

This plan is for medium to high risk students

Student Name:	School:	Date:
Recognizing WaWhat do I experi	rning Signs ience when I start to think about suicide or feel extrema	ely distressed?
	es and Ways to Help Myself I become suicidal again so that I do <u>not</u> act on my tho	ughts or urges?
Who, or what, so Who helps me fe	Family Members or Friends that may distract mocial settings help me take my mind off of my problems, tell better when I talk to them? Who is supportive? With	even if for a short time? whom am I comfortable talking about my problems
Place:	Place:	
Other:		
-Who are some me -If I'm not at scho Hotlines:	Agencies I can contact if I'm in crisis ental health professionals I can reach out to if I'm in a ol, are there other resources? Alachua County Crisis Center - (352) 264-6789 National Suicide Prevention Lifeline - 1-800-273- 9-1-1 988 Suicide & Crisis Lifeline	-TAIK (8255)
Other Resources		Thone remocr.
Safe EnvironmeWhat can I do to	nt o make my environment safe?	
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What can I do to		
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Form No.: STU-021-005 – Student Safety Plan / Suicide Prevention

New Date: 4/21/20