

Name _____ Date _____

My Safety Plan

Things I need to feel safe are...

1. _____
2. _____
3. _____

Trusted adults
I can tell are...

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

My body tells me I feel unsafe by...

1. _____
2. _____

Activities that help me feel safe are...

Coping skills that help me feel safe are...
