

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home group: \_\_\_\_\_

# MY PERSONAL 5 Safety Actions



## 01 My early warning signs

How do I know that I am not coping (thoughts, mood, behavior)

- My thoughts:

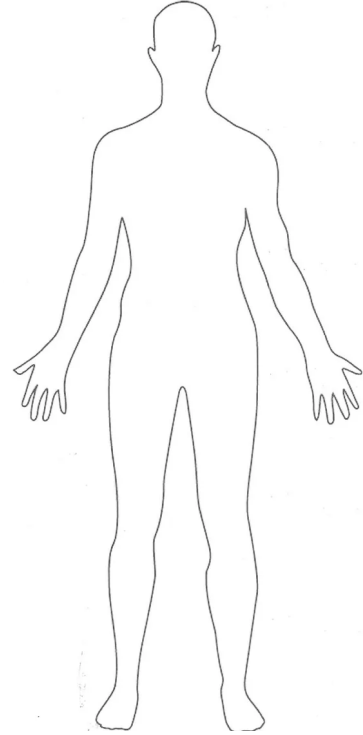
- My moods/feelings:

- My behaviours:

## 03 What things (triggers) are contributing to me feeling unsafe?

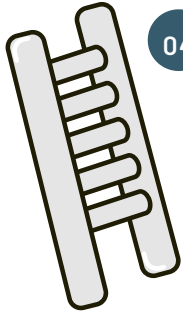
e.g. What situations are difficult

## 02 Where in my body do I feel it



## 04 Steps I can take

In the past when I have felt stressed, what has helped me to cope/ calm down? (relaxation, music, activities)



What I choose to do now to keep me safe is:

## 05 I can ask for help from:

Name:

Best way to contact:

Why I choose this person:

Name:

Best way to contact:

Why I choose this person:



Date: \_\_\_\_\_

Student name: \_\_\_\_\_ signature: \_\_\_\_\_

Parent/carer name: \_\_\_\_\_ signature: \_\_\_\_\_

Supporting staff member name: \_\_\_\_\_ signature: \_\_\_\_\_

- Student given copy (paper or stored on photo)
- Copy on student file
- Copy uploaded to Compass
- Copy emailed to parents/carers
- Copy emailed to teachers/advised of copy on Compass