

### SiS: Suicide in Schools Model Home-School Safety Plan

#### Red Flags/Warning Signs

I know something is wrong when I feel this way

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#### 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 School Job Other: \_\_\_\_\_

#### Things I can do to distract myself at home

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#### Things I can do to distract myself at school

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- 
- 
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#### Places I can go at home/in the community

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- 
- 

#### Places I can go at school

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- 
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#### People I can count on to distract me at home

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- 
- 

#### People I can count on to distract me at school

- 
- 
- 
- 

#### My list (rank order the things you can do, places you can go, and people you can count on for school and 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):

##### School

Safe and trusted adult: \_\_\_\_\_

Student services: \_\_\_\_\_

##### Home

Therapist: \_\_\_\_\_

Other: \_\_\_\_\_

National Suicide Prevention 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

**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**

1.

2.

3.

4.

5.

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