

Name: _____ DOB: _____
 Grade: _____ School: _____ Date: _____
 Transitioning From: _____ To _____

**CRISIS MANAGEMENT PLAN
 SAFETY PLAN
 TRANSITION PLAN**



This plan is designed to help maintain my wellbeing and prepare me for times of high stress and/or anxiety. It includes plans to make my day safer, identifies when I need help, helps me figure out what to do cope, and what to do in crisis situations.


PREVENTATIVE STRATEGIES How can the day be safer?	
<input type="checkbox"/>	Check-in and out with an adult at certain times → Describe:
<input type="checkbox"/>	Increase supervision – Describe:
<input type="checkbox"/>	Practice coping skills with an adult
<input type="checkbox"/>	Review daily routine with staff member
<input type="checkbox"/>	Staff member will search child’s bookbag/locker to ensure unsafe items are removed
<input type="checkbox"/>	Supervise at all times (Not allowed alone to restroom or in the hallway)
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

TRIGGERS What words, events, or actions ignite negative feelings and risky behavior? What makes me upset?	
<i>Locations/Events</i>	<i>Triggers</i>
At home	
During class	
During specials/ electives (i.e. Art, Music, PE)	
Cafeteria/Playground (breakfast/lunch)	
During school arrival/dismissal	
Other locations/events:	

KNOWING WHEN I NEED HELP (WARNING SIGNS OF ANXIETY) <i>I know I am beginning to feel stressed and unsafe when:</i>	
Physical (Body)	Thoughts & Feelings

MY COPING SKILLS What can I do when I am faced with my triggers? <i>What can I do when I start to feel anxious and/or getting upset?</i>		
<input type="checkbox"/> Ask to get a drink of water	<input type="checkbox"/> Draw/Color/Write in journal	<input type="checkbox"/> Think of a peaceful place
<input type="checkbox"/> Ask to go to the “Calming corner”	<input type="checkbox"/> Forgive, let go, and move on	<input type="checkbox"/> Tell the teacher and ask to be moved
<input type="checkbox"/> Ask who is bothering me to “Please stop.”	<input type="checkbox"/> Stretch	<input type="checkbox"/> Use a stress ball/fidget
<input type="checkbox"/> Count to 10	<input type="checkbox"/> Take slow mindful breaths	<input type="checkbox"/> Use kind caring positive self-talk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>What can my teachers do to help when they notice me getting anxious?</i>		
<input type="checkbox"/> Allow me to see a trusted adult	<input type="checkbox"/> Give space, but check in	<input type="checkbox"/> Spend 1:1 time
<input type="checkbox"/> Give me a task to do	<input type="checkbox"/> Listen	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRISIS PLAN <i>When it becomes dangerous for me or others around me</i>	
List dangerous behaviors:	What steps should be taken: (list at least 3)
	1. _____ 3. _____
	2. _____ 4. _____

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RE-ENTRY	
How am I going to tell my friends when I get back to school about where I have been?	Who is going to tell my teachers about my plan?
I will: <input type="checkbox"/> Refer to this plan when I am in a crisis <input type="checkbox"/> Review this my family <input type="checkbox"/> Review with someone I trust at my school <input type="checkbox"/> Review with my mental health provider	

MY SCHOOL SUPPORTS		
When my coping skills aren't working, who can I talk to for additional support?		
Name (Role)	Phone number/Extension	How can I get access to them? (Ask, signal)

MY UPCOMING APPOINTMENTS		
Name of Organization	Reason	Date/Time

MY ADDITIONAL COMMUNITY RESOURCES			
When my coping skills aren't working outside of school, who can I talk to for additional help?			
Place/Name	Phone number/Ext.	Place/Name	Phone number/Ext.
CCHMC Psychiatric Intake Response	(513) 636 – 4124	National Suicide Prevention Lifeline	1 (800) 273-TALK [8255]
Children's Home (main line)	(513) 272-2800	St. Joseph's Orphanage (Central Access)	(513) 741-5690 ext. 2214
Crisis Text Hotline	Text 4hope to 741741	Suicide Prevention My3 App	http://my3app.org/
Emergency Services	911	Talbert House Care Crisis Hotline	(513) 281-CARE [2273] OR Text Talbert to 839863
Hamilton County Mobile Crisis	(513) 584-5098	Trevor Project (LGBTQ Youth)	1 (866) 488-7386

SIGNATURES: Use an asterisk (*) to indicate the central contact person

Name	Title	Best method of contact (i.e. phone, email)	Signature
	Student		
	Parent/Guardian		
	Administrator		
	General Ed. Teacher		
	Intervention Specialist		
	School Psychologist		
	School Resource Officer		
	Other:		
	Other:		

Additional Comments/Next Steps:

Next meeting date/time: