# Suicide Risk: Student Safety Plan

## Team Meeting Date

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| Student Name: |  |
| Date of suicide risk assessment: |  |
| Assigned case manager: | Name:Role:  Phone Number:  Email: |
| Team members participating: | Student Case Manager  Parent/Guardian Other School Mental Health Staff (     )  Other School Staff (     )  Outside Provider:        Other (     ) |
| Date that safety plan will be reviewed: |  |

## These are the people and activities that improve my mood:

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| (*Examples: friend Sarah, attending chorus class, walking, etc*.) |
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## These are the coping strategies I can use:

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| *(Examples: taking deep breaths and counting to 10, talking about my feelings, listening to music, etc.)* |
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**These are the school supports needed:**

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| **Support** | **Person(s) Responsible** |
| (*Examples: laminated pass to school counseling, additional time to complete missed assignments, regular pass to go to the school nurse for medication monitoring, etc.)* | *(Examples: teachers, student, school counselor, school nurse)* |
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**These are warning signs that I am struggling to cope with my emotions:**

| *(Examples: I can’t concentrate in class, I get angry at others, I start cutting, etc.)* |
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**These are the trusted adults that I will seek out if I am ever having thoughts of suicide that are more powerful than I can manage on my own:**

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| *(Examples: my school counselor, my special education case manager, my chorus teacher, etc.)* |
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**Student Signature:**

**Date**

**Case Manager Signature:**

**Date**