

Appendix F

Student Safety Plan: Elementary

Name: _____

DOB: _____

Grade: _____

School: _____

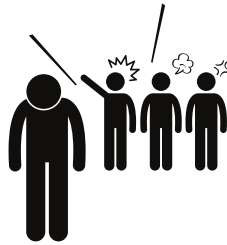
Plan Developed with (name/title): _____

My Activators

The things that make me upset, feel bad, or think about dying are:



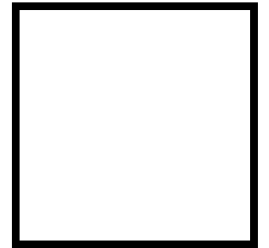
Problems at Home



Problems with Friends



Problems at School



 Create your own problem

Describe:

When this happens I feel (circle the feeling(s) below):



Sad



Mad



Hurt



Scared



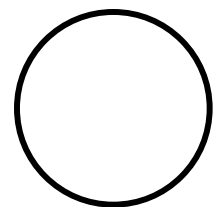
Lonely



Frustrated



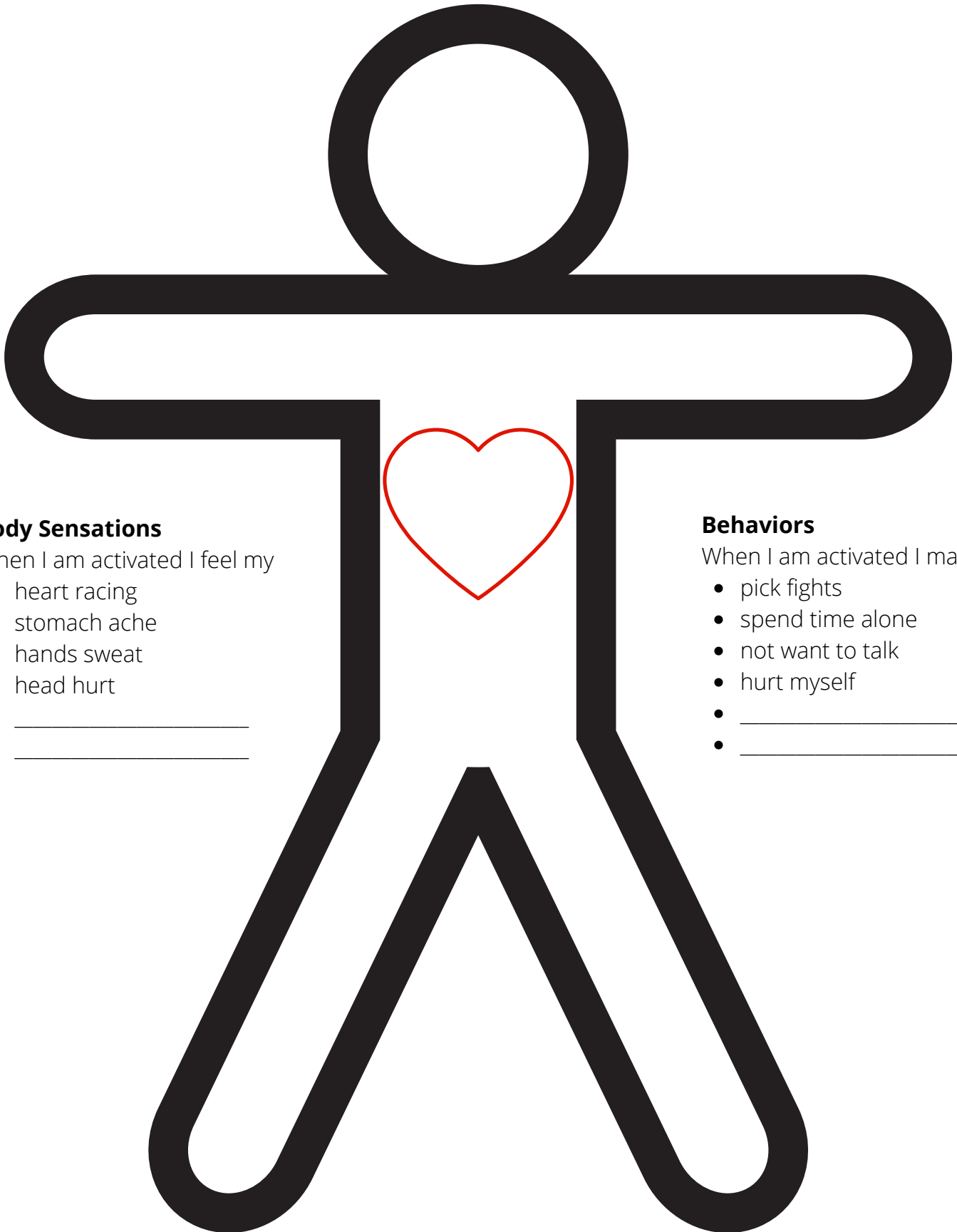
Worried



Create Your Own Feeling

My Warning Signs

The things and feelings that tell me I may need help are (write and/or draw in the image below):



Body Sensations

When I am activated I feel my

- heart racing
- stomach ache
- hands sweat
- head hurt
- _____
- _____

Behaviors

When I am activated I may

- pick fights
- spend time alone
- not want to talk
- hurt myself
- _____
- _____

My Coping Skills/Healthy Behaviors

Some things and I can do to calm down and take my mind off the problem are:



Relaxation/Breathing



Play with Pets



Play with Friends

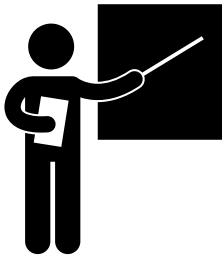


Art/Drawing

Describe:

Support

When I feel activated at school, I can go to:



My Teacher



My Principal



Other Staff Member

My trusted adults at school are:

- _____
- _____
- _____

When I feel activated at home or away from school, I can go to:



My Parent/Guardian



My Grandparent(s)



My Coach

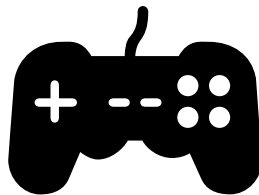
My trusted adults at home or in the community are:

- _____
- _____
- _____

I feel most happy when:



I Play Sports



I Play Video Games



I Listen to Music



I Play with Friends

Describe:
