SAFETY PLAN FOR RE-ENTRY

S3-007

STUDENT _____ DATE _____ SESSION _____

WHY I'M CREATING THIS PLAN _____

I want to return to school in a way that supports my safety, well-being, and success.

1 MY GOALS FOR RETURNING

What I want to feel, do, and achieve.

- _____
- _____
- _____
- _____
- _____

2 PEOPLE WHO WILL SUPPORT ME

Who I can go to for help or support.

Counselor/School Staff: _____

Teacher(s): _____

Trusted Adult at School: _____

Family/Guardian: _____

Friend(s): _____

Other: _____

3 MY RE-ENTRY PLAN

Steps I will take to return to school.

1. _____
2. _____
3. _____
4. _____
5. _____

4 WHAT ADJUSTMENTS OR SUPPORTS

Would help me feel more successful?

- _____
- _____
- _____
- _____
- _____

5 MY COPING STRATEGIES

What I will do when I feel stressed, overwhelmed, or anxious.

In the Moment	During the School Day	After School	At Home
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____

6 EARLY WARNING SIGNS

These are signs I may be struggling.

- _____
- _____
- _____
- _____

7 SAFETY PLAN: WHEN THINGS GET HARD

What I can do and who I can contact for help.

Things I can do to feel better: _____

Who I can talk to at school: _____

Who I can talk to at home: _____

Crisis Support (988): Call or text 988 or chat at 988lifeline.org

Other Resources: _____

8 MY COMMITMENT

I will use my plan and reach out for help when I need it.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

NEXT ACTION _____

FOLLOW-UP _____