MY SAFETY PLAN

NAME: _____

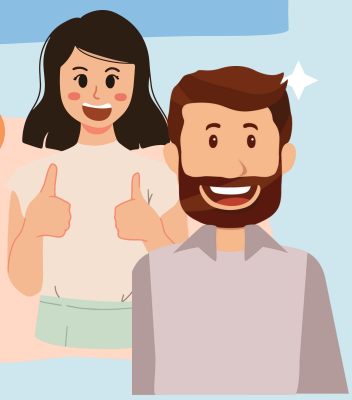
DATE: _____

WHAT ARE WE WORRIED ABOUT?

SIGNS THE BEHAVIOUR MAY OCCUR

MY GO-TO SAFETY TIPS

WHO IS IN MY SUPPORT TEAM?



HOW CAN MY SUPPORT TEAM HELP?

OTHER RESOURCES/ PEOPLE I CAN REACH OUT TO