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

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

|  |  |  |
| --- | --- | --- |
|  | **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) |  | 123 |
| **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:* 503-655-8585oregonyouthline.org*Text teen2teen:* 839863 | Contact information for therapist or other trusted adults: |  |