988** for Suicide and Crisis Lifeline
* Davis Behavioral Health **(801) 773-7060**
* SafeUT for Crisis Chat and Tip Line **833-372-3388** or **safeut.org**
* Davis School District, Student and Family Resources Department **(801) 402-5159**
* Crisis Text Line in Español **AYUDA al 741741**
* The Trevor Project **866-488-7386** a 24-hour crisis line that provides crisis intervention andsuicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people ages 13-24.

**Signatures**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/District Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A copy/scan of this Safety Plan was given to the school and to the parent/guardian**

**\*Safety Plan Dialog with Parents/Guardians:** (as needed)

Suicide Ideation / Plan:Safeguarding the home to block access and means

Lock / Limit / Support / Temporary Removal\_

* Weapons
* Sharps
* Medications
* Ligatures (a thing used for tying or binding something tightly)
* Line of sight and Check-ins