

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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-
-
-

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

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 (*check all that apply*): Home School Job Other: _____

Things I can do to distract myself at home

-
-
-
-

Things I can do to distract myself at school

-
-
-
-

Places I can go at home/in the community

-
-
-
-

Places I can go at school

-
-
-
-

People I can count on to distract me at home

-
-
-
-

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: _____

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