My Plan for Safety/Recovery/Support

Name:	Grade:		Date:		
Step 1:	Warning signs (thoughts, images, mood, sit developing: How does your body feel? Wh		-		
1.		<u> </u>	•		
2.					
3.					
Step 2:	Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):				
1.					
2.					
3.					
Step 3:	People, social settings, and activities that p	orovide distraction:			
Name:		Phone:			
Name:		Phone:			
Place:	Place:				
Activity:	Activ	•			
Step 4:	People whom I can ask for help: At Home,		e Community		
1. Name		Phone:			
2. Name		Phone:			
3. Name		Phone:			
Step 5: Professionals or agencies I can contact during a crisis:					
Therapist,	Name:	Phone:			
Emergenc	y Contact, Name:	_ Phone:			
Maine Cri	sis Hotline—1-888-568-1112				
Suicide Pr	evention Lifeline Phone: 1-800-273-TALK (8255)	Police: 911			
Other:					
Step 6:	Making the environment safe:				
1.					
2.					
Staff Signatu		Date	Follow up Meeting:		
(MH/Counselor) Student Sigr		Date	Date Time		

Parent/ Guardian:	Date	Review Dates: