



Student Safety 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): _____