Child & Adolescent Safety Planning Form

1. Identifying Warning Signs

Brainstorm warning signs for family and friends to look out for (bad grade at school, breakup/fight with friends, isolating self, canceling plans, etc.):

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

If parents/caregivers/siblings notice these warning signs, they can help by:

__________________________________________________________________________
__________________________________________________________________________

2. Coping Strategies

List things you can do to distract yourself or improve your mood (exercise, listen to music, read, relaxation techniques, draw, cook, play with your dog, take a shower):

One thing I can do by myself is:

__________________________________________________________________________

One thing I can do with family or friends is:

__________________________________________________________________________

One thing I can do without technology is:

__________________________________________________________________________

My favorite way to calm down is:

__________________________________________________________________________
3. **External Supports**

Who are the main people you can turn to for support? List 3 adults who you can call or talk to if needed:

Name: ____________________________________ Phone number: _____________________

Name: ____________________________________ Phone number: _____________________

Name: ____________________________________ Phone number: _____________________

4. **Name at least one thing that is important to you and worth living for:**

____________________________________________________________________

5. **Making the Environment Safe.**

To help keep myself safe I can:

a. Stay around other people rather than keeping to myself.
b. Try to talk to the adults around me.
c. Have an “open bag” and “open room” policy with my parents where they can check to make sure there aren’t dangerous items hiding in my things.
d. Make sure things like guns, medications, and things like sharp objects are locked up.
e. __________________________________________
f. __________________________________________

6. **Resources & Professionals to Contact in a Crisis:**

988 Suicide & Crisis Lifeline: CALL or TEXT 988
Chat online at: [https://suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

7. **Next Steps**

Where will you store your safety plan at home: ________________________________

*This suicide safety plan is presented for educational purposes only. It is intended to be used as a guideline for clinicians and/or researchers who conduct safety planning with children and preteens. Suicide safety plans should always be based on the judgement of a clinician and implemented in conjunction with a suicide risk assessment and plan for continued care, and tailored to individual patient needs.*