

Student Support & Safety Plan

School	
Date made (or updated)	
Student ID#	
Safety Plan Manager	
Date Safety Plan will be Reviewed	

Safety Checklist for my home and places I often stay:

- Firearms are taken out of my house or locked and secured. Who will do this and when?

- Medication is secured and monitored. Who will do this and when?

- Poisons and chemicals are locked and monitored. Who will do this and when?

- Sharp objects like knives and scissors are locked and secured. Who will do this and when?

Section 1--Ways to help me *feel better* at home and at school. (more examples [here](#)):

People in my life	Activities with others	Things I can do by myself
<i>Examples: Being with positive friends, family, or trusted adults</i> <i>Jake, Erin, and Trent</i>	<i>Examples: sports, board games, pets, exercise, playing music</i>	<i>Examples: relaxation exercises, list 3 things I'm thankful for, journaling, arts or crafts, coloring</i>

Section 2--Ways to *distract* myself at home and at school:

People in my life	Activities with others	Things I can do by myself
<i>Examples: people who help me laugh, friends who are easy to hang out with</i>	<i>Examples: walk my dog, video games with friends, be in the same room with others in my home</i>	<i>Examples: mindfulness activity, write a thank you letter, cooking, exercising, journaling</i>

Section 3--Ways to *relax* or *regulate* in and outside of school:

People I trust to support me	Activities that help me	Things that relax me
<i>Examples: seeking out trusted adult at home or at school, mentor/coach, trusted friend(s), or family member</i>	<i>Examples: taking a walk, cleaning my room, going to the Wellness Room, letting myself cry,</i>	<i>Examples: breathing exercise, yoga or stretching, listening to a calming playlist</i>

Section 4--When I need more support:

**Trusted adults who will help me find more support
(teacher, counselor, social worker, admin, medical provider, or a family member)
Identified adults should be notified they are part of the Safety Plan.**

Name/Email/Phone/ Availability			
Name/Email/Phone/ Availability			
Name/Email/Phone/ Availability			
Name/Email/Phone/ Availability			

Section 5: School Support Options

<u>WHAT?</u>	<u>WHO/WHEN/HOW?</u>
Check-ins: daily weekly with:	
Designated safe place at school:	
Increase supervision in the following settings:	
Decrease or eliminate passing time or unsupervised time:	
Late Arrival/Early Dismissal OR Other schedule changes:	
Alert staff & teachers on need-to-know basis:	
Drug & Alcohol assessment/intervention with:	

Section 6: Family & Home Support and Recommendations

<u>WHAT?</u>	<u>WHO/WHEN/HOW?</u>
Recommended Increased supervision:	
Recommended Increased supervision/monitoring of social media:	
Recommended to pursue mental health services: ***Students expressing thoughts of suicide should <u>always</u> be referred to mental health services.	
Obtain release and consult with student's therapist:	

Section 7-If your thoughts turn into “how I will die” or “when will I die,” it’s time to get more help:



Other crisis number: Washington County Crisis Line (503) 291-9111

Other crisis number:

Section 8: Acknowledgement and Plan for Review

Date Plan shared/reviewed with Parent/Guardian:	
Date and Justification for discontinuing plan: *Plan discontinuation must be shared with student and guardian	