

Safety Plan for Teenagers

Name: _____ Age: _____

Date: _____ dd / mm / yyyy Practitioner: _____

Instructions: Please complete this form with a trusted individual who can assist you in providing accurate and thoughtful responses.

What are the warning signs or feelings that I might self-harm?

Is there anything I can do to keep myself safe?

What coping strategies would I like to try?

If my best friend was feeling like this, what would I say to them?

What would calm me down or be helpful?

What is one thing that is important to me and worth living for right now?

Who can I speak to and ask for help right now? Who can I call that will be able to distract me?

Friend: _____ Teacher: _____

Family member: _____ Helpline: _____

Where is my safe place that I can go to in an emergency? How can I safely get there? What do I need to take with me?

Additional notes

Specify below:

PRACTITIONER NOTES

Specify below: