



**Student Support Plan – For Suicidal Ideation/Self-Harm**  
**Weber School District**  
(Confidential)

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed By** (Individuals/title of those involved in the creation of the Safety Plan – i.e., school officials, parent(s)/guardian(s), school counselor, teachers, student’s therapist/mental health advocate):

**Warning Signs/Causes:** Things (TRIGGERS) that tend to “set me off” (thoughts, images, mood, situation, activity, behavior), make me feel angry, sad, anxious, upset, escalated, worried, etc. (Prioritize – Biggest trigger = #1) -

- 1.
- 2.
- 3.
- 4.
- 5.

\*\*I understand that I am responsible for my behavior, and if life/the day becomes overwhelming, or if I’m upset, and want to harm myself in any way, I will do the following:

**Coping Strategies:** Things or activities I will do to help me take my mind off my problems/distract myself/calm myself at school. (i.e., relaxation technique, physical activity, drawing, writing, listening to music, lifting weights, working out, playing drums, going for a walk, watching TV, taking a hot shower, walking the dog, positive self-talk/affirmations) – *What will I DO today/this week?* (Prioritize – Most helpful coping strategy = #1) -

- 1.
- 2.
- 3.
- 4.

5.

**Protective Factors-**

**While at school, the adults I can contact for help/support are:**

Name: \_\_\_\_\_ Location/Office/Room #: \_\_\_\_\_

Name: \_\_\_\_\_ Location/Office/Room #: \_\_\_\_\_

Name: \_\_\_\_\_ Location/Office Room #: \_\_\_\_\_

\*\*I will inform my teacher (via a hand signal/medical hall pass) that I am in need of help/support.  
(\*\*Administrator should share Safety Plan with these contacts.)

**While at home or away from home, the adults I can contact for help/support are:**

(Examples: Parent/guardian, relative, friend's parent, clergy member, teacher, coach, therapist)

\*Parent/guardian should share Safety Plan with these contacts.

Name: \_\_\_\_\_ Contact Info. (Phone #): \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info. (Phone #): \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info. (Phone #): \_\_\_\_\_

(\*\*Parent/guardian should inform adults of the Safety Plan)

\*\*If I feel suicidal, I will immediately inform the adult contacts listed/my parent/guardian or call 9-1-1.

\*\*If I feel suicidal, I understand I can call the University of Utah SafeUT Chat/Crisis Line @ 1-800-273-8255 and/or submit a tip via the SafeUT App at any time- day or night. (Ensure that student/parent have downloaded the App on Smartphones).

\*\*If my adult contacts at school are not accessible, I will go to the school's counseling office or main office to seek help/support.

\*\*I will use my coping strategies to attempt to calm and center myself.

**My Two Biggest Reasons for Living:**

(Question for the student):

1.

2.

**Other Safety Plan Components (Interventions/Strategies):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**Possible consequences if plan is not followed to fidelity:**

**What is the most helpful part of this plan?**

(Question for the student):

**What else would help you feel more supported?**

(Question for the student):

\*\*Parents are welcome to contact the school at any time to check on the effectiveness of the plan.

\*\*Question to parent/guardian: Does your child have access to firearms/lethal means? Yes/No/Unsure

(Create a plan to reduce access to lethal means by student)

This plan is in place from \_\_\_\_\_ through \_\_\_\_\_, at which time it will be reviewed, revised or continued, if necessary.

We agree to the Safety Plan as stated above.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*Copy to student, parent/guardian, counselor, administrator, and confidential/central location in school (TBD by school principal)*

Date of Safety Plan Revision(s): \_\_\_\_\_