**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will review the status of this plan on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | **Actions/Details** | **Who/When** |
| **What will we do to keep me safe?**  (in school, at home, in the community)   * Student * School staff * Family * Mental Health Provider   How will I eliminate the means to hurt myself? |  |  |
| **Safety Contacts**  Who are three trusted adults I can contact when I feel unsafe?  (parent, relative, teacher, counselor, youth leader, therapist, hotline) |  | 1  2  3 |
| **Coping Strategies**  What can I do when I feel unsafe?  What can I do to ease the pain?  What coping skills do I need to learn? Who will teach them? |  |  |
|  | **Actions/Details** | **Who/When** |
| **Positive Activities**  What can I do to help me feel better?  (music, art, exercise, reading, talking, journaling, time with pets, friends, helping others) |  |  |
| **Drug and Alcohol Use**  What supports do I need to stay safe regarding drug/alcohol use? |  |  |
| **Other Safety Concerns**  What supports do I need to stay safe regarding other safety concerns?  (relationship issues, domestic violence, eating disorders, recent suicides in the community, other unsafe behavior) |  |  |
| **Resources**  *Suicide Hotline:*  1-800-273-TALK  *Clackamas County Hotline:* 503-655-8585  oregonyouthline.org  *Text teen2teen:* 839863 | Contact information for therapist or other trusted adults: |  |