



Student Safety Plan

Print Form

Office of Teaching and Learning
Mat-Su Borough School District
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Special Instructions: Please complete this student safety plan. Provide one copy to the student and one copy to the parent.

Student Name
CRT Member
CRT Member

This safety plan is to help protect me from:

- ☐ Suicide
☐ Self-Injury
☐ Harming Others

I agree to do the following to keep my environment safe:

I should pay attention to the following triggers:

I can use these coping skills to help me calm down and / or manage stress:

I can contact this person for support at school:

I can contact these people for support out of school:

24 Hour Assistance:

Suicide Prevention Lifeline: 1-800-273-TALK (8255)
Alaska Careline Crisis Intervention: 1-877-266-4357
Mat-Su Health Services: 1-907-376-2411
Emergency: 911

Student Signature

Date