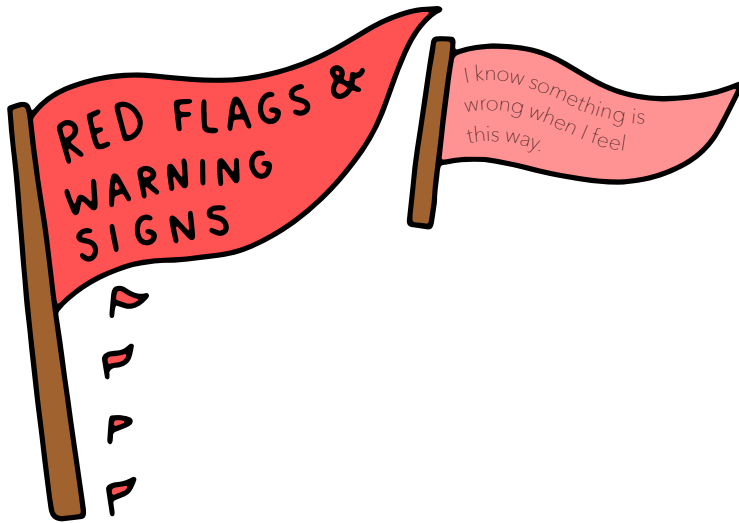


HOME-SCHOOL

SAFETY PLAN

SIS: Suicide in Schools Model



CRISIS LINES

988 Suicide & Crisis Lifeline
988 | 988lifeline.org

Crisis Text Line
Text "start" to 741-741

Trevor Project
Text "start" to 678-678
Phone: 866-488-7386

Trans Lifeline
(877) 565-8860

TRIGGERS

Think of the most recent suicidal crisis. Write a one to two sentence description of what prompted the suicidal crisis.



My triggers are more prominent at:
(circle all that apply)

- HOME JOB
SCHOOL
OTHER


	at HOME	at SCHOOL
THINGS I CAN DO TO DISTRACT MYSELF	<ul style="list-style-type: none"> ○ ○ ○ ○ 	<ul style="list-style-type: none"> ○ ○ ○ ○

	at HOME / in the COMMUNITY	at SCHOOL
PLACES I CAN GO	<ul style="list-style-type: none"> ○ ○ ○ ○ 	<ul style="list-style-type: none"> ○ ○ ○ ○


	at HOME	at SCHOOL
PEOPLE I CAN COUNT ON TO DISTRACT ME	<ul style="list-style-type: none"> ○ ○ ○ ○ 	<ul style="list-style-type: none"> ○ ○ ○ ○

MY LIST!

Rank order the things you can do, places you can go, and people you can count on for school & home

 **HOME**

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

 **SCHOOL**

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

PROFESSIONALS I CAN CONTACT IN A CRISIS before or after working through my safety plan:



HOME

Therapist: _____

Other: _____

SCHOOL

Safe & Trusted Adult: _____

Student Services: _____

STEPS MY FAMILY AND I CAN TAKE to make my environment safe

- 1 Remove lethal means
- 2

✦ If I have tried all of the coping strategies listed above and still I believe I might do something to end my life, I will go to the emergency department [name]: _____

OR CALL 988.

✦

MY REASONS FOR LIVING

We completed a version of this plan on a mobile app [name] _____

Will this safety plan (or a portion of it) be shared with teachers? YES NO

By signing below, I agree that I have been part of the creation of this safety plan and that I intend to use it to help distract me when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued safety, well-being and happiness.

Student _____ Signature _____ Date _____

School Personnel / Credential _____ Signature _____ Date _____

Supervisor/Administrator / Credential _____ Signature _____ Date _____

Parent / Guardian _____ Signature _____ Date _____