

Los Angeles Unified School District STUDENT HEALTH AND HUMAN SERVICES

Student Health & Human Services

MY SAFETY PLAN

Student's Name:	DOB: Date:
Triggers	Warning Signs
There are certain situations or circumstances which make me feel uncomfortable, agitated, and/or think about dying:	I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):
1.	1.
2.	2.
3.	3.
Coping Skills/Healthy Behaviors	Places I Feel Safe
Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):	Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or being in the presence of safe people):
1.	1.
2.	2.
3.	3.
School Support*	Adult Support*
Trusted adults at school and/or ways school staff can give me support:	Trusted adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):
1.	1.
2.	2.
3.	3.
*Note: Individuals identified as trusted adults may be not (Attachment E).	ified and provided the Adult Gatekeeper handout
Parent Support	Case Carrier Support
Actions my parent/guardian can take to help me stay safe:	Actions my case carrier can take to help me stay safe:
1.	1.
2.	2.

3.

3.

Outside Mental Health Agency Providing Me Support

Mental Health Agency:	
Clinician Name:	Office #:
Clinician Email:	Cell #:
During a crisis, I can also call:	
• 911 for immediate support	
• Los Angeles County Department of Mental	Health ACCESS (800) 854-7771 – 24 hours
National Suicide Prevention Lifeline (800) 2	73-TALK or (800) 273-8255 – 24 hours
• California Youth Crisis Line (800) 843-5200	– 24 hours, bilingual
	TEEN / (800) 852-8336 — a teen-to-teen hotline with community daily. Text, email and message board also available, with limited ore information.
and suicide prevention services to lesbian	66) 488-7386 – a 24-hour crisis line that provides crisis intervention, gay, bisexual, transgender and questioning (LGBTQ) young people /7, visit www.thetrevorproject.org for more information.
	Signatures
Student Signature	
Parent/Guardian Name (please print)	Phone#
Parent /Guardian Signature	
Administrator/Case Carrier (please print)	Title
Administrator/Case Carrier Signature	
(Initial)	, consent to the notification of the under the Adult Support* section of my child's Safety Plan.