**Safety Plan**

**Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Triggers:** situations or circumstances which make me feel uncomfortable, unsafe and/or agitated.

**Warning Signs:** I should use my safety plan when I notice these warning signs.

**Coping Skills / Healthy Behaviors:** Things I can do to calm myself down or feel better in the moment.

**Places I feel safe:** Places that make me feel better and make me feel safe *(physical, imaginary happy place).*

**Positive Supports:** Trusted adults in my life that can give me support.

**Workplace Actions:** Actions my workplace can take to help me stay safe.

**Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**