**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:**

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| --- |
|  |

**Outside Mental Health Agency Providing Me Support**

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

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

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

 **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