

MY SAFETY PLAN

NAME _____

WARNING ARE MY SIGNS/TRIGGERS
(What makes me feel upset, sad, mad or scared?)

WHAT HAPPENS TO MY BODY?
(Yell, Cry, Hit, Run)

**WHO ARE THE
PEOPLE THAT I CAN
ASK FOR HELP**

THINGS THAT HELP ME FEEL BETTER
(Hugs, games, art, sports, music, toys)

WHAT ARE MY HELPFUL DISTRACTIONS
(Friends, Family, Places)