

Safety Plan

Safety – *The condition of being protected from or unlikely to cause danger, risk or injury; denoting something designed to prevent injury or damage*

Instructions: A Safety Plan will be developed based on the family need, preferences and reports of past safety concerns to reduce unsafe situations and the likelihood of harm. If another current agency Safety Plan has been developed with and signed by the youth and/or family, the agency Safety Plan can be submitted to fulfill this requirement.

Family currently shows no evidence of need for safety planning.

Youth's Name:		Date:
Identify Safety Concern/Risk		
<input type="checkbox"/> Inappropriate Internet Activity	<input type="checkbox"/> Violence to Others or Property	
<input type="checkbox"/> Personal Safety (<i>Example: running away</i>)	<input type="checkbox"/> Other	
<input type="checkbox"/> Self-injurious Behaviors	<input type="checkbox"/> Other	
<input type="checkbox"/> Suicide Ideation	<input type="checkbox"/> Other	
Safety Checklist		
Item	Safety Measures Taken	
<i>Example: Firearms/weapons</i>	<i>Example: Locked in firearm safe</i>	
Firearms/weapons		
Harmful Objects		
Ingestibles		
Internet Protection		
Medications		
Other:		
Other:		
Action Plan		
Notes		

Parent Signature and Date

Youth Signature and Date

Facilitator Signature and Date