

## STUDENT ACTION PLAN/Be Safe

STUDENT INFORMATION					
Student Name:			DOB:	Grade:	
Homeroom Teacher:			Date:		
Parent/Guardian:		Contact #:			
SUPPORTING INFORMATION Please note that this action plan is not intended to replace professional or emergency advice.					
For student: The information below is intended to empower you to reach out safely. You may also wish to create your action plan by downloading the free Be Safe <i>app</i> <b>Be</b> for IOS and Android. Kids Help Phone: 1-800-668-6868; www.kidshelpphone.ca (Live Chat)					
Actions I will take to help myself cope (list all)					
School staff I can reach out to if I need help (list at least 2 names and where to locate)					
What I need from others if I ask for help					
Things, people and places that calm me					
Important things in my life					
People or resources that I can contact when I'm not at school (names & phone numbers)					
SIGNATURES					
Student:		Date:			
Principal or Designate:		Date:			
Parent/Guardian:			Date:		
Student has a copy $\Box$	Parent/Guardian has a copy 🛛	Schoo	ol has a copy 🛛	Connected to services	