My safety plan

Name: Date:



|  |
| --- |
| My social worker is helping me because... |
|  |
|  |
|  |

|  |
| --- |
| I feel safe when... |
|  |
|  |
|  |

|  |
| --- |
| I know I am feeling scared or worried when... |
|  |
|  |
|  |

|  |
| --- |
| When I don’t feel, safe I will: |
|  |
|  |
|  |

|  |
| --- |
| My safe people are: |
|  |
|  |
|  |

|  |
| --- |
| My safe spaces are: |
|  |
|  |
|  |

|  |
| --- |
| When I don’t feel safe, my safe people will: |
|  |
|  |
|  |