

CRISIS SAFETY PLAN

Name: _____ DOB: _____ Crisis Worker: _____

Date plan created: _____ Follow-up care (date/facility or provider): _____

STUDENT INFORMATION (if applicable): Grade: _____ District: _____

Student returning to school: YES / NO If NO, Reason: _____

Student admitted to psychiatric hospital: YES / NO Hospital Name: _____

School district may consider the following support strategies (if available): Access to in-school mental health services

Access to calm or quiet space Ability to move to a location specified by the school safety team

Access to supports outside of school (call parents, other therapists, etc.) Access to School Counselor

Warning Signs that a Crisis may be developing (thoughts, images, mood situation, behavior):

Internal Coping Strategies (things I can do to de-escalate my situation without contacting another person):

People who can help me (family, friends, and peers):

Things they can do:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Making My Home Environment Safe:

Remove all firearms & ammunition

Remove or lock up:

knives, razors, & other sharp objects

prescriptions & over-the-counter drugs (including vitamins & aspirin)

alcohol, illegal drugs & related paraphernalia

Someone available to provide personal support and monitor the person at all times during and after crises as needed

Pay attention to person's stated method of suicide/self-injury and restrict access as appropriate

Limit or restrict access to vehicle/car keys as appropriate

Identify people who might escalate risk and minimize their contact with the person

Provide access to things identified as helpful and encourage helpful behaviors (i.e.. Good nutrition, adequate rest)

Professionals or agencies I can contact during a crisis:

My clinician / therapist / case manager: _____ Phone: _____



Scranton Counseling Center
Mental Health Crisis

Lackawanna County: 570-348-6100
Susquehanna County: 570-278-6822
Toll Free: 1-844-348-6100



Suicide Prevention Lifeline

1-800-273-8255

The one thing that is most important to me and worth living for is: _____

My signature indicates my commitment to follow my crisis safety plan as outlined above:

Signature Date

My signature indicates my desire to help _____ implement this crisis safety plan.

Signature Date Relationship